

CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

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To: Suzanne Legander, Chief Executive Officer

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AHCCCS Fidelity Reviewers

Method

On May 9 - 10, 2022 Nicole Eastin and Annette Robertson completed a review of the Stand Together and Recover Centers, Inc. (S.T.A.R. Centers or S.T.A.R.) - a Consumer Operated Service Program (COSP). This review is intended to provide specific feedback in the development of your agency's services in an effort to improve the overall quality of behavioral health services in Maricopa County.

S.T.A.R. has been in operation in Maricopa County, Arizona for over twenty years. In 1987, S.T.A.R. began as a support group (S.O.O.N. – Survivors On Our Own) for ex-psychiatric patients of the Arizona State Hospital, later merging with another peer support group (S.E.L.F.F. –Survivors Educating Loving Friends and Family). S.T.A.R. now operates three centers in Maricopa County, located in Mesa (East), Phoenix (Central), and Avondale (West) as well as a Life Skills Center that serves all three locations. In addition to recovery-orientated peer support; services and activities available include counseling, Fun Bunch, a young adult program, peer psychiatric hospitalization discharge care coordination, physical health and wellness, and a life skills program. Members of S.T.A.R. must have COVID-19 vaccine up to date to attend in-person.

The individuals served through this agency are referred to as “members” or “membership”. In addition, throughout this COS report, the term "people with lived experience" will be used to reference self-identified people with lived experience of psychiatric recovery.

This review was conducted remotely in consideration of public health conditions associated with the pandemic, Coronavirus (COVID19).

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

- Video tour of the center's East, West, and Central facilities.
- Interview with the agency Chief Executive Officer.
- Focus group by video conference with six supervisory staff; two Site Managers, three Assistant Site Managers, and the Young Adult Program Coordinator.
- Focus group by video conference with six nonsupervisory staff; Recovery Support Specialists.
- Two separate focus groups by videoconference with seven participating program members.

- Review of the center’s key documentation, including organizational documents, Articles of Incorporation, policies, annual report, consolidated financial statements for 2021, training materials and employee manual, job descriptions, monthly activities calendar, minutes from Board of Directors (BOD) and Member Meetings, program fliers, and review of the agency’s website and social media.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) Fidelity Assessment/Common Ingredients Tool (FACIT) of the *Consumer Operated Service (COS) Evidence Based Practice Tool Kit*. Using specific observational criteria, this scale assesses the degree to which an agency’s operation aligns with a set of ideal standards established for high-fidelity COS. The 46-item scale considers the agency’s operations in 6 domains: Structure, Environment, Belief Systems, Peer Support, Education, and Advocacy. Each ingredient is rated on a point scale, ranging from 1 (not implemented) to 5 (fully implemented with little room for improvement).

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- S.T.A.R. staff and members verbalized a strong sense of being a part of a community that is like “family”. At S.T.A.R., persons can be themselves without judgment, have a safe place that supports personal empowerment that contributes to meaning and purpose, pride themselves as active participants in their recovery, and value the ability to provide support and guidance to peers.
- Staff and members reported ample opportunities to contribute to the functioning of the center, agency planning, and activities through such options as a suggestion box, participation on the BOD and Member Council, and during Member Meetings and daily check ins.
- S.T.A.R. describes linkages and reciprocated involvement with external partners including collaborations with other peer run programs and advocacy organizations, traditional behavioral health providers, and community partners. The agency shows industrious efforts in establishing community connections to provide peer services, advocacy and information about physical health, mental health, and recovery.

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

- Enhancing and managing the agency website and social media platforms may help improve outreach to members and the community; and raise awareness about center program services and activities. Information should contain current and accurate information for prospective members and inform current members of events and any updates. Social media can contribute to peer empowerment and advocacy, as well as share information about mental illness and recovery with the larger community.
- Empower members to participate in activities where they are active participants in educating community stakeholders on the experiences, challenges and needs of people living with disability. These efforts may be in the form of social media, letter writing campaigns, or meeting with policy makers in the community.
- Encourage members to participate in job readiness activities and consider adding or training additional staff to provide employment support for members.

