

CONSUMER-OPERATED SERVICES FIDELITY REPORT

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To: April Lopez, Chief Executive Officer

From: Madison Chamberlain, BS
Miah Jacobs-Brichford, BSW
AHCCCS Fidelity Specialists

Introduction

The Arizona Health Care Cost Containment System has contracted with the 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 Assessment Common Ingredients Tool (FACIT). Consumer-Operated Services (COS) is an evidence-based practice (EBP).

Method

On August 26-27, 2025, Fidelity Specialists completed a review of the **Recovery Empowerment Network (REN)** - a Consumer-Operated Services Program (COSP). This review is intended to provide specific feedback on the development of your agency's services in an effort to improve the overall quality of behavioral health services in Maricopa County.

Founded in 2005, REN provides services to both adolescents and adults with a General Mental Health or Serious Mental Illness (SMI) designation. Services include peer employment opportunities, volunteer roles, individualized peer advocate support through the Hope's Door program, and a variety of recovery-focused activities. Since the previous review, REN has completed multiple site renovations and commissioned a large mural on the exterior of the building. For the purpose of this report and all COS reviews, the term *member* refers to an individual with *lived/living* personal psychiatric care experience, which aligns with the EBP definition.

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

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

- Live virtual tour of the center's facility with the Chief Executive Officer (CEO) and Director of Community Resources.
- Individual interview via videoconference with the CEO.
- Group interview by videoconference with five (5) supervisory staff: the Chief Operating Officer (COO), Director of Community Resources, Manager of Hope's Door and Peer Employment, Director of Operations, and Senior Manager.

- Group interview by videoconference with five (5) non-supervisory staff: the Quality Coordinator, Recovery Coach/Floor Supervisor, Recovery Coach/Camp Lead, Recovery Coach/Journey to Success, and Recovery Coach/Gym.
- Group interview by videoconference with six (6) participating program members.
- Close-out discussion with the CEO and representatives from the contractor with the regional behavioral health agreement (RBHA).
- Review of the center's key documentation: Board of Directors and Member Advisory Council meeting minutes; monthly activity calendars; staff job descriptions; *Member Status Sheet*; *Crisis Response Plan* and *Hope's Door: Member Crisis Support* documents; list of supervisory and Recovery Support Specialist staff; *Mission Statement and Philosophy* document; REN organizational chart; *REN Employee Handbook, 2024–2025*; *Member Grievance* process; *Sexual Harassment* policy and Relias training transcript; results and questions of the most recent member satisfaction survey; *Member Demographics* document; *REN Annual Report, 2024*; Curriculum and Training document and related tables of contents; program brochure; advertisements soliciting volunteers; *Member Code of Ethics*; and *Maintaining Professional Boundaries* and *Community Service Agencies* training materials.

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 evaluates the program across 6 domains: Structure, Environment, Belief Systems, Peer Support, Education, and Advocacy. The items are rated on a 1-4- or 1-5-point scale, which ranges from 1 (meaning *not implemented*) to 4 or 5 (meaning *fully implemented*, with little room for improvement, depending on the item).

The FACIT was completed following the review. A copy of the completed scale with comments is attached as part of this report.

Summary and Key Recommendations

The agency demonstrated strengths in the following program areas:

- Board Participation: The Board of Directors was comprised of 100% of individuals that self-identify as having lived or living psychiatric experience and held responsibility for making binding policy decisions for the program.
- Consumer Staff: At the time of the review, 97% of staff self-identified as having lived or living psychiatric experience.
- Volunteering Opportunities: The program offered a range of volunteer opportunities, both internally and externally, through partnerships with community organizations such as animal shelters and food banks.
- Planning Input: Members had multiple avenues to express desired changes to the program, including participation on the Board of Directors or Member Advisory Council, regular membership meetings, surveys, and anonymous suggestion boxes.
- Group Empowerment: Since the previous review, the program has expanded members' opportunities for group empowerment through the return of the Member Advisory Council, monthly membership meetings, volunteer activities, and participation on the Board of Directors.
- Hours: Members reported overall satisfaction with program hours, and staff noted adjustments made to accommodate member needs, such as evening availability and opening early at 7:30 a.m.

