

## CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

Date: May 3, 2018

To: Suzanne Legander, CEO  
Dr. Jennifer Burruel, Clinical Director

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AHCCCS Fidelity Reviewers

### **Method**

On April 3-5, 2018, T.J. Eggsware and Georgia Harris completed a review of Stand Together and Recover Centers (S.T.A.R.), a Consumer Operated Services 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. was formed when four individuals discharged from an inpatient setting and began providing support education and companionship to others who were discharged from a psychiatric unit. In 1987, (S.O.O.N. – Survivors On Our Own), became the first peer recovery agency for behavioral health recipients in Arizona. In 2009, S.O.O.N. and another peer support group (S.E.L.F.F. - Survivors Educating Loving Friends and Family) merged to form S.T.A.R., which 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, and a conference center. The East, West and Central centers were included in this review. Services and activities available include: counseling, pre-employment education and the impact on benefits, Fun Bunch, a life skills program, peer discharge care coordination, physical health and wellness, veterans support, and a young adult program.

The individuals served through the agency are referred to as *members*, and that term will be used throughout the report. In addition, the term *people with lived experience* will be used to reference self-identified people with lived experience of recovery.

During the site visit, reviewers participated in the following activities:

- S.T.A.R members led tours of the three centers, including observations of meeting rooms and posted materials;
- Group interviews with four members at Central, four at West, and six at East;
- Group interviews with six nonsupervisory staff at Central, four at West, and four at East;
- Group interviews with three supervisory staff at Central, three at West, and three at East;
- Group interview with the Chief Executive Officer (CEO) and the Clinical Director); and,
- Review of S.T.A.R. documentation, including: Board of Directors meeting minutes, organizational documents, newsletter for February 2018, flyers and brochures, calendars for each center, the agency website, group and activity materials, job descriptions, etc.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) Fidelity Assessment/Common Ingredients Tool (FACIT) of the *Consumer Operated Services (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:

- The majority of staff self-identify as people with a lived experience.
- Members reported that at S.T.A.R. there are opportunities for formal and informal mutual peer support. Members and staff confirmed the sharing of stories of lived experiences among staff and members.
- Staff and most members affirmed that S.T.A.R. members contribute to the functioning of the center, agency planning, and activities.
- Staff reported they maintain mutually collaborative contacts with traditional mental health service providers, other COSPs, and social service agencies. S.T.A.R. administrative staff provided an extensive list of nearly 60 agencies or activities with notes of collaborative efforts. The agency also has some activities targeted to certain demographic groups, such as: a Young Adult Program (YAP), members transitioning from psychiatric inpatient settings, and veterans.
- Members reported positive changes in their lives since participating in S.T.A.R., such as: stronger self-advocacy skills, developing meaningful relationships with other members at the program, improved coping and stress management skills, and participation in creative endeavors. Members gave examples of giving and receiving support, and similar anecdotes are listed on the social media page.
- Staff receives training in crisis prevention. Avenues exist to provide members with formal, structured groups and programs in crisis prevention. Members reported that involvement in the program helped to prevent or cope with crisis situations stemming from isolation, loss, and traumatic events. Members reported that the support they received from staff and other members at S.T.A.R., and skills developed or enhanced, helped them to successfully continue their recovery, without the need for inpatient treatment.

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

- Consider increasing hours of operation, primarily at the Central location, where there was a reduction in hours due to staff attrition.
- Expand activities in the afternoons, optimally so members who are unable to attend the daytime programs also have the choice of multiple activities that are important to their recovery. There were fewer scheduled activities after the 12:30 p.m. lunch block than compared with the morning hours of operation. Staff reported that the reduced schedule was implemented because some staff end their days in the afternoon (e.g., those staff that start their shift at 7:30 a.m.) and the unreliability of contracted transportation companies to transport members from the centers in the afternoon, in a timely fashion.
- Review with members their methods of preferred contact, and consider expanding outreach platforms such as social media, mailers, and establishing procedures to inform members of changes to activities in advance (not only posted at the center).

