

Warm Line Fidelity Assessment Common Ingredients Tool (FACIT)

SCORE SHEET

Program Name _____ **Assessors** _____

Assessment Dates _____ **Score** _____ **Conciliated Score** _____

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 who decides policies and procedures for the Warm line.	<p>Questions to be asked of Program Director:</p> <p>Is there a Warm line board or decision making group?</p> <p>Is the board elected and by whom?</p> <p>What percent of the board identify themselves as consumers?</p> <p>Does the board make binding policy? How often does the board meet?</p> <p>Record percentage of board who identify as consumers: _____%</p>	<ol style="list-style-type: none"> 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 is self-identified as consumers but less than 51% of the officers are self-identified as consumers. 4) 51% or more of the board is self-identified as consumers and more than 51% of the officers are self-identified as consumers. 5) 90%-100% of the board is self-identified as consumers and all of the officers are self-identified as consumers. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
1. STRUCTURE				
1.1. Consumer Operated				
1.1.2. Consumer Staff and Responders	With limited exceptions, staff and responders consist of consumers who are hired by and operate the Warm line.	<p>Questions to be asked of Program Director:</p> <p>What percentage of the staff/responders identify as consumers?</p> <p>What staff leadership positions do consumers hold?</p> <p>Record percentage of staff and responders who identify as consumers: ____%</p>	<ol style="list-style-type: none"> 1) No Staff/Responder identifies him/herself as a consumer. 2) 1%-50% of Staff/Responders identify themselves as consumers. 3) 51% or more of Responders identify themselves as consumers, but less than 51% of Staff identify themselves as consumers. 4) 51% or more of the Responders identify themselves as consumers and more than 51% of Staff identify themselves as consumers. 5) 80%-100% of Staff identify themselves as consumers and all Responders identify themselves as consumers. 	_____
1.1.3 Hiring Decisions		<p>Questions to be asked of Program Director:</p> <p>Is there a written policy regarding who can be hired as Staff/Responders at the Warm line?</p>	<ol style="list-style-type: none"> 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. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
1. STRUCTURE				
1.1. Consumer Operated				
1.1.4. Budget Control	Consumers have control of the Warm line operating budget.	<p>Questions to be asked of Program Director:</p> <p>Who develops the budget? Are consumers involved?</p> <p>Who signs checks? Is this a consumer?</p> <p>Who decides the salaries of the staff/operators? Are consumers involved in these decisions?</p> <p>Who is authorized to sign contracts on behalf of the agency? Is this a consumer?</p>	<ol style="list-style-type: none"> 1) Consumers are not involved in the development or control of the budget. 2) Consumers have some involvement in the development 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	Volunteer opportunities for consumers may include board and leadership positions, unpaid jobs, and paid staff positions.	There is an opportunity to become Staff/Responders after participating in the Warm line as a Caller or volunteering in the program.	<ol style="list-style-type: none"> 1) No consumers serve as volunteers at the Warm line. 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. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
1. STRUCTURE				
1.2. Participant Responsive				
1.2.1 Planning Input	The Warm Line is responsive to the needs and preferences of Responders and Callers.	<p>Are there regular organizational meeting in which Responders can give input and make requests?</p> <p>Is there a survey available for Callers to take regarding the Warm -line? Does this survey include a section for Caller input? When is this survey given to Callers?</p> <p>Are requests from the Callers taken informally by the Responders and taken to the Director?</p> <p>If changes are requested, are those requests addressed?</p> <p>Are there accommodations/changes that the Warm line would like to make but lack of funding sources or laws/regulations preclude them from taking action?</p>	<ol style="list-style-type: none"> 1) There are no realistic opportunities for Caller/Responder input. 2) There are some opportunities for Caller/Responder input, but the Warm line does not display a commitment to implementing recommended changes. 3) There are some opportunities for Caller/Responder input but the Warm line displays minimal commitment to implementing recommended changes. 4) There are many opportunities for Caller/Responder input and the Warm line displays a commitment to implementing recommended changes. 5) There are multiple avenues for Caller/Responder input and the Warm line displays a significant commitment to implementing recommended changes. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
1. STRUCTURE				
1.2. Participant Responsive				
1.2.2 Responder or Caller Dissatisfaction/ Grievance Response	Callers/Responders/Staff have formal ways to indicate dissatisfaction with their Warm line and to have grievances addressed.	<p>Does the program have a written grievance policy?</p> <p>Does the program have a grievance form that can be filled out by both Responders and Callers? How is access gained to this form?</p> <p>Do Callers have the ability to place a grievance both verbally (i.e. speaking with the Director) and non-verbally (i.e. being mailed official grievance forms)?</p> <p>Does the Warm line respond positively to desired Caller/Responder changes or suggestions?</p> <p>Does the program have a Caller satisfaction survey that is regularly given to Callers?</p>	<ol style="list-style-type: none"> 1) There are no formal or informal opportunities to express grievances or dissatisfaction with the Warm line by Callers/Responders/Staff. 2) There are some formal or informal opportunities for Callers/Responders/Staff to express grievances or dissatisfaction with the Warm line, but the program does not display a commitment to implementing desired changes. 3) There are some formal or informal opportunities for Callers/Responders/Staff to express grievances or dissatisfaction with the Warm line, but the program displays minimal commitment to implementing desired changes. 4) There are many formal or informal opportunities for Callers/Responders/Staff to express grievances or dissatisfaction with the Warm line, and the program displays a commitment to implementing desired changes. 5) The Warm line has a formal, written policy for addressing grievances; regularly assesses Caller satisfaction surveys; and, displays a significant commitment to implementing desired changes. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
1. STRUCTURE				
1.3. Linkage to other supports	A Warm line offers linkage to other supports with referrals to community services, and networking with other COSPs and consumer groups.			
1.3.1. Linkage with Traditional Mental Health Services		<p>These questions can be asked of the program director or other staff.</p> <p>To what extent do you exchange information with traditional service providers? Provide referrals to them? Receive referrals from them? Exchange resources with them?</p> <p>To what extent do staff and responders participate in local service network meetings?</p> <p>Are Callers coerced to follow through with referrals to traditional mental health services?</p>	<ol style="list-style-type: none"> 1) The Warm line has no reported linkage to traditional mental health services. 2) There is report of minimal linkage with traditional mental health services. 3) There is report of moderate linkage with traditional mental health services. 4) The Warm line has reported intense linkage with traditional mental health services, but this involvement is not reciprocated. 5) The Warm line has reported intense linkage with traditional mental health services and this involvement is reciprocated. 	_____
1.3.2. Linkage with other COSPs		<p>Does the Warm line refer Callers to other Warm lines or COSPs that may have different hours of operation?</p> <p>Do Warm line Staff/Responders participant in conference calls with other Warm lines or COSPs?</p>	<ol style="list-style-type: none"> 1) The Warm line has no reported linkage to other COSPs. 2) There is report of minimal linkage to other COSPs. 3) The Warm line has reported moderate linkage to other COSPs. 4) The Warm line has reported intense linkage to other COSPs, but this involvement is not reciprocated. 5) The Warm line has reported intense linkage to other COSPs and this involvement is reciprocated. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
1. STRUCTURE				
1.3.3. Linkage with other service agencies		<p>Do Responders give Callers referrals to other service agencies?</p> <p>Do other service agencies refer Callers to the Warm line?</p>	<ol style="list-style-type: none"> 1) The Warm line has reported no linkage with other service agencies. 2) The Warm line has reported minimal linkage with other service agencies. 3) The Warm line has reported moderate linkage with other service agencies. 4) The Warm line has reported intense linkage with other service agencies, but this involvement is not reciprocated. 5) The Warm line has reported intense linkage with other service agencies and this involvement is reciprocated. 	_____
				Total
2. ENVIRONMENT				
2.1. Accessibility				
2.1.1. Local Proximity	<p>Staff/Responders can conveniently, comfortably work at the Warm line office, and/or work from home.</p> <p>Information about the Warm line is available throughout the entire service area.</p>	<p>Staff has all the equipment needed to respond on the Warm line, as well as log forms, reference and resource materials on mental illnesses and recovery.</p> <p>There is extensive outreach by the Warm line to the caller community in rural and metropolitan areas within service area.</p>	<ol style="list-style-type: none"> 1) The Warm line service area is physically remote from any population cluster. 2) The service area of the Warm line is close to, but not in a population cluster. 3) The service area of the Warm line is within a population cluster, but there is no outreach to rural areas. 4) The service area of the Warm line is optimal – at the very center of a population cluster and has outreach to rural areas. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
2. ENVIRONMENT				
2.1. Accessibility				
2.1.2. Access	<p>A Toll-free number is available in the Warm line provider area.</p> <p>Warm line availability is promoted throughout the coverage area.</p>	<p>Is the Warm line available within the required counties?</p> <p>Is the Warm line promoted and advertised?</p>	<ol style="list-style-type: none"> 1) No toll-free phone access is available to service area. Responders are not familiar with service area resources and do not make referrals on a routine basis. 2) Toll-free phone access is available in parts of service area. Responders have limited familiarity with service area resources and make few referrals. 3) Toll-Free phone access is available in entire Warm line service area. Responders have access to a resource list and make some referrals. 4) Toll-Free phone access is available throughout the entire service area as well as state/nation wide. Responders are familiar with service area resources and refer to a comprehensive resource list to make referrals on a routine basis. 	_____
2.1.3. Hours	<p>Hours of operation are geared to the needs of Callers and meet requirements of service contracts.</p> <p>Staff/Responders are scheduled with their needs and situations in mind, and back-up scheduling is done when staff are ill, to ensure adequate Warm line coverage.</p>	<p>What are the hours of service?</p> <p>What days is the Warm line open?</p> <p>Is the Warm line open on evenings, weekends or holidays?</p> <p>How are decisions on the hours/days of operation made?</p> <p>Are there arrangements that staff can make to receive support?</p>	<ol style="list-style-type: none"> 1) Hours of operation are extremely limited and rigidly set. 2) Hours of operation are limited. 3) Warm line is in operation required hours per week, but might not be open during needed hours or weekends. 4) Warm line is in operation more than required hours per week and is open some evening and weekend hours. 5) Warm line hours conform to the hours most needed by members, including weekends and holidays. 	_____