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

- **Hiring Decisions:** Involve program members in hiring decisions to strengthen ownership and participation in the program. At the time of review, hiring decisions were handled primarily by program staff. Engaging members in the hiring process would align with the program's emphasis on empowerment and provide members with a meaningful role in shaping program operations.
- **Lack of Coerciveness:** Consider not compromising the therapeutic relationship with members by reporting attendance to justice-involved programs and encourage members to self-report.
- **Spiritual Growth:** Increase formal opportunities to engage members in activities to express and explore faith and spirituality. Consider seeking input from other COSPs and members into how to develop more structured opportunities for members to discuss spiritual beliefs and practices.
- **Consciousness Raising:** Provide more opportunities to inform members about the larger *Peer Movement* to enhance empowerment and build confidence in advocacy and contributions to the broader community.
- **Receiving Informal Problem-Solving Support:** Create additional space for members to give and receive support from one another organically, rather than relying on staff intervention. Peer-to-peer support promotes growth, mutual learning, and recovery.
- **Providing Informal Problem-Solving Support:** Empower members to recognize how aspects of their own recovery journey can support others, building confidence in the value they bring to the program and their peers. Ideally, most program members (80 – 100%) can identify providing support to another member at the program.
- **Job Readiness Activities:** Continue providing opportunities for members to engage in job-readiness activities, with 75 - 100% of members involved. Vocational activities play a vital role in recovery by fostering purpose, skill development, and confidence.

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 5	At the time of the review, the Board of Directors (BOD) consisted of six members. All directors, including officers, self-identified as having lived or living psychiatric experience. BOD candidates are typically elected by membership, with exceptions during midterm elections. Members have served on the BOD in the past, though it was reported that the most recent member has since resigned. The BOD meets monthly, except during summer months.	
1.1.2	Consumer Staff	1 - 5 5	Staff reported that approximately 97% of staff at the program self-identify as having lived or living psychiatric experience. Although, some job descriptions required "shared experience," defined as personal use of behavioral health or substance treatment services, or recovery from mental health and/or substance use challenges. Members reported that pathways existed to become staff. Once hired, individuals are no longer program members and are expected to establish professional boundaries.	
1.1.3	Hiring Decisions	1 - 4 3	Staff reported that hiring and termination decisions were primarily made by program administration, human resources, and leadership. Program staff participate in panel interviews for potential candidates, while leadership is more directly involved in hiring specialty positions such as	Involving members in key decision-making, i.e., hiring decisions, may help increase their sense of ownership and accountability to the program. Develop avenues to increase the members' involvement in hiring decisions.

			finance. The CEO, self-identified as a person with lived/living psychiatric experience, makes the final hiring decisions. Members interviewed reported that program membership was not directly involved in the hiring process.	Consider developing an interview panel, final candidate selection group, voting, etc.
1.1.4	Budget Control	1 – 4 4	Per interviews, the CEO develops the budget, which is approved by the BOD. Once approved, members provide input on monthly activity allocations through event planning groups and the Member Advisory Council (MAC). The MAC meets monthly and elects members by council vote. The CEO primarily oversees financial decisions outside the budget and signs checks and contracts, with the COO authorized as needed; both staff self-identify as having personal lived/living psychiatric experience. Most members expressed uncertainty about the budget development process.	
1.1.5	Volunteer Opportunities	1 – 5 5	Volunteer opportunities at the center included participating on the BOD or the MAC, event planning, washing dishes, cleaning, working on the <i>REN Newsletter</i>, assisting new members around the program, or tending to the garden at the center. REN also assisted members with community volunteer opportunities, such as work at a local animal shelter, thrift store, and food kitchen. BOD meeting minutes documented staff and members volunteering to build bunk beds at a scout camp. Members could volunteer by requesting tasks from staff (e.g., washing dishes at the program) or registering on the program website for local volunteer opportunities. At the time of the review, more than one half of the members interviewed reported participating in volunteer activities.	

