Fidelity Assessment Common Ingredients Tool (FACIT)

Revised 11/12/ 2001

Consumer Operated Service Program Multisite Research Initiative
Developed by Common Ingredients Subcommittee of COSP MRI

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Progam Name _____ **Site Visitor** _____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
1. STRUCTURE				
1.1. Consumer Operated:				
1.1.1. Board participation	Consumers constitute the majority (at least 51%) on the board or group which decides all policies and procedures.	Questions to be asked of program director: Do you have a board or decision making group? Is the board elected and by whom? What percent of the board identify themselves as consumers? Does the board make binding policy? How often does the board meet? Record percentage of board who identify as consumers: ___%	1) No member of the board is self-identified as a consumer. 2) 1-50% of the board are self-identified as consumers. 3) 51% of the board are self-identified as consumers but less than 51% of the officers are self-identified as consumers. 4) 51% or more of the board are self-identified as consumers and more than 51% of the officers are self-identified as consumers. 5) 90-100% of the board are self-identified as consumers and all of the officers are self-identified as consumers.	_____
1.1.2. Consumer Staff	With limited exception, staff consists of consumers who are hired by and operate the Program.	Questions to be asked of program director: What percentage of the staff identify as consumers? What staff/leadership positions do they hold? Record percentage of staff who identify as consumers: ___%	1) No staff member of the staff identifies him/herself as a consumer. 2) 1-50% of staff members identify themselves as consumers. 3) 51% or more of the staff identify themselves as consumers but less than 51% of administration identify themselves as consumers. 4) 51% or more of the staff identify themselves as consumers and more than 51% of administration identify themselves as consumers. 5) 80-100% of staff identify themselves as consumers and all of the administration identify themselves as consumers.	_____

1.1.3 Hiring Decisions		Questions to be asked of program director: Is there a written policy regarding who can be hired as staff of the program?	1) Consumers are not involved in any hiring decisions. 2) Consumers have some involvement in hiring decisions. 3) Consumers are responsible for making most of the hiring decisions (50% or more). 4) Consumers are responsible for making all hiring decisions.	_____
1.1.4. Budget Control	Consumers have control of the operating budget.	Questions to be asked of program director: Who develops the budget? Are consumers involved? Who signs checks? Is this a consumer? Who decides the salaries of the staff? Are consumers involved in these decisions? Who is authorized to sign contracts on behalf of the agency? Is this a consumer?	1) Consumers are not involved in the development or control of the budget. 2) Consumers have some involvement in the development and control of the budget. 3) Consumers are responsible for the development and control of most of the budget. 4) Consumers are responsible for the development and control of the entire budget.	_____
1.1.5 Volunteer opportunities	Role opportunities for participants may include board and leadership positions, volunteer jobs and paid staff positions.	*This topic is covered in the above three ingredients.* Is there an opportunity to become staff after participating in the program or volunteering in it?	1) No consumers are volunteers. 2) 1-24% of the volunteers are self-identified as consumers. 3) 25-49% of the volunteers are self-identified as consumers. 4) 50-74% of the volunteers are self-identified as consumers. 5) 75-100% of the volunteers are self-identified as consumers.	_____
1.2. Participant Responsive:				
1.2.1 Planning Input	The program responds flexibly to the needs of participants.	Are there organizational or strategic planning meetings? If yes, how is consumer input solicited? Are there membership meetings in which members can state their desired changes? If accommodations were requested, were the needs met? Are there accommodations/changes to be responsive to staff and participants that your organization would like to make but that your funding sources or laws/ regulations preclude you from making?	1) There are no realistic opportunities for consumer input. 2) There are some opportunities for consumer input but the program does not display a commitment to implementing recommended changes. 3) There are some opportunities for consumer input but the program displays minimal commitment to implementing recommended changes. 4) There are many opportunities for consumer input and the program displays a commitment to implementing recommended changes. 5) There are multiple avenues evident for providing input and the program displays a significant commitment to implementing recommended changes.	_____