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2. ENVIRONMENT				
2.1. Accessibility				
2.1.4. Cost	Warm line use is not dependent on ability to pay.	<p>Is there a fee for membership required to utilize the Warm line?</p> <p>Is there a fee for participating in any Warm line calls?</p> <p>Does the warm line offer a toll-free number?</p>	<ol style="list-style-type: none"> 1) All services are priced without regard to ability to pay or are dependent on insurance or income. No toll-free number offered. 2) All services are modestly priced but there are no provisions made for an individual's ability to pay. No toll-free number offered. 3) Some services are modestly priced and there are some provisions for an individual's ability to pay. No toll-free number offered. 4) All services are modestly priced and there are provisions made for an individual's ability to pay. Calls are toll free. 5) All services are free of charge and calls are toll-free. 	_____
2.1.5. Diversity	Efforts are made to insure that consumers with physical and sensory as well as psychiatric disabilities can participate in Warm line calls as Callers or responders.	To what extent do persons with disabilities other than psychiatric disabilities actually participate in Warm line calls as Callers or Responders?	<ol style="list-style-type: none"> 1) No attention to accommodations of persons with physical and sensory disabilities. A gross lack of accessibility is readily apparent to observers. No outreach efforts for disabled persons. 2) Some provisions made for persons with physical/sensory disabilities, but gaps in outreach/accessibility may create barriers for some potential callers. 3) Warm line generally accessible with outreach to disabled persons, but improvements can be imagined. 4) Warm line fully accessible to persons with wide range of disabilities and the program is committed to accommodating individual differences. Active outreach to disabled persons for entire service area. 	_____