			Members reported that volunteering feels good, especially when helping those that are unhoused.	
1.2 Participant Responsive				
1.2.1	Planning Input	1 – 5 5	Members had multiple avenues to propose program changes, including presenting at or serving as voting members on the MAC. Additional opportunities included submitting input through online or on-site suggestion boxes, participating in quarterly membership meetings, or scheduling appointments with the CEO. Staff reported members could also attend BOD meetings. Members described feeling valued and noted that their ideas were addressed promptly. A review of MAC meeting notes showed a member-proposed change to a group offering was approved and implemented within a week. MAC meeting notes also documented ongoing updates to member requests, such as the development of a resource binder.	
1.2.2	Member Dissatisfaction / Grievance Response	1 – 5 5	REN maintains a formal grievance policy, which was posted on the walls of the program and noted during the virtual tour. Staff and members reported members could schedule meetings with staff to initiate the grievance process, or when concerns involve a specific staff person, it is elevated to the appropriate leadership (e.g., director, if the concern were with a manager). Members also had access to the program computer lab (<i>RENovation Station</i>) or personal devices to complete grievance forms. Additional mechanisms for feedback included on-site suggestion boxes, online suggestion forms, satisfaction surveys administered two to three times annually, and private meetings with leadership.	
1.3 Linkage to Other Supports				

1.3.1	Linkage with Traditional Mental Health Services	1 – 5 5	Staff reported consistent coordination with members' clinics, including obtaining service plans for enrollment, sending monthly service summaries, and communicating as needed regarding issues such as hospitalization or housing loss. Clinical teams were also invited for program tours and to member graduations. Referrals to traditional mental health services were infrequent since enrollment in clinical services is required for REN eligibility. Staff also utilized the <i>Unite Us</i> referral platform to connect members to supports such as counseling and housing.	
1.3.2	Linkage with Other COSPs	1 – 5 5	Staff reported collaboration with other COSPs and that this collaboration is reciprocated. Examples of participation include the CEO attending monthly AHCCCS and Arizona Council meetings, as well as quarterly Office of Individual and Family Affairs (OIFA) meetings. Additional coordination occurred through work groups on code and policy changes and by sharing resources such as digital sign-in tools. Staff emphasized fostering collaboration rather than competition with other COSPs. REN adjusted its program schedule to avoid overlapping with other COS programming and ensure not all COSPs were closed on the same days. Members engaged with peers from other COSPs through events such as an annual kickball tournament, and staff facilitated referrals and transportation for members interested in touring other programs.	
1.3.3	Linkage with Other Service Agencies	1 – 5 5	Staff reported collaborating with a variety of organizations, including banks, insurance companies, animal shelters, food banks, and motorcycle clubs, to provide events, volunteer opportunities, and resources for members. Examples of linkages included access to free formal wear from a nonprofit for an upcoming dance,	

			“lunch and learn” sessions hosted with insurance companies, and tax and budgeting workshops with local banks. REN also supported smaller nonprofits by offering a meeting space at the program for outside organizations. The REN website highlighted the <i>Community Treasures Program</i>, which connects members to local providers and distributes hygiene products, household supplies, clothing, and canned goods.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1 – 4 4	REN remained in the same location as previous reviews, situated within a prominent population cluster near retail businesses, grocery stores, a light rail station, hospitals, affordable housing, and other COSPs. Staff reported that most members use transportation services to access the center.	
2.1.2	Access	1 – 5 5	Members reported primarily using taxi or medical transport services to access the program, though some rely on public transportation or walking. One member described walking, another reported using the bus and light rail, and another noted utilizing medical transport due to living in a town over 30 miles away, making public transit inefficient. REN designated staff to assist with arranging recurring rides and navigating transportation requests. The program is located within a few blocks of a light rail station and multiple bus stops, and while it did not provide tickets or vouchers, staff assisted members in requesting bus passes through their clinics. The site included a large parking lot with designated handicap spaces, a wheelchair ramp, nearby sidewalks, and crosswalk access.	

2.1.3	Hours	1 – 5 5	At the time of review, the program operated Monday through Saturday, with occasional Sunday hours for special events such as camping or sporting events. Hours were 7:30 a.m. to 3:00 p.m. on most weekdays, until 2:30 p.m. on Saturdays, and 7:30 p.m. on Thursdays due to members' request to include more evening scheduling. After-hours availability exists at staff discretion (e.g., visiting members in detoxification units or the hospital). The program is closed on federal holidays. Members interviewed reported satisfaction with program hours, though one member advocated for more consistent Sunday availability to support unhoused members.	
2.1.4	Cost	1 – 5 5	Services, including meals, activities, and community outings, were free for Medicaid-enrolled members. REN does not offer sliding-scale payment options and does not accept non-Medicaid-eligible individuals, though limited funding was available to cover services for non-titled members with an SMI designation. Recovery Support Training certification courses offered at REN are available for private pay for non-eligible members. Members do not have a fee for the training.	
2.1.5	Accessibility	1 – 4 4	To accommodate individuals of varying abilities, REN implemented changes to the physical environment and utilized assistive technologies and resources. Staff reported, and reviewers observed during the virtual tour, that recent renovations included widening pathways and doorways by replacing narrow single doors with double doors and expanding stalls in most bathrooms. Handicap parking was available in front of the program, along with wheelchair ramps, automatic accessible doors	