FIDELITY ASSESSMENT/ COMMON INGREDIENTS TOOL (FACIT)

Ingredient #	Ingredient	Rating	Rating Rationale	Recommendations
Domain 1 Structure				
1.1 Consumer Operated				
1.1.1	Board Participation	1-5 4	The S.T.A.R. Board of Directors is comprised of 10 members, eight that self-identify as persons with lived psychiatric experience, and two that are family members of a person with lived experience. Membership from each S.T.A.R. Center elects a Member Liaison to serve on the BOD. The BOD meets quarterly by videoconference. Member Liaisons are responsible for reporting back to S.T.A.R. members at the respective centers as to what takes place at the meetings. Members reported participation with the BOD, Member Council and in the role of a Member Liaison has created a sense of dignity and they hold that with great responsibility.	<ul style="list-style-type: none"> Ideally, at least 90% of Board members (and 100% of officers) are people with direct lived psychiatric experience of recovery.
1.1.2	Consumer Staff	1-5 5	Leadership reported the agency employs 78 staff, all but two are people with lived psychiatric experience. Of those without direct lived experience, they are family members of people with lived experience. All agency leadership identify as peers. S.T.A.R. job descriptions varied in the required level of experience. Six positions require lived experience identified as a peer or have/had a history of a mental health/behavioral health or substance use/abuse diagnosis, and one position requires peer certification within 90 days of hire. Other positions such as administrative, preferred staff be peers, but do not require staff to self-identify as peers or have peer certification.	
1.1.3	Hiring Decisions	1-4 4	Staff reported people with lived experience at S.T.A.R. are responsible for hiring decisions, and that direct lived experience of recovery is required	

			for most positions.	
1.1.4	Budget Control	1-4 4	Numerous opportunities exist for members to provide input on the budget including participation on the BOD, Member Council Meetings, monthly Member Meetings, suggestion boxes, discussions during group, and individually with staff. A few months prior to each fiscal year, members are asked to think about needs and wants such as new activities, resources, services, supplies etc. Members will discuss and rank the requests high to low and a priority list is submitted to leadership for review and then on to the BOD. Budget review includes salaries. It was reported, and seen in BOD meeting minutes, that direct staff recently received a significant increase in salary to remain competitive with other peer and family run organizations.	
1.1.5	Volunteer Opportunities	1-5 5	At S.T.A.R. members can volunteer within the agency. Members are required to complete one chore at the center to enjoy a hot meal. By volunteering, members earn S.T.A.R. dollars which are transferrable for program benefits such as the food share pantry, clothing and hygiene closet, laundry, and some field trips. Volunteer activities include organizing donations, co-facilitate and facilitating groups, assisting in the kitchen, preparing meals at a local non-profit organization, representation on the BOD, and representing membership by sitting on the Member Council. Some members volunteer to facilitate tours for potentially new members or visitors and assist new members to provide guidance and mentoring. Members can also become paid staff at S.T.A.R. At least two staff interviewed reported being former members of the program.	
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5	Staff and members identified several	

		5	opportunities for planning and input into the program which include serving on the Member Council and BOD, Member Meetings, daily check-ins, during and after groups and activities, an online <i>Quarterly Questionnaire</i> , and meeting individually with Recovery Support Specialists and Site Managers. Also, the CEO offers a virtual meeting, <i>CEO CHAT</i> , once a month allowing members the ability to provide planning input. Members can submit input on a 'Have Yourself Heard' form, and all centers have a suggestion box. Inquiries are reviewed by the Member Council prior to Member Meetings. Additionally, all staff have an open-door policy, business cards for the Area Manager are available at all centers for members, and social media accounts are monitored by staff for member input.	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	S.T.A.R. has a written grievance policy which is explained to members at intake, can be found in the member handbook, and is posted at each of the centers. Staff can and do assist members with filing a grievance when requested. Member grievances are reviewed by the Cooperate Compliance and Operations Manager, then share findings with the CEO and leadership team for recommendations. Findings and actions are deemed confidential, so not shared with membership. Members can express dissatisfaction and concerns during one-to-one meetings, in groups, at Member Meetings, through the suggestion box, at the Member Council meetings, and by contacting the agency Whistle Blower Line for staff and members.	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	S.T.A.R. has linkages with traditional mental health services including clinic and inpatient providers. Staff reported communicating with clinic Case Managers by email and phone, holding	