1.2.2. Satisfaction/Grievance Response	Consumers have ways to indicate dissatisfaction with their program and to have grievances addressed.	Does your program have a grievance policy? Does your program conduct satisfaction surveys? Are there forums at which members can raise their concerns? How are concerns of members addressed?	1) There are no realistic opportunities to express grievances or dissatisfaction with the program. 2) There are some opportunities to express grievances or dissatisfaction with the program but the program does not display a commitment to implementing necessary changes. 3) There are some opportunities to express grievances or dissatisfaction with the program but the program displays minimal commitment to implementing necessary changes. 4) There are many opportunities to express grievances or dissatisfaction with the program and the program displays a commitment to implementing necessary changes. 5) The Program has a formal policy for addressing grievances and for assessing consumer satisfaction and displays a significant commitment to implementing recommended changes.	_____
1.3. Linkage to other supports	A Program offers linkage to other supports, with referrals to other community services, and networking with other consumer groups.	*These questions can be asked of the program director or other staff.*		
1.3.1. Linkage with Traditional Mental Health Services		To what extent do you exchange information with traditional service providers? Provide referrals to them? Receive referrals from them? Exchange resources with them? To what extent do staff participate in local service network meetings? Are consumers forced or coerced to follow through with referrals?	**Linkage with Traditional Mental Health Services** 1) There is no reported substantial linkage to traditional mental health services. 2) There is report of minimal involvement with traditional mental health services. 3) There is report of moderate involvement with traditional mental health services. 4) There is report of intense involvement with traditional mental health services but this involvement is not reciprocated. 5) There is report of intense involvement with traditional mental health services and this involvement is reciprocated.	_____

1.3.2. Linkage with other COSPs			**Linkage with COSPs** 1) There is no reported substantial linkage to COSPs. 2) There is report of minimal involvement to COSPs. 3) There is report of moderate involvement to COSPs. 4) There is report of intense involvement to COSPs but this involvement is not reciprocated. 5) There is report of intense involvement to COSPs and this involvement is reciprocated.	_____
1.3.3. Linkage with other service agencies			**Linkage with Other Service Agencies** 1) There is no reported substantial linkage with other service agencies. 2) There is report of minimal involvement with other service agencies 3) There is report of moderate involvement with other service agencies 4) There is report of intense involvement with other service agencies but this involvement is not reciprocated. 5) There is report of intense involvement with other service agencies and this involvement is reciprocated.	_____
2. ENVIRONMENT 2.1. Accessibility				
2.1.1. Local Proximity	Consumers can walk to the program or get there by public transportation; or the program comes to the consumer.	*These questions can be asked of consumers and staff.* **Local Proximity** Is the program within walking distance of the center of town or in the major concentration of consumers?	1) The program is physically remote from any population cluster. 2) The location of the program is close to but not in a population cluster. 3) The location of the program is within a population cluster, but with minor improvements possible. 4) The location of the program is optimal – at the very center of a population cluster. It is difficult to conceive of further improvements.	_____

2.1.2. Access		**Access** How close is the program to the nearest bus line? Does the program arrange for transportation? Does the program supply bus tickets or taxi vouchers?	1) Speed and convenience in terms of: proximity to means and routes of access, variety of means and routes, and multiplicity of areas served where 0=Very Poor, 2=Poor, 4=Fair, 6=Good, and 8=Optimal a. For local participants 0 2 4 6 8 b. For regional or remote participants 0 2 4 6 8 2) Congestion of access, traffic, and parking 0 2 4 6 8 3) Safety of access and neighborhood. 0 2 4 6 8 Add the points assigned for 1a, 1b, 2 and 3: ____ Use chart below to assign level. 1=0-5 points, 2= 6-10 points, 3= 11-14 points, 4= 15-19 points, 5= 20-24 points _____
2.1.3. Hours	Hours of operation are geared to the needs of participants.	What are the hours of service? What days is the program open? How are decisions on the hours/days of operation made? Are there arrangements that people can make to receive support after hours? Do the hours accommodate people after other programs close? Is the program open on evenings, weekends or holidays?	1) Hours of operation are extremely limited and rigidly set. 2) Hours of operation are limited. 3) Program in operation 40 hours per week but might not be open during needed hours. 4) Program in operation more than 40 hours per week and is open some evenings and weekend hours. 5) Hours conform to the hours most needed by individuals. _____
2.1.4. Cost	Programs are either free or charge a nominal fee. Program use is not dependent on ability to pay.	Is there a fee for membership? Is there a fee for participating in any activities?	1) Services are priced without regard to ability to pay or are dependent on insurance or income. 2) Services are modestly priced but there are no provisions made for an individual's ability to pay. 3) Services are modestly priced and there are some provisions for an individual's ability to pay. 4) All services are free or modestly priced and there are provisions made for an individual's ability to pay. 5) All services are free of charge. _____