			at the entrance, accessible bathrooms and stalls, and an elevator to reach other floors. Staff reported the building met American with Disabilities Act (ADA) compliance. Programming was adapted through options such as chair exercise classes. Of the 14 fleet vehicles, 10 were wheelchair or walker accessible; however, none were scooter accessible, requiring members with scooters to use medical transport. Additional supports included interpreters, large-font forms, touchscreen televisions in most rooms, microphones, and tablet-based communication applications.	
2.2 Safety				
2.2.1	Lack of Coerciveness	1 – 5 4	Members choose their level of participation in the program. For those members involved in court-ordered treatment or in diversion programs, members may choose REN to complete mandated programming such as anger management, recovery coaching, or sobriety groups. At least one staff coordinates with justice-involved programs (e.g., courts). At the time of the review, 10 members were participating in diversion programs, with attendance tracked by staff and reported to the court.	Choose not to compromise therapeutic relationship with members by accepting the responsibility to report member “compliance” to agencies in power. Instead, choose to advocate for members in the ability to choose programs preferred and self-report attendance to agencies.
2.2.2	Program Rules	1 – 5 5	Staff reported the <i>Member Code of Ethics</i>, initially developed by members, outlines expectations and identifies inappropriate or unsafe conduct (e.g., verbal abuse or threats, harassment, physical assault). Minimal changes have been made since its creation, aside from rules on phone use. Violations are addressed on a case-by-case basis, with suspension possible; reinstatement requires coordination with the member’s outpatient	<i>Consideration:</i> Ensure the <i>Member Code of Ethics</i> is regularly reviewed and updated by members and includes clear explanations of what happens when individuals break different levels of rules.

			behavioral health clinical team. The <i>Member Code of Ethics</i> was posted throughout the program. Members reported establishing rules or agreements at the beginning of individual groups, which contributed to an overall sense of safety among those interviewed.	
2.3 Informal Setting				
2.3.1	Physical Environment	1 – 4 4	During the virtual tour, reviewers observed several different spaces for members to comfortably congregate. The campus included shaded tables outside for both non-smokers and smokers. Inside, member artwork was displayed throughout, and amenities included a gymnasium with a selection of fitness equipment, a computer lab, and group rooms with large tables and cushioned chairs. Members interviewed described the program as having a beautiful building with renovated bathrooms and comfortable furniture and reported that participation in the program increased their confidence and sense of safety among peers. Members did report that since the program has grown, additional lunch space (e.g., opening more than one room) would be helpful. Two members interviewed noted they discovered the program by seeing the large exterior mural stating, “You are not alone.”	
2.3.2	Social Environment	1 – 5 5	During the virtual tour, reviewers observed members and staff congregating and greeting one another, with no noticeable differences in appearance distinguishing staff from members. Some areas of the building were locked for safety or equipment reasons, and administrative offices were secured to maintain boundaries. To promote	

			personal safety, staff were advised to meet with members in private meeting spaces available throughout the program, rather than the smaller staff offices. Staff emphasized that employees and members are treated as equals, with daily interactions such as chatting between activities, one-to-one conversations, and high-fives in passing. Members interviewed reported feeling accepted as equals, and one member reported participation in the program has improved their ability to socialize.	
2.3.3	Sense of Community	1 – 4 4	During the virtual tour, reviewers observed a strong sense of community, reflected in images of recent events projected on screens, kickball tournament trophy displays, and members greeting one another and staff. Members interviewed described feeling a bond with peers and characterized REN as a second family. They reported encouragement to connect during and after hours, including staff encouraging members to welcome newcomers, peers and staff supporting those with reduced participation, and social media showing members spending time together outside the program. Staff reported that some members developed a sense of fellowship through REN's camping trips and began camping together after first participating in camping trips organized by REN.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1 – 4 4	Both staff and members reported no time limits for participation at REN, and members may engage at their own pace without being required to attend specific groups. Members reported having flexibility to choose groups and activities and noted that some that left programming for months were able	