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2. ENVIRONMENT				
2.2. Safety				
2.2.1. Lack of coerciveness	<p>The Warm line provides a non-coercive, safe, confidential and supportive service. Fears due to past trauma are appreciated and assuaged. There are no threats of commitment, clinical diagnoses, or unwanted treatments forced on Callers. In cases where suicide or physical danger to other people is imminent, the Caller is transferred to a Crisis line.</p>	<p>Look for written rules of behavior/ policies of expulsion in Warm line policies and procedures.</p> <p>Does the Warm line staff/Responders emphasize diagnosis, treatment and recovery?</p> <p>Are Warm line Callers forced to participate in any programs or activities as a condition of Warm line use?</p> <p>Are there any requirements of participation in Warm line calls?</p> <p>How are rules and policies developed? How are they shared with Responders/Callers?</p>	<ol style="list-style-type: none"> 1) Warm line Callers are required to be in formal treatment to participate in Warm line calls. 2) Warm line staff/Responders strongly encourage but do not require members to be in formal treatment to participate. 3) Warm line staff/Responders strongly encourage Callers to participate in peer support programs. 4) Warm line suggest Callers participate in peer support groups or other peer activities. 5) Warm line offers support and recovery information and referrals to peer support programs. Callers are free to choose whether or not to participate and accept resources and referrals. 	<p>_____</p>
2.2.2. Program Rules	<p>Norms/rules to protect the physical safety and mental health of staff/Responders and Callers are developed by consumers for consumers--either by the Callers themselves or by Staff/Responders— and they are agreed to by all Warm line participants.</p>	<p>Do Staff/Responders and Callers feel safe on the Warm line?</p> <p>Are there Policies and Procedures in effect for the Warm line?</p> <p>Are Callers made aware of policies as needed?</p> <p>Are problems adequately addressed?</p>	<ol style="list-style-type: none"> 1) Inadequate controls/safeguards. Staff/Responders and Callers frequently feel unsafe. 2) Inadequate controls/safeguards. Staff /Responders and Callers sometimes feel unsafe. 3) Adequate controls/safeguards. Staff/Responders and Callers feel safe from physical harm and verbal abuse. Rules not developed by staff/Responders. 4) Adequate controls/safeguards. Staff/Responders and Callers feel safe from physical harm and verbal abuse. Rules developed by staff/Responders. However, no procedures in place when rules are violated. 5) Adequate controls/safeguards. Staff/Responders and Callers feel safe from physical harm and verbal abuse. Rules developed by Staff/Responders and procedures in place when rules are violated. 	<p>_____</p>

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2. ENVIRONMENT				
2.3. Informal Setting				
2.3.1. Physical Environment	<p>The Warm line office is well organized with adequate furniture, computers, file cabinets. The responder room offers a comfortable setting with spaces arranged to create privacy and a sense of safety.</p> <p>All Warm line files and information are kept in a secure location.</p>	<p>Evidence obtained from observing the following:</p> <p>The furniture looks comfortable. Staff/Responders appear relaxed and at ease with each other. Responders cannot over hear each others calls.</p> <p>The Warm line office is locked so Warm line logs and files are in a secure location to avoid breach of confidentiality.</p>	<ol style="list-style-type: none"> 1) All calls taken from home. No Warm line office or responder room. 2) Most calls taken from home. Some accommodations for calls to be taken from a Warm line office. 3) Few calls taken from home. Most calls taken in a Responder room or Warm line office. 4) All calls taken from a responder room separate from a Warm line office. 	_____
2.3.2. Social Environment	<p>Rigid distinctions between Callers and Responders such as “provider” and “client” do not exist. No clinical terms or psychiatric labels used by Responders.</p> <p>While some program components may be structured, there remains a sense of freedom and self-expression for Responders and Callers.</p>	<p>Evidence would be from observing the following:</p> <p>Responders are on a first name basis with Callers.</p> <p>Repeat Callers are recognized by Responders.</p> <p>A positive work environment is maintained for Responders where they can be supported by their peers and receive on-going training & resources.</p>	<ol style="list-style-type: none"> 1) Responders show obvious devaluation and lack of respect for Callers. 2) Minor issues of conflict exist between Callers and Responders, but Responders seldom show lack of respect for Callers. 3) Responder attitudes towards Callers are somewhat cold and distant but show no conflict or lack of respect. Responders use clinical terms and psychiatric labels when referring to Callers. 4) Responders usually treat Callers with openness, directness and sincerity, but sometimes use clinical terms and psychiatric labels when referring to Callers. 5) Responder/Caller interactions appear near ideal with openness, directness, and sincerity. No use of clinical terms or psychiatric labels. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score	
2. ENVIRONMENT					
2.3.3. Sense of Community	The Warm line creates a fellowship of peers in which people care about each other and promote a sense of community.	<p>People know each other by name.</p> <p>Staff/Responders and sometimes Callers come together to make decisions about the Warm line.</p> <p>Staff/Responders feel connected to each other in the Warm line. There are retreats such as overnights and camping trips for Staff and Responders. Staff/Responders also engage in activities with each other outside of the Warm line.</p> <p>There are flyers, newsletters, brochures, and newspaper articles that update Staff/Responders/Callers to peer community events, etc.</p>	<ol style="list-style-type: none"> 1) Formal relationships among Staff/Responders but little opportunity to informally relate with other peers or develop a sense of belonging. 2) Formal relationships among Staff/Responder, but some opportunity to informally relate with other peers or develop a sense of belonging. 3) Both formal and informal relationships among Staff/Responders with considerable opportunities for informal relationships with other peers and to develop a sense of belonging. 4) General comfort among Staff/Responders characterized by extensive opportunities for warm , interpersonal interactions, sense of belonging and some occasions to socialize in Warm line-sponsored community activities. 	_____	
2.4. Service Flexibility					
2.4.1 Caller Accommodation	No timelines for Caller recovery attached to use of the Warm line. No time limit strictly set for individual participation. Use of service adapted to individual need.	Review of caller logs and focus group responses from responders can help determine program flexibility in delivering services based on individual needs of callers.	<ol style="list-style-type: none"> 1) Strict limitations on length of calls and caller use applied in general; no opportunity for flexibility based on individual need. 2) Some time limits applied to length of calls and caller use in general; however, some flexibility for frequent callers. 3) No formal limits applied to length of calls in general. Individual caller use based on individual need as determined by responder. Some expectations for recovery applied in general for continued participation. 4) No time limits or expectations about participation imposed on callers in general; Responders trained to identify and respond to caller needs for recovery supports on an as-needed basis. 	_____	
				Total	