2.1.5. Reasonable Accomodation	Efforts are made to insure that consumers with physical and sensory as well as psychiatric disabilities can participate in programming.	Is the Program accessible with wheelchair ramps and necessary accommodations in the bathrooms? Are written materials prepared in various ways, i.e., braille? Does the Program have a TTY system available for individuals who need it? Does it have a contract to use relay services? To what extent do persons with disabilities other than psychiatric disabilities actually participate in activities?	1) No attention to accommodation of persons with physical and sensory disabilities or major gaps: gross lack of accessibility is readily apparent to observers. 2) Some provisions made for persons with physical/sensory disabilities, but still lack of accessibility may create barriers for some potential participants. 3) Generally accessible but improvements can be imagined (i.e. program has accessible entrance and toilets but lacks TTD). 4) Fully accessible to persons with wide range of disabilities and committed to accommodating individual differences.	_____
2.2. Safety				
2.2.1. Lack of coerciveness	The Program provides a non-coercive milieu in which fears due to past traumatization are appreciated and assuaged, including trauma induced by the mental health system. There is no threat of commitment, clinical diagnosis, or unwanted treatment except in cases of suicide or physical danger to other participants.	*This information can be found in policies and procedures. One would look for written rules of behavior or for policies of expulsion or expulsion. There would be a de-emphasis on diagnosis and treatment.* Are there requirements of participation in the Program? How are they developed? How are they shared with participants? Were you forced to participate in any program that you didn't want to at the Program?	1) People are required to be in formal treatment to participate in the program. 2) The Program strongly encourages but does not require individuals to be in formal treatment to participate in Program activities. 3) The Program strongly encourages individuals to participate in peer support programs. 4) The Program encourages individuals to participate in peer support programs. 5) The Program encourages people to choose whether or not to participate in the program. Behaviors are tolerated as long as they are not harmful to others.	_____

2.2.2. Program Rules	Norms/rules to protect the physical safety of participants are developed by consumers for consumers-- either by the participants themselves or by consumer staff— and they are agreed to by all participants.	Do you feel safe at the Program?	1) Inadequate controls. Participants are frequently victimized. 2) Inadequate controls. Consumers sometimes feel unsafe or victims of crimes. 3) Adequate controls and safeguards so participants feel safe from physical harm. Rules not developed by participants. 4) Adequate controls and safeguards so participants feel safe from physical harm. Rules developed by participants. However there are not mechanisms in place when rules are violated. 5) Adequate controls and safeguards so participants feel safe from physical harm. Rules developed by participants and mechanisms are in place when rules are violated.	_____
2.3. Informal Setting				
2.3.1. Physical Environment	*Physical Environment* Working toward common goals in a comfortable setting creates a sense of belonging and support.	*The evidence would be from observations and the following would be seen:* *The furniture looks comfortable,* *People appear relaxed and at each with each other.*	1) Lack of physical comfort would be perceived as intolerable, or as extremely objectionable by even a sizeable minority of participants or fellow citizens who might be placed into such circumstances. 2) Shortcomings in physical comfort are significant, but would rarely be considered intolerable. 3) Settings in which the vast majority of individuals would feel physically comfortable, even though there may be obvious room for improvement. 4) Project not only meets all obvious requirements for physical comfort, but makes extensive efforts to insure that even relatively minor aspects of the environment add to the participant's physical comfort.	_____