			<p>staffing's when needed, and sending member monthly summaries to the clinics. S.T.A.R. staff reported difficulty connecting with clinical teams due to Case Manager turnover and being able to speak with Case Managers in the morning due to no outside calls being taken during program meetings. This can become a problem if an urgent issue arises with a member, so staff will request to speak with supervisors for support instead. S.T.A.R. centers offer a room for members and Case Managers to meet on site. One member reported their Case Manager coming to the S.T.A.R. center two to three times a week to meet with them and staff. Although S.T.A.R. has not yet returned to clinics to inform about services and recruitment efforts for referrals, staff reported participating in presentations about mental illness, reducing stigma, and of S.T.A.R. services while hosting COVID-19 vaccine fairs. However, it is unclear how S.T.A.R. informs of their COVID-19 vaccine policy.</p> <p>Staff informed of a new collaboration with Valleywise to provide inpatient co-located peer support services. Additionally, S.T.A.R. partners with the Arizona State Hospital for individuals to attend centers on a day pass. S.T.A.R. is also in the planning stages to provide studio apartments for low-income adults.</p>	
1.3.2	Linkage with Other COSPs	1-5 5	<p>S.T.A.R. has continued to coordinate with other COS programs and advocacy organizations by attending monthly meetings where information, resources, and activities are shared. The agency collaborates with the National Alliance on Mental Illness in Maricopa and Yavapai counties, and with the Peer and Family Career Academy. Members can affiliate with more than one COS program to meet their needs and create a broader social</p>	

			network.	
1.3.3	Linkage with Other Service Agencies	1-5 5	<p>S.T.A.R. reported numerous linkages with other community and public service agencies including Valley Metro, St. Vincent De Paul, AZ Council for Human Services, AZ Department of Health, Central Arizona Shelter Services, Ability 360, and meeting with Sky Harbor Business Alliance as a partnership with businesses located near S.T.A.R. Central to discuss community safety concerns. S.T.A.R. has been collaborating with residential treatment homes, group homes, clinical teams, and public schools to invite members and staff to obtain vaccinations at S.T.A.R.'s vaccine site. Collaborating with Faith Based Organizations to provide Peer Support groups, in addition leadership reported S.T.A.R. is in the process of opening a center in Flagstaff to serve members in the Northern Region.</p> <p>S.T.A.R. employs a medical provider and registered nurse that provides services to members with chronic health conditions. In addition, the medical team coordinates care with the members medical specialists and primary care physicians. Among other services, this team provides diabetes education, smoking cessation, wound care, well exams for men and women, mammograms, and prostate exams, and has a grant to help individuals obtain prescription glasses.</p>	
Domain 2				
Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 4	S.T.A.R. has three centers: Mesa, Phoenix, and Avondale. All three locations are located in population clusters. In addition, a life skills center is located near the Phoenix location where	

			members participate in independent living skills and pre-employment activities. S.T.A.R. is in the beginning stages of purchasing a new building for administration and life skills which will allow space for additional staff and services including Psychiatric care and Case Management services.	
2.1.2	Access	1-5 5	<p>The agency continues to provide transportation to the centers for members within a travel radius of 10 – 12 miles from each center. For those that live outside of the agency’s travel radius, ComTrans is available. Members can also arrange transport through their clinical teams. In addition, the agency has three wheelchair accessible vans to utilize to transport members to the center and for planned activities in the community. Each center is near a bus route; East and Central locations are near a light rail station. Some members drive themselves to the centers and sufficient parking is available. Recently S.T.A.R. has improved safety measures including cameras, a front door buzzer entry system, and the Central location has a community security company patrolling the surrounding area.</p> <p>Members can choose which center they would like to attend; there is no requirement for members to attend the location nearest to them. To attend in person, members must be up to date on vaccinations, i.e., COVID-19. S.T.A.R. has continued to provide a Zoom/Hybrid group schedule for members that may not meet the requirements of being fully vaccinated, or when members choose to participate from the comfort of their own home.</p>	
2.1.3	Hours	1-5 4	Per staff, members, and the agency’s website, all S.T.A.R. centers are open Monday through Friday from 7:30 am - 3:30 pm. S.T.A.R. East and West are open on Saturdays from 7:30 am – 2:00 pm.	<ul style="list-style-type: none"> Continue efforts to hire staff to be able to provide a broader range of hours per members’ expressed desire.