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
3. BELIEF SYSTEMS				
3.1 Peer Principle	<p>Relationships are based upon shared experiences and values.</p> <p>They are characterized by reciprocity and mutuality.</p> <p>A peer relationship implies equality, along with mutual acceptance and mutual respect.</p>	<p>Evidence of the peer principle can be detected through individual interviews, focus groups or surveys. It can also be found in the mission statement, training manuals, program brochures or other outreach materials.</p> <p>Do Warm line Responders disclose having a mental illness?</p> <p>Do Warm line Responders share their mental health stories with Callers?</p> <p>Do Warm line Responders share their experiences of having mental health issues with Callers?</p> <p>Are Callers encouraged to talk about their experiences as mental health consumers?</p>	<ol style="list-style-type: none"> 1) Self-disclosure is discouraged; no Warm line Responders are identified as mental health consumers. Warm line Responders who are mental health consumers do not reveal this to Callers. 2) Some self-disclosure by Warm line Responders, but is limited to one or a few instances and is not encouraged. 3) Self-disclosure is encouraged. It is common, but not universal among Warm line Responders and Callers, to acknowledge common psychiatric experiences. 4) Self-disclosure is encouraged and universal. – both Warm line Responders and Callers characterize relationships as mutual/reciprocal. 	<p>_____</p>

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
3. BELIEF SYSTEMS				
3.2 Helper's Principle	<p>Helping oneself and others is a corollary of the Peer Principle. Working for recovery of others facilitates personal recovery.</p> <p>Help or support is friendly rather than professional, and does not demand compliance. All services at the Warm line are based on peer-to-peer relationships.</p>	<p>Evidence of the helper's principle can be detected through individual interviews, focus groups or surveys. It can also be found in the mission statement or newsletters.</p> <p>Have Warm line Responders had the experience of being helped by Callers?</p>	<ol style="list-style-type: none"> 1) No Warm line Responders report the experience of benefiting from helping Callers. 2) A few Warm line Responders report some experience of benefiting from helping Callers. 3) Some Warm line Responders report the experience of benefiting from helping Callers. 4) Most Warm line Responders report the experience of benefiting from helping Callers. 	<p>_____</p>
3.2 Empowerment	<p>Empowerment is the transformation from feelings of disenfranchisement and powerlessness among mental health consumers to a sense of personal, group or system power as manifested in choice and control over mental health services and life in the community. Although a seemingly simple concept related to giving and gaining power, empowerment is multidimensional with psychological, social, organizational, and political components.</p>	<p>Evidence of a belief in empowerment is found in individual interviews, focus groups, as well as through surveys, and written program materials. It is embodied in Staff/Responder activities, as well as the level of Responder involvement in all aspects of the governance, finances and workforce of the Warm line.</p>		