2.3.2. Social Environment	*Social Environment* Rigid distinctions between "provider" and "client" do not exist. While some program components may be structured, there remains a sense of freedom and self-expression.	*The evidence would be from observations and the following would be seen:* *Staff are out on the floor interacting with members.* *One might not be able to distinguish staff from consumers by clothing or attitude.* *Everyone is on a first name basis.*	1) An obvious devaluation of the participant is apparent in attempts to differentiate program participants from staff, e.g. via excessive separation of staff and participants, or separation of staff and participant areas. 2) Distinct minor deficiencies exist, e.g. Participants may knock on staff doors but not vice versa. 3) Staff attitudes are somewhat cold and distant even if correct. 4) Staff treat participants with openness, directness and sincerity, although certain minor compromises are apparent. 5) Staff/ participant interaction in the project appears near ideal.	_____
2.3.3. Sense of Community	*Sense of Community* The Program provides a sense of fellowship, in which people care about each other and create community together.	*The evidence would be from observations and the following would be seen:* *People know each other by name.* *Members come together to make decisions about the Program.* *There might be retreats such as overnights and camping trips.* *There would be newsletter that updates to consumers to community events, etc.* Do the Program staff link members together? Do you participate in activities with members outside of the Program? Do you feel connected to other people in the Program?	1) Formal relationships but little opportunity for participants to informally relate with others or develop a sense of belonging. 2) Formal relationships but some opportunity for participants to informally relate with others or develop a sense of belonging. 3) Both formal and informal relationships with considerable opportunities for participants to informally relate with others or develop a sense of belonging. 4) General comfort among participants characterized by extensive opportunity for warm, interpersonal interactions, sense of belonging and numerous opportunities to socialize with other Program participants.	_____

2.4. Reasonable Accommodation				
2.4.1. Timeframes	CLUSTER FOR DROP-IN: No timeline is attached to participation in the Program. No pressure to join and no time limit to participation. Schedules and tasks can be flexible and adapted to individual needs.	*For Drop-Ins only - One could look at eligibility requirements for membership as well as personnel policies to look at flexibility of tasks to accommodate special needs.*	1) Strict limitation of time in program; no opportunity for flexibility based on individual need. 2) Some time limits; some flexibility based on individual need. 3) No formal time limits; some expectation of continued participation. 4) No time limits or expectations about continued participation.	_____
	CORE CONSENSUS: Reasonable accommodation to disabilities of all kinds is advocated and practiced in program and work settings.		See *Accessibility* section	
3. BELIEF SYSTEMS				
3.1 Peer Principle	Relationships are based upon shared experiences and values. They are characterized by reciprocity and mutuality. A peer relationship implies equality, along with mutual acceptance and mutual respect.	*These questions could be asked of consumers in individual interviews, focus groups or through surveys.* *Evidence can also be found in the mission statement of the Program or Program newsletters.* Have the staff disclosed themselves as having a psychiatric disability? Have the staff shared their stories with consumers? Do members share their experiences of having psychiatric disabilities with each other?	1. Self-disclosure limited/no staff or leaders are identified as mental health consumers. Those staff and leaders who are mental health consumers do not reveal this to program participants. 2. Some self-disclosure by program staff and leaders, but this is limited to one or a few instances. 3. Self-disclosure is common, but not universal within program, among staff/leaders, and participants. There is still evidence of significant imbalance/distance between staff and leaders, and participants. 4. Self-disclosure is almost universal – both participants and staff/leaders characterize relationships as mutual/reciprocal.	_____

3.2 Helper's Principle	Helping oneself and others is a corollary of the Peer Principle. Working for recovery of others facilitates personal recovery. Help or advice is friendly rather than professional, and does not demand compliance. All services at Program's are based on peer-to-peer relationships, as part of the Peer Principle.	*These questions could be asked of consumers and staff through individual interviews, focus groups or through surveys. The evidence can also be found in the mission statement of the Program* Have you had the experience of helping someone out recently? Was this experience helpful to you? Do you feel compelled to follow the advice of your peers? Have you ever been denied services if you didn't follow their advice?	1. No program participants report the experience of helping others 2. A few program participants report some experience helping other program participants/others. 3. Some program participants report some experience helping other program participants/others 4. Most (67-100%) report some experience helping other program participants/others.	_____
3.3. Empowerment				
3.3.1 Personal Empowerment	Empowerment is honored as a basis of recovery. It is defined as a sense of personal strength and efficacy, with self-direction and control over one's life.	*These questions could be asked of consumers through individual interviews, focus groups as well as through surveys* Has being involved in the Program helped you make any positive changes in your life? How is it that you were able to make these changes? Does the program make you feel that you have more control over your life? Does participation in the Program make you feel that change in the mental health system is possible?	(Quantitative) 1. No one agreed that being involved with Program has helped make positive changes in their lives. 2. Some agreed that being involved with Program has helped make positive changes in their lives. 3. About half agreed that being involved with Program has helped make positive changes in their lives. 4. Most agreed that being involved with Program has helped make positive changes in their lives. 5. Virtually everyone/all agreed that being involved with Program has helped make positive changes in their lives	_____