**FIDELITY ASSESSMENT/ COMMON INGREDIENTS TOOL (FACIT)**

Ingredient #	Ingredient	Rating	Rating Rationale	Recommendations
<b>Domain 1 Structure</b>				
<b>1.1 Consumer Operated</b>				
1.1.1	Board Participation	1-5  4	At the time of review, the Board of Directors (BOD) consists of eight individuals, but staff reported that the goal is to have a board of ten individuals. Of the eight individuals, six reportedly have lived experience and two are family members of persons with lived experience. The Board membership includes one member liaison from each of the three recovery centers; each liaison serves as the head of the member council at their respective centers.	<ul style="list-style-type: none"> <li>Recruit qualified members to fill the vacant positions on the Board of Directors, with a composition goal of 90% or more being individuals with a lived experience.</li> </ul>
1.1.2	Consumer Staff	1-5  5	S.T.A.R. leadership reports that the majority of staff (approximately 97%) self-identifies as persons with lived experience. The remaining staff identify as family of persons with lived experience.	
1.1.3	Hiring Decisions	1-4  4	Staff report that hiring preference is given to those who self-identify as a person with lived experience. Bona fide occupational qualifications (BFOQ) in company job descriptions were listed as follows: a Serious Mental Illness, General and/or Substance Use diagnosis as a job requirement or preference. Members and staff conduct panel interviews, and members also interact with potential new hires in the lobbies of the centers before interviews. Persons with lived experience are responsible for all hiring and firing decisions.	
1.1.4	Budget Control	1-4  4	Members submit requests through suggestion boxes, center member councils, or through one-on-one interactions with staff. Members and center staff discuss their wants and needs, and compile a list that is forwarded to agency	

			leadership who review the information. Member councils work with members at the centers to discuss budgets and can help if certain requests are exorbitant. Items approved or not approved are explained, but staff estimated 85 – 90% of member requests can be accommodated.	
1.1.5	Volunteer Opportunities	1-5 5	Members complete chores at the center to earn S.T.A.R. dollars that are transferable for program benefits. Some chores are set aside for members with mobility or physical limitations. Members also volunteer to facilitate tours with potential new members or visitors, assist with kitchen activities, serve on the member council, and help new members. Members led tours at each of the centers visited for this review and had a similar approach to guiding the tour and describing the available activities. Some members interviewed confirmed they have led tours, and interviewees recounted examples of groups co-facilitated by members.	
<b>1.2 Participant Responsiveness</b>				
1.2.1	Planning Input	1-5 5	Interviewees reported that members provide feedback using suggestion boxes, member council meetings/monthly member meetings at each center and during one-on-one contact with staff or council liaisons. One council member from each center is a liaison that represents the members on the BOD. The suggestion box submissions are reviewed and discussed during the monthly member council, and they vote on which to present to the board and program administrators. All members vote on topics that impact all locations, to ensure consistency across all locations. Members and staff confirmed that members in the agency vote on the majority of decisions.	
1.2.2	Member	1-5	Members have formal and informal ways to	

	Dissatisfaction/ Grievance Response	5	indicate dissatisfaction with the program. Staff described their <i>open door policy</i> ; members bring concerns directly to center staff, to program administrators, or issues can be raised at member meetings. Staff also seeks feedback from members who feel grieved thru interactions with staff, which can lead to corrective action, or termination of the offender. Information regarding the grievance policy is posted at each center. Complaint procedure forms in English and Spanish are available on the agency website. Members can take grievances directly to the Regional Behavioral Health Authority (RBHA), with staff assisting members in the process. S.T.A.R. partners with Arizona State University (ASU) to complete member surveys used to develop a quarterly outcomes report.	
<b>1.3 Linkage to Other Supports</b>				
1.3.1	Linkage with Traditional Mental Health Services	1-5  5	Staff reported they have mutually collaborative and reciprocal relationships with traditional mental health providers (e.g., clinics, inpatient staff). Staff described frequent interactions with traditional mental health services, including: staff meetings with clinic staff for co-served members, visits and presentations at clinics, clinic staff visits to centers, educating clinic staff about program options, and referrals to dedicated counselors at each of the three centers. Collaboration also occurs through peer discharge coordinators who work with clinic and inpatient staff to support members after a psychiatric hospitalization.	
1.3.2	Linkage with Other COSPs	1-5  5	Staff reported they have mutually collaborative and reciprocal relationships with other COSPs, including coordination of a statewide training for member run programs on the implementation of an outcomes measurement tool. Additionally, members and staff participate in presentations at other peer run programs, social events (e.g.,	