			to return easily. Staff confirmed re-enrollment is allowed within a year, with updated intake paperwork, assessment, and service plan from the referring clinic required after that point.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1 – 4 4	Staff reported sharing personal recovery experiences with members, when appropriate, in one-to-one settings after building rapport. Staff described sharing recovery stories during groups and, when possible, pairing members with staff that had similar experiences. Within the Hope's Door program, staff share experiences related to unemployment and navigating support systems. Most members reported witnessing staff disclosing personal stories related to psychiatric and substance use challenges and noted that these exchanges fostered equality, mutual respect, and closeness while supporting recovery by showing that challenges could be overcome. Reviewers observed that both staff and members described sharing personal experiences, reflecting reciprocal relationships characterized by mutual acceptance and shared values.	
3.2 Helper's Principle				
3.2	Helper's Principle	1 – 4 4	REN's vision, "nurturing home, community, and growth while reducing isolation and mental health stigma," aligns with member reports. One member shared a recent example of providing support and encouragement to a peer regarding child custody struggles during a group, while another member described buying extra clothing items at the thrift store to share with peers. Most of the members	

			interviewed (67%) reported helping or providing advice to peers at the program. Some members shared that helping others increases their confidence, fosters mutual support, and contributes to their own recovery.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1 – 5 5	All members interviewed agreed that participation in the program fostered hope that change within the mental health system is possible. Members described positive life changes since joining REN, including developing coping skills, advancing in recovery, reducing isolation, and obtaining peer support certification. One member shared that LGBTQ+ programming helped them feel accepted and supported in embracing their sexual orientation.	
3.3.2	Personal Accountability	1 – 5 5	Members and staff reported that REN emphasizes accountability through honesty, responsibility for actions, and peer support. Members described taking responsibility by showing up to the program, having a positive attitude, and being accountable for recovery decisions (i.e., honesty about substance use or relapse). Staff reinforced accountability with positive feedback (e.g., daily emails). Program structures, such as group agreements and punctuality expectations, further promote accountability.	
3.3.3	Group Empowerment	1 – 4 4	Members and staff reported that participation at REN fosters empowerment and fulfillment, with all members expressing pride in being part of the program. Members contribute to programming and the broader community through daily check-ins at the beginning of each scheduled group, involvement in the MAC, monthly membership meetings, daily groups, volunteer activities, and one-to-one interactions with staff. Additionally, staff	

			highlighted opportunities for both members and staff to integrate personal passions into programming, such as General Educational Development (GED), filmmaking, and LGBTQ+ groups.	
3.4 Choice				
3.4	Choice	1 – 5 5	Members interviewed reported a wide range of activity options at the program. Participation is entirely voluntary, and members emphasized having a choice in both the activities they pursue and the pace of their engagement. REN offers structured activities, some requiring advance registration, including volunteering, art groups, job readiness activities, skill-building groups, meditation, yoga and other physical health activities, and community events. Registration for activities can be completed through the REN website. Members noted opportunities to participate in at least 10 activities daily, as well as an on- or off-site activity most Saturdays. One member explained that staff do not compel participation; rather, members are informed of available options, provided with the necessary resources and instructions, and supported in determining what best suits their needs. Staff and members reported that members can take breaks from groups or switch between groups. Members are encouraged to participate in at least half a group or an activity such as working out at the gym, getting a facial at the <i>RENewal Spa</i> onsite, or scheduling a one-on-one with staff.	
3.5 Recovery				