3.3.2 Personal Accountability	Consumers are expected, but not forced to be accountable for their actions and to act responsibly. Self-reliance is encouraged.		(Qualitative) Accountability 1. Program staff and leaders are often patronizing, placing few or no demands on program participants. 2. Program staff and leaders are somewhat patronizing, placing few or no demands on program participants. 3. Program staff and leaders are rarely patronizing, but place few demands on program participants. 4. Program staff and leaders are never patronizing, and place modest demands on program participants. 5. Program staff and leaders encourage a high level of accountability and self-reliance on program participants	_____
3.3.3. Group Empowerment	Belonging to an organized group that is recognized by the larger community contributes to the personal empowerment of the individuals within it. Both personal empowerment and group empowerment can be going on at the same time. As a group, the Program has the capacity to impact the systems that affect participants' lives. Consumers participate in systems level activities at their own pace.	Do you feel pride in being a member of the Program? Do you feel that you can contribute/make an impact on the program?	1. No recognition of belonging to a group 2. Some recognition and feeling of membership to a group. 3. Significant recognition and feeling of membership to the group. Awards opportunity for participants to contribute to program activity and planning. 4. High recognition and feeling of membership to the group. Awards great opportunity for participant to contribute to program activity and planning within, and beyond the group.	_____

3.4. Choice	Participation is completely voluntary, and all programs are elective and non-coercive. Choice of services includes the right to choose none. Consumers are regarded as experts in defining their own experiences and choosing Program or professional services that best suit them. Problems to be addressed are those identified by the consumer, not by professionals.	*These questions could be asked of consumers in individual interviews, focus groups as well as through surveys.* What types of programs are offered at the Program? Can you select the service/program that you'd like to participate in?	1. Limited choice is apparent to participant. Participation is involuntary. 2. Individuals can choose to participate or not. 3. Individuals have the choice to participate, and the opportunity to choose between at least two activities. 4. Individuals have the choice to participate, and the opportunity to choose between at least two activities with different levels/forms of participation. 5. Individuals have the choice to participate from a wide array of program activities with different levels/forms of participation, including the opportunity to shape the activity.	_____
3.5 Recovery	We believe in recovery. The recovery process is different for each individual. It is never defined rigidly, or forced on others by a Program. Recovery describes a positive process that acknowledges strengths and enhances well being. Programs regard recovery as a normal human process which is unique for each individual. And like all human processes, recovery takes time and involves a whole range of human experiences. It may include ups and downs and also periods of no apparent change.	*This information may be in the mission statement. If an organization embraces the concept of recovery, then it should be evident in the way people act. People are encouraged to go beyond their set boundaries. Other indications are articles, newsletters and presentations from people about their successes. Consumer staff are able to advance to more responsible, supervisory positions.* Are there people who moved on because they got the help they needed from the program? Are there people who have left the program because they became employed or outgrew the program? As a member of the program, do you have the choice of when to leave or how long to remain? What is the organization doing to promote recovery or to show that it embraces recovery?	1. Little or no recognition of a need for a hope oriented approach in the mission statement or in materials describing the program. 2. There is some recognition of a need for a hope oriented approach in the mission statement or in materials describing the program. 3. The mission statement and materials describing the program include a clear statement of a hope oriented approach. 4. Not only does the mission statement and materials describing the program include a clear statement of a hope oriented approach but also participants can articulate approach.	_____