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
3. BELIEF SYSTEMS				
3.3.1 Personal Empowerment	Personal Empowerment is a sense of personal strength and efficacy, with self-direction and control over one's life.	<p>Has working on the Warm line helped Responders make positive changes in their lives?</p> <p>Does working on the Warm line enable Responders to feel that they have more control over their lives?</p> <p>Does working on the Warm line make Responders feel that change in the mental health system is possible?</p>	<ol style="list-style-type: none"> 1) No Responders report that participation in the Warm line helped them make positive changes in their lives. 2) Some Responders report that participation in the Warm line helped them make positive changes in their lives. 3) About half the Responders report that participation in the Warm line helped them make positive changes in their lives. 4) Most Responders report that participation in the Warm line helped them make positive changes in their lives. 5) All Responders report that participation in the Warm line helped them make positive changes in their lives. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
3. BELIEF SYSTEMS				
3.3.2 Personal Accountability	Callers and Staff/Responders are expected to be accountable for their actions and to act responsibly. Self-reliance is encouraged.	<p>Are Callers and Staff/Responders held accountable?</p> <p>Are there rules/guidelines in place?</p> <p>Are Callers and Staff/Responders aware of consequences of not following rules/guidelines?</p>	<ol style="list-style-type: none"> 1) Warm line Responders are often patronizing, placing few or no demands on Callers to be accountable for their actions. 2) Warm line Responders are somewhat patronizing, placing few or no demands on Callers to be accountable for their actions. 3) Warm line Responders are rarely patronizing, but place few demands on Callers to be accountable for their actions. 4) Warm line Responders are never patronizing, and place modest demands on Callers to be accountable for their actions. 5) Warm line Responders encourage a high level of Caller accountability and self-reliance. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
3. BELIEF SYSTEMS				
3.3.3. Group Empowerment	<p>Belonging to an organized group that is recognized by the larger community contributes to the empowerment of the individuals within it.</p> <p>Group empowerment refers to members having an active role in the governance and decision-making processes within the Warm line.</p> <p>As a group, the Warm line has the capacity to impact the systems that affect consumers' lives.</p>	<p>Do Warm line Staff/Responders and Callers feel pride being part of the Warm line?</p> <p>Do Callers and Staff/Responders feel that they can contribute or make an impact on the Warm line?</p>	<ol style="list-style-type: none"> 1) There is no Staff/Responder recognition of belonging to a group. 2) There is some Staff/Responder recognition and feelings of membership to a group. 3) There is significant Staff/Responder recognition and feelings of belong to the group. Staff/Responders have some opportunities to contribute to Warm line activities and planning. 4) There is high Staff/Responder recognition and feelings of belonging to the group. Staff/Responders have great opportunities to contribute to Warm line activities and planning within, and beyond the workplace. 	_____
3.4. Choice	<p>Use of the Warm line is completely voluntary. Consumers are regarded as experts in defining their own experiences and choosing services that best suit them. Choice of services includes the right to choose none.</p>	<p>Evidence of a belief in choice can be detected through individual interviews, focus groups or surveys.</p> <p>Can Callers select the topics to discuss with the Responders? Are certain topics prohibited? Are certain forms of participation or levels of participation prohibited?</p>	<ol style="list-style-type: none"> 1) Limited choice is apparent to Callers. Participation is limited to Responder-selected topics only. 2) Callers can sometimes choose topics to discuss with Responders, but only at the discretion of the Responders. 3) Callers have some choice in topics to discuss with Responders, and the opportunity to choose between a variety of topics. 4) Callers have the choice to pick a topic to discuss, and the opportunity to choose between a variety of topics with different levels/forms of participation. 5) Callers have the choice to participate from a wide array of topics with different forms of participation, including the opportunity to shape the conversation. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
3. BELIEF SYSTEMS				
3.5 Recovery	<p>Warm lines believe in recovery, and build hope for recovery among members through hope-oriented peer practices.</p> <p>Recovery describes a positive process that acknowledges strengths and enhances well being. Recovery cannot occur without hope as hope provides the person with all the essential elements of recovery: the courage to change, to try and to trust.</p> <p>The recovery process is different for each individual and, therefore, it is never defined rigidly, or forced on others.</p>	<p>In general, when the Warm line embraces a hope-oriented recovery approach, it is evident in the way Callers and Warm line workers talk and act. Callers are encouraged to go beyond their set boundaries and to look to the future.</p> <p>Other indications may be found in COSP articles, newsletters and presentations from Warm line workers and Callers about their recovery stories.</p> <p>Affirmation of a belief in recovery should be found in the Warm line mission statement.</p> <p>Warm line Responders are able to advance to more responsible, supervisory positions.</p> <p>There is evidence that Callers regularly move on with their lives because they got the help they needed from the program.</p>	<ol style="list-style-type: none"> 1) There is little or no recognition of a need for a hope-oriented recovery approach in the mission statement or in materials describing the program. 2) There is some recognition of a need for a hope-oriented recovery approach in the mission statement or in materials describing the program. 3) The mission statement and materials describing the Warm line includes a clear statement of a hope-oriented recovery approach. 4) Not only does the mission statement and materials describing the Warm line include a clear statement of a hope-oriented recovery approach, but staff and Responders can articulate the approach. 	<p>_____</p>

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
3. BELIEF SYSTEMS				
3.6 Acceptance and Respect	Every person is afforded acceptance, respect and understanding based on his/her uniqueness and value as a human individual or member of a diverse subgroup.	<p>The demographics of the Warm line Staff/Responders should mirror the demographics of the area with regard to ethnic identity, race, gender, or age.</p> <p>There is an acceptance of differences and a willingness to learn about differences among persons or groups of people. Materials may be available that focus on diverse subgroups or are translated into different languages.</p> <p>Interactions between Warm line Responders and Callers are friendly, inclusive, warm and sincere.</p>	<ol style="list-style-type: none"> 1) There are rigid expectations for behavior in Caller interactions with no room for spontaneity or expression of individual differences. Only English is spoken even if there is a significant ethnic population in the Warm line service area. 2) There are expectations for behavior in Caller interactions but individual differences are tolerated. Only English is spoken even if there is a significant ethnic population in the Warm line service area. 3) There are subtle expectations for behaviors that are communicated by Warm line workers to Callers but these are limited and are not readily enforced. Only English is spoken even if there is a significant ethnic population in the Warm line service area. 4) Warm line Responders accept some non-dangerous, but unique behaviors, from Callers. There are occasional accommodations available for diverse subgroups such as multi-lingual services. 5) There is broad acceptance of non-dangerous behaviors in that Callers are not threatened with expulsion from the Warm line by Responders for most behaviors. There are accommodations available for diverse subgroups as needed such as multilingual services. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score	
3. BELIEF SYSTEMS					
3.7.1 Spiritual Growth	Spiritual beliefs, practices, and subjective, transcendent experiences are respected as an aspect of an individual's search for meaning and purpose in life. Such beliefs are not labeled as symptoms of illness. However, a COSP may have restrictions about proselytizing for a particular religion during the hours of operation.	<p>Callers are able to talk about spiritual growth and are accepted by Warm line Responders. Callers are not considered to have religious delusions. There are opportunities to share spiritual beliefs, but no particular beliefs are required for participation.</p> <p>Do Responders encourage Callers to search for and express meaning and purpose in life through activities such as sharing writings, music, or poetry?</p>	<ol style="list-style-type: none"> 1) Expressions of spirituality and/or explorations in meaning and purpose are not allowed or are discouraged within the Warm line. 2) Expressions of spirituality and/or explorations in meaning and purpose are neither discouraged nor encouraged within the Warm line. 3) Expressions of spirituality and/or explorations in meaning and purpose are allowed within the Warm line and Staff/Responders feel comfortable sharing their beliefs, but there is little opportunity for Callers to share their beliefs. 4) Expressions of spirituality and/or explorations in meaning and purpose are respected within the Warm line and Callers have opportunities to share their beliefs. 	_____	
				Total	
4. PEER SUPPORT					
4.1. Peer Support	Peer support is the expression of emotional support and acceptance through individual and group interactions in which peers share with other peers their experiences and knowledge about living with and recovering from mental illness.	Peer support opportunities are provided by the Warm line through two-way conversations between Responders and Callers. Organized peer support groups can also be offered through referrals. Callers receive support, information and referrals about meetings or events. There are opportunities for Responders to participate in a support group of other Responders and to attend local peer support programs.			