3.5	Recovery	1 – 4 4	Members and staff described recovery as individualized, characterized by ebbs and flows along the path toward personal goals. Staff emphasized the role in walking alongside members, providing support, and reinforcing that REN offers a safe and supportive environment regardless of past experiences. REN's mission statement, "to provide recovery and healing opportunities in our community by sharing our journey," is explicitly recovery-focused and reinforces the emphasis of the program on mutual support, healing, and individualized recovery pathways.	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1 – 4 3	Members provided varied feedback on how spirituality is supported at the program. One member noted opportunities such as guided meditation, yoga, and one-to-one conversations with staff. Not all members agreed that discussion of religion should occur at the program. Cultural days allow members to learn about and celebrate different cultures and religions. Staff identified monthly camping events that encourage members to connect with nature and reported providing members with similar faiths a meeting space to gather and pray.	• Develop formal opportunities for members to discuss their spiritual beliefs and practices and how these beliefs support their recovery. • Seek input from members and other COSPs in the area 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.
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1 – 5 5	Members receive formal peer support through one-to-one meetings with staff and scheduled groups such as <i>Circle of Support</i> , <i>Journey to GED</i> , <i>Solutions in Sobriety</i> , <i>Power of Positivity</i> , and <i>Creative Writing</i> . Staff reported that all groups are structured as	

			intentional peer support, beginning with a check-in that allows members to share experiences and address challenges. REN also offers peer support training and certification through the Recovery Support Training program. According to staff interviews, all members (100%) participate in formal peer support groups.	
4.1.2	Informal Peer Support	1 – 4 4	Members and staff reported that members provide one another with support and encouragement both during and outside of business hours. Most members exchange phone numbers and offer unscheduled support over the phone, before and after groups, and during community events and meals. Staff described a recent example in which another member approached a distressed member and offered reassurance and gave the member a hug. Additional examples included members gathering for holiday meals at one another's homes and communicating through the REN social media support page. Staff at the program foster relationship-building by randomly assigning members for group activities to promote new connections, introducing members sitting alone during meals to others nearby, and asking experienced members to assist newcomers in navigating the center.	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1 – 5 5	The program offers both formal and informal opportunities for members to share personal stories with peers, staff, and the broader community. One member reported sharing experiences during daily check-ins at the start of group sessions and informally at the picnic tables between activities. Another member recalled that being shy was a barrier to participation when	

			starting at REN but was encouraged by staff to share their story. This encouragement helped the member feel comfortable sharing on a microphone during a membership meeting. An additional member shares their story through their contributions to the <i>REN Newsletter</i>. Staff reported that members share personal experiences through groups and activities including <i>Awesome World</i>, <i>Creative Writing</i>, <i>Power of Positivity</i>, <i>Gratitude Monday</i>, and the <i>Arts & Sciences Collective</i>. Additional outlets include displaying artwork at the annual Art Expo, participating in a filmmaking group (<i>Recovery Reelz</i>), and being featured in member spotlight segments during monthly membership meetings and the <i>Healthy Mind</i> podcast.	
4.2.1	Artistic Expression	1 – 5 5	REN offers both structured and unstructured opportunities for members to explore meaning and purpose through artistic expression. One member reported participating in journaling and other writing exercises in groups such as <i>Creative Writing</i> and <i>Gratitude Monday</i>, while another member shared involvement in the <i>REN Newsletter</i>, a closed group limited to five participants. An additional member reported that participants may sign up online for the <i>Arts & Sciences Collective</i>, which is typically offered once a week. Staff shared that other groups encouraging artistic expression do not require advance sign-up and are available throughout the week, including, <i>TikTok Tuesday</i> dance groups, <i>Awesome World</i>, <i>Circle of Support</i>, <i>Power of Positivity</i>, and <i>Craft Nation</i>. During the live tour of the center, staff described <i>Make & Take</i>, a week dedicated to members creating holiday gifts for friends and family using available arts and crafts supplies. Staff also noted	

			that REN keeps art supplies stocked and accessible for members to use.	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1 – 4 3	Staff described several activities at REN that empower members to look beyond themselves, work collaboratively, support peers, and contribute to the larger community. Through community outings and partnerships with local businesses, members are provided opportunities to practice life skills in real-world settings, including grocery shopping, establishing and managing bank accounts, and filing taxes. Additional empowerment opportunities include participation in community events such as the annual NAMI and Pride walks, presentations by the OIFA, and attendance at the <i>Care Connection</i> conference hosted by Mercy Care, as well as other COS-sponsored conferences. REN also participates in the annual <i>Mental Health Day at the Capitol</i>, after which members have requested assistance with voting. Participation in the REN Newsletter provides another opportunity for members to contribute by collaborating on content and sharing their perspectives with the larger REN community. While 75% of members interviewed said their involvement increased confidence and a sense of belonging to a larger community, most noted they had not received information about the broader peer movement. One member stated that involvement at REN has prepared them to connect with others in the community and described participation in the NAMI walk, community-based expos, and collectives with support from REN.	- Consider opportunities to more explicitly educate members on the <i>Peer Movement</i>. Provide literature and pamphlets, and help members to establish the connection(s) between their activities and their contribution to the movement. - Expand member involvement in planning and implementation of advocacy efforts, e.g., a social change committee. Helping members to find causes they can directly impact may increase their sense of contribution to their communities.
4.4 Crisis Prevention				