3.6 Acceptance and Respect for Diversity	Empowerment and hope are nourished through acceptance of persons as they are "warts and all". All behaviors are understood in ordinary human terms, never according to clinical interpretations. Consumers respect each other for the person they are rather than for the person they should be. Every person is afforded acceptance, respect and understanding based on his/her uniqueness and value as a human individual.	*The demographics of the consumers served by the agency mirror the demographics of the area with regard to ethnic identity, race, gender, age, etc. Interactions between program participants are friendly, inclusive, warm and sincere.* *There is an acceptance of differences and a willingness to learn about differences.* *There is minimal usage of clinical labels and stigmatizing language in conversation and in written materials about the organization.*	1. Rigid expectations of behavior across a wide range of daily domains. 2. Rigid expectations of behavior across one important domain. Less regimented. 3. Subtle expectations communicated about personal behavior but these are limited and are not readily enforced. 4. Acceptance of some non-dangerous behaviors. 5. Acceptance of a wide range of non-dangerous behaviors without threatening either continued Program participation.	_____
3.7.1 Spiritual Growth	Spiritual beliefs and subjective experiences are respected, not labeled as symptoms of illness.	*People are able to talk about spiritual growth and be accepted and not considered to have religious delusions.* Are there opportunities to share spiritual beliefs? What happens if someone shares their spiritual beliefs with other consumers? Are spiritual beliefs required for participation in the program? How often are spiritual beliefs discussed? Do consumers feel comfortable discussing their spiritual beliefs? **Exploration in Meaning and Purpose** Are there activities which help or encourage people to express meaning and purpose in life, i.e. writings, artwork, or poetry?	1. Spirituality/religious expression is not aloowed or is discouraged within the program. 2. The expression of spiritual or religious insights is allowed within the program.	_____

4. PEER SUPPORT				
4.1. Peer Support				
4.1.1. Formal Peer Support	Individual Program participants are available to each other to lend a listening ear, with empathy and compassion based on common experience. Similar support may be provided in formal support groups.	**Formal** (Scheduled formal groups and formal individual relationships) How often do these groups meet? How many consumers participate in individual or group peer support?	1. No formal peer support offered to program participants. 2. Some formal peer support groups offered to program participants but opportunities for these groups are on an irregular basis. 3. At least one formal peer support group offered to program participants on a regular basis. 4. More than one formal peer support group offered to program participants on a regular basis. 5. Numerous peer support activities offered to program participants on a regular basis.	_____
4.1.2. Informal Peer Support		**Informal** (Informal unscheduled groups and informal individual relationships) How often do these groups meet? How many consumers participate in individual or group peer support?	1. Program provides no opportunities for participants to provide support to another on an informal basis. 2. Program provides few opportunities for participants to provide support to another on an informal basis. 3. Program provides some opportunities for participants to provide support to another on an informal basis. 4. Program provides the opportunity for and supports the development of strong mutual peer relationships.	_____
4.2. Telling our Stories	Personal accounts of life experiences are embedded in all forms of peer support and education. Open discussion occurs in peer support groups or among individuals. Sharing these life experiences may also be a tool for public education, thus becoming an effective means of eliminating stigma and making consumers more accepted within their community.	_There are products of telling of stories, i.e. written stories, poetry, or artwork. There are a variety of avenues to tell stories. There is evidence that the consumer has control over when and to whom to tell his/her story._	1. Sharing stories is actively discouraged on the basis that it might make the individual or others feel uncomfortable or upset. 2. Some provisions made for sharing of stories about one's personal life and beliefs. These opportunities are limited or superficial. 3. Program limits telling stories to social situations. 4. Program provides regular opportunities for sharing stories among program participants. 5. Program provides numerous formal and informal opportunities for sharing stories within the program and to the larger community.	_____

4.2.1. Artistic Expression			Artistic Expression 1. No provision or outlet for artistic expression. 2. Some provision or outlet for artistic expression, but minor or rare 3. A regular outlet (such as an art class, or regular newsletter) but only one 4. Regular outlets that provide opportunity for artistic expression 5. Multiple regular outlets that provide opportunity for artistic expression, within a variety of media. These opportunities are individualized enabling all who are interested to participate.	_____
4.3. Consciousness Raising	Small support or conversation groups allow participants to "tell our stories" or share common experiences. These groups may be formal peer support groups or casual, ad hoc, conversations. Participants receive information about the consumer movement. New participants discover commonality with others, and this often produces the first dramatic change in perspective from despair to hope and empowerment.	*There is evidence that the Program encourages individuals to look beyond themselves to the community. Consumers should be encouraged to work to help other people and move the movement forward.* *There is an availability of materials from other sources such as documents, newletters, position papers and written testimony from other consumers in the movement.*	1. Most individuals think of themselves as uniquely ill or malfunctioning, keep their illness a secret and feel disconnected and ashamed of it. 2. Some individuals think of themselves as uniquely ill or malfunctioning, keep their illness a secret, and feel disconnected and ashamed of it. 3. Individuals do not think of themselves as ill or malfunctioning. They feel comfortable in connecting to a community but may not feel confident in contributing to this community. 4. Individuals recognize themselves as valuable membera of a larger community with unique identities, and feel confident contributing to this community.	_____