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
4. PEER SUPPORT				
4.1.1. Formal Peer Support	<p>Callers are referred to organized mutual support groups based on common experiences. The Warm line can offer Callers a structured peer support group through conference calling or web-conferencing.</p> <p>Staff and Responders can participate in an organized peer support group through the Warm line where they are available to each other as a group for empathy and to share experiences and information.</p>	<p>Evidence of formal peer support referrals can be found through individual call logs and by interviewing responders. Formal peer support group activities available to Responders can be verified through facilitator notes, or program schedules.</p> <p>Determine how often Responders gather in mutual support groups.</p> <p>Determine how many Callers are referred to mutual support groups. Do Responders have lists of up-to-date groups?</p> <p>Review staff training materials for evidence of formal peer support referral services.</p>	<ol style="list-style-type: none"> 1) No formal peer support is offered for Responders and no referrals for peer support are provided to Callers. 2) No formal peer support is offered for Responders, but some referrals for peer support are provided for Callers on an irregular basis. 3) No formal peer support group is offered to Responders, but referrals for peer support are provided for Callers on a regular basis. 4) Most Callers are referred to support groups and at least one formal peer support group is offered to Responders. 5) More than one peer support group is offered to Responders on a regular basis and most Callers are referred to formal support groups on a regular basis. 	_____
4.1.2. Informal Peer Support	<p>Informal peer support occurs at unscheduled group interactions and within individual relationships.</p>	<p>Responders provide support to each other during regularly scheduled meetings and during unscheduled moments at social events supported by the Warm line for Responders.</p> <p>Responders develop friendships and have collegial relationships.</p>	<ol style="list-style-type: none"> 1) The Warm line does not encourage informal peer support among Responders and provides no opportunities for Responders to informally support each other. 2) The Warm line encourages Responders to support each other as peers, but offers few opportunities for Responders to provide support to each other on an informal basis. 3) The Warm line encourages informal peer support among Responders and provides some opportunities for Responders to support to each other. 4) The Warm line strongly encourages informal peer support and has many opportunities for Responders to provide support to each other on an informal basis. Responders are actively engaged in the development of strong mutual peer relationships. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
4. PEER SUPPORT				
4.2. Telling Our Stories	<p>Sharing personal accounts of life experiences as a mental health consumer is a cornerstone of promoting Caller well-being and recovery.</p> <p>Opportunities to tell one’s story for Callers and Responders, and open discussion about such stories are embedded in peer support groups, in peer-to-peer interactions, and within boards and committees. Sharing life experiences is also a tool for public education.</p>	<p>Evidence can be collected through Caller surveys, Warm line materials, as well as focus groups and interviews to document that the Warm line encourages Callers to craft and tell their stories, and that Callers have control over when and to whom to tell their stories.</p> <p>Evidence is available from the normal collection of phone logs regarding Responders. Responders are encouraged at conference calls and formal meetings to present their recovery stories.</p>	<ol style="list-style-type: none"> 1) Sharing stories is actively discouraged by the Warm line on the basis that the practice can have negative effects on the individual or the group. 2) The Warm line does not encourage Responders and Callers to share stories about personal experiences and beliefs. 3) The Warm line limits Callers and Responders to telling stories and experiences in selected social situations or program promotions/marketing. When Responders and Callers share their experiences, they are often edited or are superficial. 4) The Warm line actively encourages Responders and Callers to share their stories and it provides opportunities in which story-telling can occur. 5) The Warm line offers information and instruction on story-telling. It provides numerous formal and informal opportunities for sharing stories between Responders and in the community. Responders actively listen to Caller stories and share their own experiences. 	_____
4.2.1. Artistic Expression	<p>Artistic expression of Callers is seen as a vital component of the Warm line. It is valued as a means to explore personal meaning, express and grow talents, facilitate empowerment, and educate others about mental illness.</p> <p>Callers have the time, space, materials, and assistance to express themselves through artistic endeavors.</p>	<p>Artistic expression of Callers is encouraged during calls. Callers can share written stories, music, poetry, journaling or other verbal forms of artwork. Referrals are made to COSPs with artwork resources.</p> <p>Responders relate how they ask about Caller hobbies and artistic expression and encourage Callers to interact with Responders based on an interest in artistic expression or hobbies.</p>	<ol style="list-style-type: none"> 1) There is no provision or outlet for artistic expression on the Warm line. 2) Callers are not discouraged from sharing artwork/poetry/prose/music on the Warm line. 3) Callers are sometimes encouraged to share artwork/poetry/prose/music on the Warm line. 4) There are regularly outlets for Callers to share artwork/poetry/prose/music on the Warm line and Callers are referred to programs that provide multiple opportunities for artistic expression within a variety of media. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
4. PEER SUPPORT				
4.3. Consciousness Raising	<p>By hearing responder's stories, participants discover that they are not alone. Acceptance and identity with responders often produces the first dramatic change in perspective from despair to hope and empowerment.</p> <p>Consumers learn about the consumer movement, are encouraged to look beyond themselves, to work together, to help fellow peers, and to contribute to a larger consumer community.</p>	<p>Information about the consumer movement is provided during calls. Responders have knowledge about and participation in the local, state or national consumer movement can be determined. Information about these events is provided to Callers.</p> <p>The Warm line can provide websites or names of books or movies to Callers about the history of the consumer movement, and has available documents, newsletters, position papers and written testimony of other consumers from across the United States.</p> <p>Is consciousness-raising discussed during trainings?</p>	<ol style="list-style-type: none"> 1) Most Responders feel they are uniquely ill or malfunctioning persons who keep their illness a secret and are disconnected and ashamed. 2) Some Responders feel uniquely ill or malfunctioning persons who keep their illness a secret, and are disconnected and ashamed. 3) Most Responders do not feel that they are uniquely ill or malfunctioning. Responders feel comfortable in identifying with a larger peer community, but may not feel confident contributing to this community. 4) Most Responders recognize themselves as a valuable part of a larger peer consumer community and feel confident contributing to this community. 	<p>_____</p>
4.4. Crisis Prevention	<p>Responders learn to recognize psychiatric problems and how to address them before they escalate. Symptoms are reduced, involuntary commitment minimized, and recovery fostered through individual or group peer support.</p>	<p>Through observation, meetings, and trainings, the way that Warm line Responders help Callers to avoid and recover from psychiatric crises can be determined.</p>		

