

Insert: **Name of Program**

Annual Fidelity Assessment Common  
Ingredients Tool (FACIT) Report

Insert: Date

Insert: logo, picture or clip art (if desired)

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Insert: Author

Insert: Staff/Administrator Title

Insert: Program Address, phone number, email address

Insert: Contributors



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## 1. Introduction (500-750 words)

### **Description of Program**

- Describe Program Location (address, urban or rural, etc.)
- Describe program structure (peer-run, part of a medical or behavioral health facility, part of another organization, free standing, etc.)
- Describe program facility (handicapped accessible, large/small, laundry, showers, etc.)
- Describe Program Recipients (sex, education, status, homelessness, race, etc.)
- Provide Annual Attendance/Monthly Unduplicated Count
- Include Program Mission
- Describe Program Services (benefit counseling, peer support groups, advocacy, wellness, journaling, anger management, etc., employment supports)
- Describe Administration/Staff (number and roles of staff)

### **Description of FACIT**

- List the objectives in using the FACIT
- Summarize the FACIT process
- Provide the number of times the FACIT was administered

## 2. FACIT Implementation (500-1000 words)

### Overview of Previous FACITs

- Identify Program Strengths and Weaknesses according to the FACIT (Insert FACIT bar-graphs)
- Discuss Program Changes/Additions in response to the FACIT

### FACIT Implementation (most recent year)

- Describe FACIT Preparation (insert FACIT Schedule) by Peer Evaluator Team and the program
- Please circle the best response to the questions below:

<b>How satisfied are you with the FACIT preparation by the Peer Evaluator Team?</b>				
Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<b>How satisfied are you with the FACIT preparation by the program?</b>				
Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

- Describe focus group recruitment (method, rewards, include flyer or poster in Appendices)
- Describe any significant events that occurred during the FACIT administration (fight, medical emergency, conflict among members, theft)
- Confidentiality (Describe steps taken by Peer Evaluator Team to assure confidentiality of members, staff and program)

- Please circle the best response to the question below:

<b>Overall, how satisfied are you with the performance of the Peer Evaluator Team?</b>				
Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

### **3. Analysis of FACIT Results (500-1000 words)**

- Report results of the most recent FACIT in the following order: Structure, Environment, Belief System, Peer Support, Education, and Advocacy
- Identify all items and domains in which the program scored 2 and below and all items and domains that scored below the benchmark (Insert bar-graphs)
- Identify the highest scoring items and domains (Insert bar-graphs)
- Compare results with previous FACIT (Insert bar-graphs)
- Have there been any changes in the past year at your COSP related to program operations, structure, environment, membership, staffing, programming, or funding that you believe were impacted by your FACIT scores? If so, please explain. Describe the change, when it occurred, how FACIT scores impacted your COSP, and identify which FACIT items you believe had the greatest effect.
- Please circle the best response to the question below:

<b>Overall, how satisfied are you with the program scoring?</b>				
Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

#### 4. Continuous Quality Improvement (500-1000 words)

- List all efforts to distribute FACIT findings
- Detail feedback on FACIT results from members, board of directors, staff, etc.
- Discuss program Improvement Plan (Objectives, Activities and changes to improve the program, Action steps, Timeline)
- Describe any data tracking and/or recording-keeping related to CQI efforts.
- Please circle the best response to the question below:

<b>Overall, how satisfied are you with the feedback of the program membership?</b>				
Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied

## **5. Conclusion (500-750 words)**

Do you feel that the FACIT has made positive changes in your program? Describe positive changes (Give an example) and/or lack of expected positive changes.

Do you feel that the members have better recovery outcomes since your program has implemented the FACIT? Give an example.

Would you recommend the FACIT to another Consumer Operated Service Program (COSP)? If so, why? If not, why not?

## **6. Appendices (if any)**

- A. Current FACIT Results
- B. Recruitment Flyer