4.4. Crisis Prevention				
4.4.1. Formal Crisis Prevention	Involuntary commitment is minimized through individual or group peer support, or by peer counselors, or by education and advocacy, by addressing problems before they escalate.	What are some of the ways that the Program helps people in crisis? How has participation in the Program helped you stay out of the hospital and use alternative methods to help you through crisis? How has participation in the Program helped you avoid crisis?	1. No formal provisions made for crisis prevention. 2. At least one avenue provided for formal crisis prevention which may be inconsistent. 3. At least one consistent avenue provided for formal crisis prevention. 4. Multiple avenues provided for formal crisis prevention and these appear to be effective	_____
4.4.2. Informal Crisis Prevention			1. No informal provisions made for crisis prevention. 2. At least one avenue provided for informal crisis prevention, which may be inconsistent. 3. At least one consistent avenue provided for informal crisis prevention which appears to be effective in providing a regular, and sometimes physical outreach to participants. 4. Multiple avenues provided for informal crisis prevention and these appear to be effective in providing a regular, and sometimes physical outreach to participants.	_____
4.5. Peer Mentoring and Teaching	Consumer staff or leaders serve as positive role models to other consumers and to each other. Individual participants act as mentors to others. Consumers teach skills and strategies to other consumers, either formally or informally.	*There is evidence of a formal matching between consumer to an identified consumer helper. There is an established leadership of the peer support groups and classes.* Is there anyone at the Program that has been a mentor to you?	1. Few participants in the program report that there are others within the program that they look up to. 2. Some participants in the program report that there are others within the program that they look up to. 3. Most participants report that there are others within the program that they look up to. 4. Virtually all participants report that there are others within the program that they look up to, and from whom they can receive guidance, support and companionship. These relationships occur without regard to title or position within the program.	_____

5. EDUCATION				
5.1. Self Management/ Problem solving strategies	Program programs or individuals teach and model practical skills and promote strategies related to personal issues, treatment, and support needs. The focus is on everyday, practical solutions to human concerns	Formal educational programs for problem solving. Informal exchange of personal experience to enhance individual problem solving abilities.		
5.1.1. Formally Structured activities			**Formally Structured Activities** 1) No classes offered to participants with structured curriculum designed to teach self-management or problem solving. 2) Occasional classes provided for a small proportion of participants (1-24%) with no structured curriculum available *or* Classes currently under development but have not yet been offered *or* Staff have been trained in problem-solving and self-management, but little evidence of its use in practice. 3) Evidence of formal curriculum in problem-solving and self management, and a substantial minority (25-49%) have participated in classes with structured format designed to teach self management and problem-solving strategies. 4) Evidence of formal curriculum in problem-solving and self management, and majority (50-74%) have participated in classes with structured format designed to teach self management and problem-solving strategies. 5) Evidence of formal curriculum in problem-solving and self management, and most or all (75-100%) have participated in classes with structured format designed to teach self management and problem-solving strategies.	_____

5.1.2. Receiving Informal Support			**Receiving Informal Support** 1) Small proportion of participants (0-19%) report that they have received informal support in self management or problem-solving assistance. 2) Significant minority of participants (20-39%) report that they have received informal support in self management or problem-solving assistance. 3) About half of participants (40-59%) report that they have received informal support in self management or problem solving assistance. 4) A majority of participants (60-79%) report that they have received informal support in self management or problem solving assistance. 5) Most participants (80-100%) report that they have received informal support in self management or problem-solving assistance.	_____
5.1.3. Providing Informal Support			**Providing Informal Support** 1) Small proportion of participants (0-19%) report that they have provided informal support in self management or problem-solving assistance. 2) Significant minority of participants (20-39%) report that they have provided informal support in self management or problem-solving assistance. 3) About half of participants (40-59%) report that they have provided informal support in self-management or problem-solving assistance. 4) A majority of participants (60-79%) report that they have provided informal support in self- management or problem-solving assistance. 5) Most participants (80-100%) report that they have provided informal support in self -management or problem-solving assistance.	_____