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
4. PEER SUPPORT				
4.4.1. Formal Crisis Prevention		Responders are formally trained on how to handle crisis calls and avert emergencies. Incident report forms and log sheets can be examined and the proportion referred to emergency service can be calculated. Staff can gather information about how crisis situations have been resolved.	<ol style="list-style-type: none"> 1) No formal provisions made for crisis prevention. 2) At least one peer practice or program is available for formal crisis prevention, however it is inconsistently used. 3) Responders use at least one peer practice or program or referral method consistently for formal crisis prevention. 4) Multiple peer practices and programs are consistently used for formal crisis prevention and these appear to be effective 	_____
4.4.2. Informal Crisis Prevention		Talking to Callers to relieve isolation and prevent escalation of emergencies. Written and oral training is provided on using empathy instead of sympathy, listening skills, and understanding psychiatric illnesses.	<ol style="list-style-type: none"> 1) No informal provisions made for crisis prevention. 2) At least one peer practice is available for informal crisis prevention, however it is inconsistently used. 3) At least one consistently used peer practice is available for informal crisis prevention which appears to be effective in providing regular outreach to members. 4) Multiple peer practices are consistently used for informal crisis prevention and these appear to be effective in providing regular outreach to members. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score	
4. PEER SUPPORT					
4.5. Peer Mentoring and Teaching	<p>Responders meet regularly via conference calls or in person to teach skills and strategies to each other, either formally or informally. Responders provide peer support to each other.</p>	<p>There is evidence of staff facilitating formal peer-to-peer matching.</p> <p>There is an established peer leadership during panel meetings and regular training sessions.</p> <p>Through phone calls and interviews find out if anyone working the Warm line has been a mentor to Callers or other Responders.</p>	<ol style="list-style-type: none"> 1) Few Responders report that there are others within the program that they look up to. 2) Some Responders report that there are others within the program that they look up to. 3) Most Responders report that there are others within the program that they look up to who are able to provide mentoring to Callers. 4) Almost all Responders 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 Warm line. Callers are also provided mentoring by Responders. 	_____	
				Total	
5. EDUCATION					
5.1. Self Management/ Problem Solving Strategies	<p>The Warm line Staff/Responders teach and model practical skills and promote strategies related to personal issues, symptom management, and support needs.</p> <p>Responders focus on everyday, practical solutions to human concerns when talking to Callers.</p>				