			<p>The Central location is not open on Saturdays. Members that normally attend the Central location can choose to attend the East or West centers on Saturdays, or there is an option to virtually attend the scheduled classes available. Physical health and dental groups are offered virtually in the evenings and on the weekends. Fun Bunch activities and activities for the young adult community are offered monthly including in the evening. On major holidays, one center remains open and provides a meal to members. Staff reported staffing shortages remain a barrier to extend hours into the evening for onsite activities, however, S.T.A.R. continues to seek candidates.</p>	
2.1.4	Cost	1-5 5	<p>There is no cost for services to members that are eligible for Medicaid/AHCCCS. For those members with a private health plan, the agency offers a sliding fee scale.</p>	
2.1.5	Accessibility	1-4 3	<p>All centers are American Disabilities Act compliant, including ramps, and wheelchair accessible bathrooms. S.T.A.R. Central has an elevator to the second floor and automatic doors. S.T.A.R. East has limited access in the hallways for those with wheelchairs and walkers. Staff reported the centers have extra wheelchairs, walkers, and canes if needed for members. Each center has computers available with large font for members that are visually impaired. Interpretation services are available for members upon request and is identified during the intake process. Staff reported that all members are equally able to participate in activities onsite and in the community.</p>	<ul style="list-style-type: none"> Continue efforts to ensure all members have comfortable and equal access within the facilities and programming areas.
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5	<p>Staff and members interviewed said participation is at the discretion of the member; members</p>	

		5	<p>choose the pace at which they want to engage. For individuals that are court ordered to attend through probation, etc., Probation Officers may request details on attendance and staff will provide verification.</p> <p>Since the last review, a requirement to attend at least two recovery groups and complete one chore to receive a hot meal was created by members; although, a peanut butter and jelly sandwich is available with no participation requirement. However, staff reports were inconsistent regarding the requirement to be eligible for a hot meal. In addition, the member handbook indicates, “members are eligible to eat lunch/dinner if they have participated in at least one group and sign up for or completed a chore for the day”. Staff reported encouraging and assisting members to participate in groups and completing a chore for the day to partake in the hot meal. One staff shared that a member was not completing the chore they had signed up for and while staff worked alongside the member, it was discovered that the member was not familiar with how to complete it. Staff was able to teach the member and they finished the task together.</p>	
2.2.2	Program Rules	1-5 5	<p>Members and staff agreed that rules are created and voted upon by members. Rules are posted throughout the centers, in group rooms, and in the member handbook. Members and staff reported rules for community outings also need to be followed i.e., smoking in designated areas only, participating during the outing, and being always respectful and safe. Staff reported if a member is suspended from the program due to violation of the rules, the member is asked to meet with the center’s therapist for a couple sessions. Those members are still able to attend any hybrid</p>	

			groups offered virtually, just not in-person until their suspension period is complete.	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 4	Reviewers were provided with a virtual tour of each center as staff narrated. Each center includes pictures of current BOD members, staff, member liaisons, and members willing to take the lead role of mentoring new members. At the centers there are private offices for Therapists, meeting rooms, an art room, dining area, fitness and recreation area, laundry facility, member refrigerator, computer area, access to books and resource material, and food, hygiene, and clothing closets. All group rooms are equipped with televisions to accommodate those attending groups virtually. Two centers are equipped with full kitchens. Most wall art has been created by members. The agency has covered patios for members to gather; the East center has added misters to the outdoor sitting area and a garden area.	
2.3.2	Social Environment	1-5 5	Members reported a sense of belonging and feeling supported by being involved with the S.T.A.R. program. Members shared personal stories how S.T.A.R. has made a positive impact on their lives, including not feeling judged, ability to relate to staff and peers, having a safe place to come to that has meaning and purpose, and a sense of family within the program. One member shared that if they did not have S.T.A.R. as part of their lives, recovery would not be possible.	
2.3.3	Sense of Community	1-4 4	Staff and members described the relationships developed with the individuals at the centers as extended family. All centers meet once a month at the Central location for an all-agency activity. Members interviewed reported a sense of	

			community and value the friendships they have made as a member of S.T.A.R. One member said that they connect with other S.T.A.R. peers outside of the program including shopping together and was accompanied to a medical appointment by another peer. Another member reported meeting with peers on the weekends for lunch and movies. Staff reported peers meet outside of S.T.A.R. for coffee, lunch, attend church, and recently during a camping trip members exchanged phone numbers and made plans to meet on the weekend.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 4	Members at S.T.A.R. are allowed to participate in the program based on their schedule and needs and can attend as long as they wish. One member interviewed reported taking three extended breaks from the program and returning when they wanted.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 4	Members interviewed affirmed hearing staff, and others share their stories creates a connection where they feel understood without judgement and do not feel alone in their struggles. Members and nearly all staff interviewed acknowledged that stories of lived experience are shared mutually and reciprocally. Staff reported the most valuable part of their position is being a mentor, showing others recovery is possible, providing compassionate services, and displaying acceptance and respect.	
3.2 Helper Principle				