5.2. Education:				
5.2.1. Formal Skills Practice	Consumers teach and are taught skills that will equip them for full participation in the community such as, daily living skills, vocational skills, job readiness, communication skills, relationship skills, goal setting and assertiveness skills. Consumers develop and improve social skills in a natural social environment. This is often the first step toward creating or re-establishing valued roles in the community and reintegrating into community life.	Formal or informal teaching and practice of daily living skills, vocational skills, job readiness, communication skills, goal setting and assertiveness skills. Participants are reintegrated into larger community.	**Formal Skills Practice** 1) No evidence of formal skills training or skills practice within the program. 2) A small proportion (1-24%) of program participants are involved in some type of formal skills training that could lead to some type of employment. 3) A substantial minority (25-49%) of program participants are involved in formal skills training that could lead to some type of employment. 4) A majority (50-74%) of program participants are involved in formal skills training that could lead to some type of employment. 5) Most (75-100%) program participants are involved in some formal skills training that could lead to some type of employment.	_____
5.2.2. Job Readiness Activities		Examples of job readiness activities would include: (1) efforts to improve communication skills or confidence of participants; (2) assistance in preparing resumes; (3) practice in employment interviews; (4) support in setting up employment interviews.	**Job Readiness Activities** 1) No evidence of job readiness activities within the program. 2) A small proportion (1-24%) of program participants are involved in some type of job readiness activities that could lead to some type of employment. 3) A substantial minority (25-49%) of program participants are involved in job readiness activities that could lead to some type of employment. 4) A majority (50-74%) of program participants are involved in job readiness activities that could lead to some type of employment. 5) Most (75-100%) of program participants are involved in job readiness activities that could lead to some type of employment.	_____

6. **ADVOCACY**				
6.1. Self Advocacy				
6.1.1. Formal Self Advocacy activities	Program participants learn to identify their own needs and to advocate for themselves when there are gaps in services. Program participants learn to become active partners in developing their own service plans with traditional services. Consumers learn to deal effectively wit entitlement agencies and other services.	Program participants are better equipped to propose alternative services to meet their needs. Program participants are more assertive in receiving services from traditional agencies. Program participants are more effective in obtaining services from other community agencies.	Formal 1) No formal curriculum on self advocacy; no evidence of informal self advocacy activities. 2) Small proportion (1-24%) of program participants have participated in formal training activities related to self advocacy or informal opportunities leading to peer-to-peer learning about self advocacy. 3) Substantial minority (25-49%) of participants have participated in formal training activities related to self advocacy or informal opportunities leading to peer-to-peer learning about self advocacy. 4) A majority (50-74%) of participants have participated in formal training activities related to self advocacy or informal opportunities leading to peer-to-peer learning about self advocacy. 5) Most or all (75-100%) of participants have participated in formal training activities related to self advocacy or informal opportunities leading to peer-to-peer learning about self advocacy.	_____
6.2. Peer Advocacy	Program participants assist other consumers in resolving problems they may encounter on a daily basis in the community such as problems with treatment providers, community service agencies, family members, neighbors, landlords, other peers, etc.	Individual participants advocate for each other. Formal advocacy program.	1) No evidence of peer advocacy. 2) Some evidence of peer advocacy, rare occurrences or on a one time basis. 3) Some evidence of peer advocacy that happens in relation to other activities. 4) Evidence of formal peer advocacy, primarily staff of programs. 5) Most participants are involved in providing peer advocacy. (Requirement) All members consider themselves as peer advocates.	_____

6.2.1. Outreach to Participants			**Outreach to Participants** 1) No evidence of outreach to participants. 2) Some, but rare evidence that the Program informs participants by using internet, newsletters, regional conferences, faxes, etc. 3) Some evidence that the Program regularly informs participants by using internet, newsletters, regional conferences, faxes, etc. 4) Most participants are informed by the Program through internet, newsletters, regional conferences, faxes, etc. Regular and strong advocacy content. 5) All of the participants are informed by the Program through multiple channels, i.e. the internet, regular newsletters, regional conferences, faxes, etc. Regular and strong advocacy content.	_____