4.4.1	Formal Crisis Prevention	1 – 4 4	Staff reported that members learn to recognize and address potential crises before escalation through participation in scheduled groups, such as a guided meditation group (<i>Mind Masters</i>), <i>Anger Management</i>, <i>Circle of Support</i>, <i>Solutions on Sobriety</i>, and <i>Power of Positivity</i>. Hope's Door provides an additional safe and supportive environment where staff assist members in developing plans and working toward goals through small, achievable steps. All staff are required to complete annual training to ensure preparedness in responding to crises. Required training includes crisis courses through Relias, <i>Therapeutic Options</i>, and <i>Mental Health and First Aid</i>. Staff also have access to Wellness Recovery Action Plan (WRAP) training materials. Per the <i>Crisis Response Plan</i>, there are five levels of intervention, each outlining the appropriate supports and intensity. When prevention efforts are not successful, staff coordinate with members' clinical teams. While the program is not involved in petitioning or amending members, staff provide support by attending court appointments, participating in hospital discharge planning, and assisting members with transitioning back to the community after discharge.	
4.4.2	Informal Crisis Prevention	1 – 4 4	Members reported that participation at REN increased self-confidence and fostered meaningful peer connections, with several describing the program community as a "second family." Members expressed that strong relationships with staff and peers helped prevent crises and created a sense of safety. Two members shared experiences of struggling with suicidal ideation and noted that	

			staff provided support until the crisis subsided. One of these members added that they can reach out to staff or peers by text after hours when needed, while another member emphasized that staff are always present at the center and prepared to respond should a crisis arise.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1 – 4 4	All members and staff interviewed reported looking up to others within the program and regularly receiving guidance, support, and companionship from those individuals regardless of role. Staff described both providing and receiving mentorship with members and colleagues. One member shared, "We are all here to help each other."	
Domain 5 Education				
5.1 Self-Management/Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1 – 5 5	Staff reported that 95–100% of members participate in structured groups and events designed to promote problem-solving skills, including <i>Anger Management</i> , <i>Power of Positivity</i> , <i>Journey to GED</i> , <i>Recovery Reelz</i> , and men's and women's self-care groups. Individualized skill development is also offered through the Hope's Door program, in which staff support members with activities such as scheduling medical appointments, arranging transportation, pursuing employment, and accessing community agencies. Staff emphasized an empowerment approach by walking alongside members as they practice these tasks in the community. Two members confirmed these benefits, citing examples such as addressing postponed medical care and using group check-ins to identify personal goals.	

5.1.2	Receiving Informal Problem-Solving Support	1 – 5 4	Members reported receiving informal support with problem-solving and self-management from both staff and peers. One member noted that these interactions often occur prior to the start of programming. Of the members interviewed, 60 – 75% described receiving this type of informal assistance. Staff reported encouraging member socialization between groups and during community outings and events and noted that mealtime interactions often provide opportunities for staff to join conversations and facilitate communication.	Provide space and opportunity for members to both give and receive support to and from their peers. When possible, allow organic opportunities to occur between members in which member interactions can replace staff intervention, allowing members to learn and grow by supporting each other in recovery.
5.1.3	Providing Informal Problem-Solving Support	1 – 5 3	Members reported that peers provide informal problem-solving support to one another; however, only half (50%) of those interviewed indicated they had personally offered such support. One member shared that participation at REN inspired a desire to give back to the community by helping others facing challenges such as housing instability.	Coach and encourage members to identify aspects of their recovery story, emphasizing successes in problem solving and self- and/or peer advocacy that could be integrated into support interactions, group sessions, curricula, and other activities. Ideally, most or all of the participants (80–100%) report that they have provided informal support in self-management or problem-solving assistance.
5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	1 – 5 5	Staff and members reported that groups and activities at REN are designed to promote skill development necessary for full participation in the community. Examples include <i>Anger Management</i> , <i>Power of Positivity</i> , <i>Journey to GED</i> , and various volunteer opportunities within the program and the broader community. Members reported that participation increased their confidence and supported daily functioning, estimating that 70-90% of members engage in formal skill-building activities. Staff estimated that approximately 95%	