3.2	Helper Principle	1-4 4	Members interviewed all agreed they are helping peers daily which includes providing a listening ear, encouraging others, giving a helpful hand in several situations identified, and said it fulfills the desire to make a difference. One member reported several seasoned members mentor the new and young adult members, offering them guidance and advice. One staff said they have committed to making a difference every day for peers. Staff provided examples of helping others to ensure peers know that they can make a difference and are valued.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 5	Members interviewed agreed participating at S.T.A.R. has created positive changes in their lives. One member discussed isolation and bad habits prior to engaging with the program. Another member reported involvement has taken a lot of pressure off their family and relationships have been restored. Members talked about learning new coping skills, improved communication skills, managing their symptoms and their illness, being able to advocate for themselves, decrease isolation, and increase socialization since joining S.T.A.R. One staff reported they do not consider working at S.T.A.R. as a job, rather a passion and values seeing people grow. Another staff said facilitating groups has expanded their knowledge and sparks interest in learning more.	
3.3.2	Personal Accountability	1-5 5	The agency has a disruption policy that is reviewed with members at intake. The policy helps members identify with personal responsibility and provides accountability for their actions. In addition, staff and members provide opportunities for members to grow by fostering positive behaviors. At the beginning of each group or activity, a reminder of the guidelines is shared,	

			<p>creating a safe place that staff and members can voice any concerns and address it as a group. Members reported that they are not pressured to take advice from either staff or other members. One staff reported their position at S.T.A.R. itself holds them accountable to be ethical, true, and genuine whether at work or home.</p>	
3.3.3	Group Empowerment	1-4 4	<p>Staff and members agreed being a part of S.T.A.R. has empowered them to be themselves without judgement. One member said they proudly wear S.T.A.R. attire in the community. Members said they have opportunity to govern the services the program offers to members during Member Meetings, members council, member liaisons, and speaking to staff. Some staff started as members and then were hired. One member suggested the need for more peers at the clinic level to impact a more positive change in the mental health system.</p>	
3.4 Choice				
3.4	Choice	1-5 5	<p>All members interviewed agree there is choice to participate in an array of activities at all centers including the types of groups and activities, at what frequency, which location, and whether to attend in person or remotely. Daily activities are written on whiteboards at the centers, staff reported calendars are posted on the S.T.A.R. website, and on social media. However, some information, including calendars on the S.T.A.R. website, were not for the current month. One member said they request staff to send the calendar to their email for quick reference to choose when they want to participate in programming.</p> <p>Staff said some members choose only to participate in the Fun Bunch activities. One staff</p>	

			<p>stated at times there may be a member that is not feeling comfortable participating in a group setting. Staff will meet with the member one-on-one and provide support, keeping in mind not everyone will have a good day every day. One member shared that they were dealing with a lot of challenges, arrived at the program, but was not interested in attending groups. The member met one-on-one with staff and spoke with the Therapist to seek support. Another staff shared a member had been isolating at home for six months but with a lot of effort, the member eventually came to the center where staff supported the member to participate at their pace.</p>	
3.5 Recovery				
3.5	Recovery	1-4 4	<p>S.T.A.R. staff and members associated recovery to “living the life you love”, having purpose in their lives. Staff stated that “recovery is a journey and not a destination”, that their diagnosis does not define them, trying to focus on the whole person, and inspiring to try new things by goal setting all support steps toward recovery. Members shared being a part of S.T.A.R. gives them hope an encouragement every day, a foundation to become more independent. Staff and members interviewed often referenced the journey to recovery is nonlinear and that everyone is unique in their own way and in a different place in their recovery process. The agency promotes and embraces recovery by celebrating with awards, hiring individuals that are successful in their recovery journey, encouraging employment and volunteer opportunities, and by instilling hope and inspiration through a variety of activities at the centers.</p>	
3.6 Spiritual Growth				