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
5. EDUCATION				
5.1.1. Formally Structured Problem-Solving Activities	Warm line activities are held on both a regular and ad hoc basis with a focus on development of skills or dissemination of needed information that follows a structured format with program objectives.	Examples include (1) ad hoc classes, presentations, or skill-building activities to address a particular Caller need; (2) formal education programs for problem solving such as life skills classes; (23 classes that have an established curriculum offered over a set number of weeks such as Bridges; or, (4) regularly support groups that follow a recovery management approach and use a workbook and other materials such as Wellness Recovery Action Plan.	<ol style="list-style-type: none"> 1) No classes with structured curriculum designed to teach self-management or problem solving are offered to Responders. 2) Occasional classes provided for a small proportion of Responders (1-24%) with no structured curriculum are available <i>or</i> Classes currently are under development but have not yet been offered <i>or</i> Responders are trained in problem-solving and self-management, but there is little evidence of its practical use. 3) There is evidence of classes with a formal curriculum in problem-solving and self management being offered, and a minority (25%-49%) of Responders have participated in classes with structured format designed to teach self management and problem-solving strategies. 4) There is evidence of classes with a formal curriculum in problem-solving and self management being offered, and a majority (50%-74%) of Responders have participated in classes with structured format designed to teach self management and problem-solving strategies. 5) There is evidence of classes with a formal curriculum in problem-solving and self management, and most or all Responders (75%-100%) have participated in classes with structured format designed to teach self management and problem-solving strategies. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
5. EDUCATION				
5.1.2. Receiving Informal Problem-Solving Support	Informal problem-solving support is unstructured, peer-to-peer exchange of personal, lived experience to enhance individual problem solving abilities.	Opportunities for Responders and Callers to exchange information based on personal, lived experience are supported and encouraged. The Warm line provides spaces for Staff and Responders to gather informally and talk privately or within a group.	<ol style="list-style-type: none"> 1) A small proportion of Responders (0%-19%) report that they have received informal support in self management or problem-solving assistance. 2) A significant minority of Responders (20%-39%) report that they have received informal support in self management or problem-solving assistance. 3) About half of the Responders (40%-59%) report that they have received informal support in self management or problem solving assistance. 4) A majority of Responders (60%-79%) report that they have received informal support in self management or problem solving assistance. 5) Most Responders (80%-100%) report that they have received informal support in self management or problem-solving assistance. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
5. EDUCATION				
5.1.3. Providing Informal Problem Solving Support			<ol style="list-style-type: none"> 1) Small proportion of Responders (0%-19%) report that they have provided informal support in self management or problem-solving assistance. 2) Significant minority of Responders (20%-39%) report that they have provided informal support in self management or problem-solving assistance. 3) About half of Responders (40%-59%) report that they have provided informal support in self-management or problem-solving assistance. 4) A majority of Responders (60%-79%) report that they have provided informal support in self- management or problem-solving assistance. 5) Most Responders (80%-100%) report that they have provided informal support in self -management or problem-solving assistance. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
5. EDUCATION				
5.2. Education/Skills Training and Practice	Formal or informal teaching and practice of daily living skills, vocational skills, job readiness, communication skills, goal setting and assertiveness skills.			
5.2.1. Formal Skills Practice	<p>Peers 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.</p> <p>Members 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.</p>	Evidence of formal skill practice for Responders can be observed in structured group and individual activities. Also, information can be gathered through focus groups and individual interviews and surveys.	<ol style="list-style-type: none"> 1) No evidence of regular, formal skills training or skills practice for Responders within the Warm line that could lead to employment beyond being a Responder.. 2) A small proportion (1%-24%) of Responders are involved in occasional, informal skills training within the warm line that could lead to some type of employment beyond being a Responder. 3) A minority (25%-49%) of Responders are involved in regular, formal skills training within the warm line that could lead to some type of employment beyond being a Responder. 4) A majority (50%-74%) of Responders are involved in regular, formal skills training within the warm line that could lead to some type of employment beyond being a Responder. 5) Most (75%-100%) Responders are involved in regular, formal skills training within the warm line that could lead to some type of employment beyond being a Responder. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score	
5. EDUCATION					
5.2.2. Job Readiness Activities		Examples of job readiness activities for Callers include: (1) efforts to improve communication skills or confidence of Callers; (2) assistance in preparing resumes; (3) practice in employment interviews; (4) support in setting up employment interviews.	<ol style="list-style-type: none"> 1) No evidence of job readiness activities provided by Responders to Callers. 2) A small proportion (1%-24%) of Responders offer Callers job readiness activities that could lead to some type of employment. 3) A minority (25%-49%) of Responders offer Callers job readiness activities that could lead to some type of employment. 4) A majority (50%-74%) of Responders offer Callers job readiness activities that could lead to some type of employment. 5) Most (75%-100%) Responders offer Callers job readiness activities that could lead to some type of employment. 	_____	
				Total	

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
6. ADVOCACY				
6.1. Self Advocacy	Through formal use of a curriculum on self advocacy or informal, peer-to-peer relationships, Responders learn to identify their own needs and to advocate for themselves. Callers are also encouraged to become active partners in developing their own service plans with traditional services, and to deal effectively with entitlement agencies and other services.	Both Responders and Callers are better equipped to propose alternative services to meet their needs. They are more assertive in receiving services from traditional agencies, and are more effective in obtaining services from other community agencies.		
6.1.1. Formal Self Advocacy activities			<ol style="list-style-type: none"> 1) There is no formal self advocacy training, or informal, peer-to-peer self advocacy support for Responders. 2) A small proportion (1%-24%) of Responders have participated in formal self advocacy training, or informal, peer-to-peer self advocacy support. 3) A minority (25%-49%) of Responders have participated in formal self-advocacy training, or informal peer-to-peer self advocacy support. 4) A majority (50%-74%) of Responders have participated in formal self advocacy training, or informal, peer-to-peer self advocacy support. 5) Most (75%-100%) Responders have participated in formal self advocacy training, or informal, peer-to-peer self advocacy support. 	_____

Ingredient	Definition	Evidence	Anchored Scale	Assigned Score
6. ADVOCACY				
6.1.2 Peer Advocacy	Peers assist other peers 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, or other peers.	There is a formal advocacy program, and Responders and Callers report that they advocate for themselves and others.	<ol style="list-style-type: none"> 1) There is no evidence of peer advocacy provided to Callers by Responders. 2) Peer advocacy for Callers is a rare event, or occurs on a one time basis. 3) There is some evidence of peer advocacy for Callers that happens in relation to other activities. 4) There is evidence of formal peer advocacy for Callers, provided by Responders. 5) Most Responders are involved in providing peer advocacy to Callers and consider themselves as peer advocates. 	_____
6.2.1. Outreach to Callers			<ol style="list-style-type: none"> 1) No evidence of outreach to Callers. 2) Some evidence that the Warm line infrequently informs Callers by using internet, newsletters, flyers, or brochures as a means to conduct outreach. 3) Some evidence that the Warm line regularly informs members by using internet, newsletters, flyers, or brochures, as a means to conduct outreach. 4) Most Callers are informed by the Warm line through internet, newsletters, flyers, or brochures as a means to conduct outreach. There is a regular and strong advocacy content in the materials. 5) All Callers are informed by the Warm line through multiple channels such as the internet, regular newsletters, flyers, or brochures as a means to conduct outreach. There is a regular and strong advocacy content in materials. 	_____
				Total

FACIT SCORE SHEET TOTALS

DOMAIN	RATER SCORE	CONCILLIATED SCORE
1. STRUCTURE		
2. ENVIRONMENT		
3. BELIEF SYSTEMS		
4. PEER SUPPORT		
5. EDUCATION		
6. ADVOCACY		
Total		