			of members participate in activities that build skills and support daily life, citing examples such as one-to-one goal setting with Hope's Door staff, <i>Circle of Support</i> , and <i>Fun in Recovery</i> groups.	
5.2.2	Job Readiness Activities	1 – 5 3	REN provides a range of job readiness supports, including one-to-one assistance with job searches, resumes, applications, mock interviews, and transportation, as well as volunteer roles, access to computers at the <i>RENovation Station</i> , and groups such as <i>Journey to GED</i> . Staff estimated about 30% of members engage in job-specific activities, increasing to nearly all members when volunteer roles or activities that promote future job skills (i.e., participating in the podcast, filmmaking, or newsletter activities) are included. Members estimated job-readiness participation at 10–30%, citing examples such as updating resumes, attending job fairs, and completing mock interviews. These opportunities demonstrate structured supports, though participation remains limited.	• Expand concrete opportunities for members to engage in job readiness activities, with the goal of increasing participation to 75–100%. Actively seek member input on how they would like to be supported in their interest in employment. • Involving members in key decision-making, i.e., hiring decisions, will provide opportunities for members to be informed of the interview and hiring process, better preparing them for future job search activities. Develop avenues to increase the members' involvement in hiring decisions. Consider developing an interview panel, final candidate selection group, voting, etc. • Educate members and staff that currently scheduled groups and activities that support skill-building (e.g., building self-confidence and improving communication skills) also provide opportunities to develop skills directly relevant to employment. Job readiness activities are not merely for those actively looking for employment but can improve member readiness for independent living, volunteering, and many other positive experiences.
Domain 6 Advocacy				

6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1 – 5 5	Participation at REN supports members in building self-advocacy skills and becoming more assertive with providers. Opportunities for self-expression and rights advocacy are offered through daily groups, membership and advisory meetings, and OIFA forums. Members are encouraged to provide input through suggestion boxes, QR-coded flyers, annual surveys, and the REN website. Staff estimated that 75–100% of members engage in formal training or informal peer-to-peer support. Members described improved confidence when interacting with traditional providers.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1 – 5 5	Most members interviewed (83%) identified as peer advocates. Members reported providing peer support through problem resolution and by advocating for changes that promote accessibility and fairness within the program and the broader community. Reported examples included requesting an additional van to increase participation in the bowling activity, sharing a community transportation resource with a peer, and advocating for extended program hours to better support unhoused members.	

6.2.1	Outreach to Participants	1 – 5 5	Staff use various methods to inform and engage members, including printed and online calendars, social media, the newsletter, whiteboards, and word of mouth. Members confirmed these tools are accessible and used to register for groups or track events. Staff encourage re-engagement by contacting members that have not participated in services for two to four weeks. Each month, staff receive an outreach list and attempt phone contact with these members, continuing until successful communication is made. When contact remains unsuccessful, the member's clinical team is notified. Members confirmed prompt outreach, with two describing staff calling multiple times or within four days of absence, and another noting that staff quickly notice when attendance lapses. REN has a website, multiple social media accounts, brochures, and community events to advertise the program and services available.	
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FACIT SCORE SHEET

Domain	Rating Range	Score
Domain 1: Structure		
1.1.1 Board Participation	1 - 5	5
1.1.2 Consumer Staff	1 - 5	5
1.1.3 Hiring Decisions	1 - 4	3
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 Member 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 Programs	1 - 5	5
1.3.3 Linkage with Other Service Agencies	1 - 5	5
Domain 2: Environment		
	Rating Range	Score
2.1.1 Local Proximity	1 - 4	4
2.1.2 Access	1 - 5	5
2.1.3 Hours	1 - 5	5
2.1.4 Cost	1 - 5	5
2.1.5 Accessibility	1 - 4	4
2.2.1 Lack of Coerciveness	1 - 5	4
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	3
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	3
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	4
5.1.3 Providing Informal Support	1 - 5	3
5.2.1 Formal Skills Practice	1 - 5	5
5.2.2 Job Readiness Activities	1 - 5	3
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	199	
Total Possible Score	208	