3.6	Spiritual Growth	1-4 4	Staff and members stated that the program encourages acceptance of diverse belief systems. Expression of spiritual beliefs and exploration of meaning and purpose is not discouraged, but also not forced on those that are uninterested or have not experienced spirituality on a personal level. Members reported opportunities to explore and share their spirituality during particular groups and individually with peers. The program offers a private space for members whose faith requires daily practice, such as prayer for example.	
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 5	Staff and members stated there are multiple daily groups incorporated at each center for members to receive formal peer support. Subject matter includes independent living skills, anger management, addiction recovery, positive affirmations, goal setting, peer support training, coping skills, grief and loss, symptom management, and among others.	
4.1.2	Informal Peer Support	1-4 4	Staff and members interviewed confirmed that informal peer support is provided and received daily at S.T.A.R. Opportunities occur during meals and outings, in between groups and activities, outside during breaks, and while waiting for transportation. In addition, some members will leave the centers together to enjoy lunch at a local restaurant or walk to the store.	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 5	Staff and members reported formal and informal opportunities to share their story with staff and peers. Some staff reported being thoughtful about what they share with the goal to be a supportive mentor to peers. Staff reported sharing their story not only helps them but enables them to be a role	

			model to their peers and enhances the belief that recovery is possible. Members reported sharing their stories is what makes their connections special and creates an open conversation with people that really helps them to understand what they are going through. At S.T.A.R., stories can be shared in groups, one to ones with staff, and in any informal conversations. Prior to the monthly Member Council meetings, staff seek a volunteer (member) to share their story; allowing them time to consider how much of their story they want to share to the crowd. Although, it seems there are few opportunities to share their stories with larger communities.	
4.2.1	Artistic Expression	1-5 5	Some member artwork is displayed on the walls at each of the centers, including painted ceiling tiles at one location, and members are working on a group mural with individual handprints and personal messages. Members reported S.T.A.R. encourages members to express themselves through art and indicated several outlets to explore creativity including groups that focus on artistic expression and crafts. Activities at the centers include journaling, creative and free writing, poetry, drawing, mindfulness painting and coloring, ceramics class, diamond art, jewelry making, dancing, and music such as karaoke. Staff and members said activities relating to artistic expression are the most popular at S.T.A.R.	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 3	Staff and members reported resources are posted on bulletin boards and at information tables at each center. One staff reported that the program shares information relating to Medicaid policy changes and community meetings; bills moving through the legislature, specifically one relating to additional Medicaid funding; and voting rights	<ul style="list-style-type: none"> Consider encouraging and mentoring greater member ownership of the program's social media accounts as a platform for peer empowerment and advocacy with the larger community, such as sharing information about mental illness and recovery. Content could include posts about resources or scheduled

			<p>information, as well as transporting members to voting sites. Other staff were not able to identify opportunities for members to contribute to the larger peer community. A review of the program’s social media profiles (Facebook and Instagram) showed few recent posts to keep members and the community informed of activities, events, and information about mental illness and recovery. Yet, all members interviewed report feeling comfortable contributing to the larger community.</p>	<p>events and sharing news of upcoming legislation proposals or government policies/programs pertinent to the peer community.</p> <ul style="list-style-type: none"> • Encourage members’ confidence in contributing to the larger peer community beyond S.T.A.R. Mentor members to explore issues that matter to them in their daily lives and how they can use their individual and collective voices to offer perspectives and solutions that may be align with the peer community or resonate with the larger public. Participation in letter writing campaigns, small group, or individual presentations/comments at city council meetings or at local community-based organizations, meeting with stakeholders to advocate for additional Peer Support Specialists at the clinic level as one member mentioned are all opportunities for members to make their voices heard outside the COS community.
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 4	<p>The agency has staff attend formal crisis prevention training annually. In addition, Crisis Intervention Prevention (CPI); de-escalation techniques and crisis intervention from Relias; and Applied Suicide Intervention Skills Training (ASIST) are all completed one time by staff. S.T.A.R. is currently working on scheduling ASIST training to occur annually.</p> <p>When member’s behaviors are escalating, staff reported offering support to members, establishing solution focused outcomes by allowing the member space, employ active listening and making sure that the member feels heard. When staff need additional assistance, they will request a therapist or Assistant Site</p>	

			<p>Manager to step in to support the member. Staff coordinate care with members' clinical teams and request staffing's when necessary. One staff reported transporting a member to their clinic to be seen when the member was not doing well. S.T.A.R. also has a Discharge Care Coordination (DCC) team that provides additional natural and community-based wrap-around support up to 90 days to members after a psychiatric hospitalization.</p> <p>Members shared that staff and peers recognize when another is struggling, and the program staff intervene to offer support to the members, coordinate with clinical teams, and natural supports. One member reported learning resources and techniques to manage distress by engaging in groups and with staff.</p>	
4.4.2	Informal Crisis Prevention	1-4 4	Members interviewed described instances when they were able to come to the aid of other members that needed support and encouragement. When members feel they need additional support to help another member in need, they will reach out to staff. Staff reported members will pull their peers aside for individual support or members will gather to create a circle of support to help a fellow peer in need.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 4	Members and staff interviewed report that mentoring, and teaching occurs daily between staff to staff, members to staff, and member to member. Members identified staff that they viewed as mentors and agreed that they had received mentoring and teaching from peers and provided it to others. Staff reported members will mentor new staff that are hired to help support and guide in their role.	

Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 5	Staff and members reported formally structured problem solving and self-management activities are offered daily and said that 98% of members participate. Formally structured problem solving occurs in numerous skill-building groups at the centers and in the community such as critical thinking, healthy boundaries, goal setting, action planning, conflict resolution and self-advocacy.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	All members interviewed report that they receive informal support in self-management or problem-solving on a regular basis from staff and other members. Members reported at S.T.A.R. they do not feel alone and value learning from one another, appreciating the relationships they have built. Staff said this type of support occurs with members in passing, playing pool, exercising, during groups and community outings, or in one-on-one interactions with staff.	
5.1.3	Providing Informal Problem-Solving Support	1-5 5	All members interviewed expressed pride in their ability to provide problem-solving support to others. Members voiced helping others that are new to S.T.A.R. by welcoming them to sit with them during meals, encourage participation in activities, help navigate around the centers, and assist in any way they can.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	1-5 5	A wide variety of activities are offered at S.T.A.R. that teach formal practice skills such as healthy cooking, budgeting, grocery shopping, laundry, health and wellness, anger management, positive affirmations, conflict resolution, advocacy, and stress management. Staff and members reported virtually all groups and activities provide skills that equip them for participation in the community.	

5.2.2	Job Readiness Activities	1-5 3	<p>Staff at S.T.A.R. reported varying estimates about how many members engage in job readiness activities from 20 – 55%. The agency offers Peer Support Training, some groups held at the centers offer sessions geared towards job readiness activities such as time management, communication and reading skills, and by members volunteering at the centers promotes job readiness skills. Staff reported that when a member is interested in creating a resume, searching for employment, or requests interviewing support, members are connected to the life skills center staff. Staff interviewed were uncertain how often the life skills center staff visits each center and said if a member requests assistance for employment they will connect the member with the life skills staff. If members request immediate help with a resume, staff from the centers will assist. Staff mentioned at times connecting members to brokered providers for employment support. Two members interviewed reported engaging with Vocational Rehabilitation (VR) for employment support. Staff reported seeking interest in particular groups such as General Education Development (GED), if there is a need the centers will incorporate a group to meet the need.</p>	<ul style="list-style-type: none"> • Provide more opportunities for members interested in seeking employment. Seek input from members on how they would like to be supported in their goal of employment. If not already, consider the S.T.A.R. Benefits Specialist to be trained in Disability Benefits 101 to inform members how benefits could be impacted by work and begin those discussions with members and provide concrete support and information. Consider relationships with other peer run organizations to increase job readiness activities to members, with the goal to increase participation 75 - 100%.
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 5	<p>Members interviewed reported participation at S.T.A.R. has provided support, encouragement, and confidence to self-advocate and acquire resources from staff, peers, and the community to meet their needs. Members reported gaining skills in groups offered at the centers that addressed self-advocacy, building self-esteem,</p>	

			communication skills, and building self-confidence. One member reported advocating for themselves when having challenges with turnover at their clinic, requesting to speak with a supervisor to get their needs met. With staff assistance, one member reported learning how to use a computer to submit renewal applications for benefits rather than relying on their clinical team. Staff estimated 90% of services provided at S.T.A.R. throughout the day are opportunities that support formal self-advocacy skills, including one-to-one with staff, peer-to-peer interactions, or group settings. S.T.A.R. employs a Housing Specialist and Benefits Specialist to provide additional support and resources for members.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5 5	All staff and members described themselves as being committed to helping others in the peer community. Members reported participation on the BOD, Members' Council, and during monthly Member Meetings all enable their voice to be heard. Staff and members confirmed helping each other is an extension of their own recovery.	
6.2.1	Outreach to Participants	1-5 4	Members reported they can call, review the agency's social media page, and the agency's website to inquire about the events happening at the centers. However, a review of the agency's website and social media page did not provide updated information on group calendars, activities, and services offered. Members stated that staff reach out when members have not attended the program in a few days. One member reported staff contacting them daily when they did not attend the program for six months. Staff gave examples of completing welfare checks at members' homes when unable to connect by phone or email to ensure their wellbeing.	<ul style="list-style-type: none"> • The program should revise the website with operative links, current and accurate information related to services such as calendars and activities, and program policies. Consider providing more in-depth program overviews including new services available to members with possibly adding links to other partner agencies and community resources. • Explore the benefits of managing online presence on the agency's social media platforms as a means of marketing, outreach, and keeping members informed.

FACIT SCORE SHEET

Domain	Rating Range	Score
Domain 1: Structure		
1.1.1 Board Participation	1-5	<u>4</u>
1.1.2 Consumer Staff	1-5	<u>5</u>
1.1.3 Hiring Decisions	1-4	<u>4</u>
1.1.4 Budget Control	1-4	<u>4</u>
1.1.5 Volunteer Opportunities	1-5	<u>5</u>
1.2.1 Planning Input	1-5	<u>5</u>
1.2.2 Dissatisfaction/Grievance Response	1-5	<u>5</u>
1.3.1 Linkage with Traditional Mental Health Services	1-5	<u>5</u>
1.3.2 Linkage to Other Consumer Operated Services Program (COSPs)	1-5	<u>5</u>
1.3.3 Linkage with Other Services Agencies	1-5	<u>5</u>
Domain 2: Environment		
2.1.1 Local Proximity	1-4	<u>4</u>
2.1.2 Access	1-5	<u>5</u>
2.1.3 Hours	1-5	<u>4</u>
2.1.4 Cost	1-5	<u>5</u>
2.1.5 Accessibility	1-4	<u>3</u>

2.2.1	Lack of Coerciveness	1-5	<u>5</u>
2.2.2	Program Rules	1-5	<u>5</u>
2.3.1	Physical Environment	1-4	<u>4</u>
2.3.2	Social Environment	1-5	<u>5</u>
2.3.3	Sense of Community	1-4	<u>4</u>
2.4.1	Timeframes	1-4	<u>4</u>
Domain 3: Belief Systems		Rating Range	Score
3.1	Peer Principle	1-4	<u>4</u>
3.2	Helper's Principle	1-4	<u>4</u>
3.3.1	Personal Empowerment	1-5	<u>5</u>
3.3.2	Personal Accountability	1-5	<u>5</u>
3.3.3	Group Empowerment	1-4	<u>4</u>
3.4	Choice	1-5	<u>5</u>
3.5	Recovery	1-4	<u>4</u>
3.6	Spiritual Growth	1-4	<u>4</u>
Domain 4: Peer Support		Rating Range	Score
4.1.1	Formal Peer Support	1-5	<u>5</u>
4.1.2	Informal Peer Support	1-4	<u>4</u>
4.2	Telling Our Stories	1-5	<u>5</u>
4.2.1	Artistic Expression	1-5	<u>5</u>

4.3	Consciousness Raising	1-4	<u>3</u>
4.4.1	Formal Crisis Prevention	1-4	<u>4</u>
4.4.2	Informal Crisis Prevention	1-4	<u>4</u>
4.5	Peer Mentoring and Teaching	1-4	<u>4</u>
Domain 5: Education		Rating Range	Score
5.1.1	Formally Structured Activities	1-5	<u>5</u>
5.1.2	Receiving Informal Support	1-5	<u>5</u>
5.1.3	Providing Informal Support	1-5	<u>5</u>
5.2.1	Formal Skills Practice	1-5	<u>5</u>
5.2.2	Job Readiness Activities	1-5	<u>3</u>
Domain 6: Advocacy		Rating Range	Score
6.1.1	Formal Self Advocacy	1-5	<u>5</u>
6.1.2	Peer Advocacy	1-5	<u>5</u>
6.2.1	Outreach to Participants	1-5	<u>4</u>
Total Score		201	
Total Possible Score		208	