			kickball tournament) and artistic endeavors (e.g., theater group and annual play).	
1.3.3	Linkage with Other Service Agencies	1-5 5	S.T.A.R. staff provided multiple examples of mutually collaborative and reciprocal interactions with community partners and agencies, including: AZ Peer and Family Coalition, ASU, Veterans Administration, health care plans, local food banks, a local fire department, etc. The agency provided reviewers with a comprehensive list of all their collaborative activities with local service agencies.	
<b>Domain 2 Environment</b>				
<b>2.1 Accessibility</b>				
2.1.1	Local Proximity	1-4 3	The S.T.A.R. centers are located in east, west and central parts of the valley, and include an additional Life Skills location where program members can participate in independent living skills and pre-employment activities. Transportation is provided between centers. Some members live in the area near centers where they attend, but others live a greater distance. The program offers transport via shuttles within a ten mile radius of each S.T.A.R. location. Some members interviewed stated their preference to travel to the center of choice versus a nearer location, due to nuanced differences in center cultures. Fewer center activities in the afternoon were partially attributed to members waiting for transportation during hour long pick-up windows through some transportation companies.	<ul style="list-style-type: none"> <li>Consider expanding on the services offered at each location, making commuting to other centers for programming less of a necessity.</li> </ul>
2.1.2	Access	1-5 5	Each center is near bus line routes, two are near light rail station stops, and some local shuttles are available. Additionally, staff at each center has access to company vehicles, including wheelchair accessible vans. Transportation is provided via the agency vehicles for members within a ten mile	

			radius of the center, to scheduled events and outings, and between all agency locations for members participating in additional programming. Parking is limited at one location, but there is ample parking at two of the centers.	
2.1.3	Hours	1-5 4	S.T.A.R. East hours of operation are Monday through Thursday, 7:30 a.m. – 7:30 p.m. Similar hours were reported for West, and on the agency website it is noted the center closes at 7:30 p.m. However, on the West calendar on the website it reads that the center closes at 6:30 p.m. Staff reported the hours for Central were reduced due to recent staff attrition. Current hours there are Monday through Thursday 7:30 a.m. – 3:30 p.m. All three centers are open 7:30 a.m. – 3:30 p.m. Friday, 7:30 a.m. – 2:00 p.m. on Saturday, and closed on Sunday. Centers are closed for all major holidays, but one location remains open, on a rotation, the day before and after those holidays.	<ul style="list-style-type: none"> <li>Consider adding groups or activities in the afternoon to balance the daily events. Adding events to existing hours of operation may allow flexibility for members whose access is limited by other daily activities (e.g., morning jobs) to participate.</li> <li>At the Central location, recruit more staff so that hours can be extended similar to the other centers. Consider seeking input from staff and members on strategies to retain qualified staff.</li> </ul>
2.1.4	Cost	1-5 5	Services are free of charge to members, including availability of services by a Nurse Practitioner for Non-Title 19 members (i.e., people who aren't eligible for Medicaid/AHCCCS). A token economy is in place, with dollars earned by completing various chores. S.T.A.R. members use their earned S.T.A.R. dollars for activities (e.g., some outing) or for resources through the agency (e.g., access to laundry facilities, food and clothing share). Members voiced their support for this system.	
2.1.5	Accessibility	1-4 3	The centers are accessible, but improvements can be imagined. For the hearing impaired, it does not appear that each center has electronic devices for text communication over a telephone line, though staff reported they can assist members. One of the three centers is equipped with an automatic door opening function. There are ramps at all three locations, but at the East and West location some corridors are narrow and could be challenging to	<ul style="list-style-type: none"> <li>S.T.A.R. may have little opportunity to impact the structure or layout of some centers without a change in center locations. However, continue to find ways to maximize the use of the existing space to accommodate individuals with a wide array of physical disabilities, and review options for a teletypewriter (TTY), or similar system.</li> </ul>

			an individual in a wheelchair if others were sharing the space. At each center, chores are available to accommodate members with physical disabilities, and there are wheelchair vans to transport members to events. Each center has at least one large text computer terminal. Language and interpretive services are available upon request, and Spanish versions of the YAP calendar and member complaint form are posted on the agency website.	
<b>2.2 Safety</b>				
2.2.1	Lack of Coerciveness	1-5  5	Staff and members confirmed that members can participate at their chosen pace. Participation is voluntary, encouraged, but not mandated. One staff shared a story of approaching a member who was going to a center for multiple months, but was not taking part in groups. When the S.T.A.R. staff asked the member how attending helped in their recovery, the member reported that they had not left their home for an extended period of time and that just visiting the center was a big step. Interviewees reported that members voted to keep the requirement to attend at least one group and complete one chore per day to receive a hot meal, though peanut butter and jelly sandwiches are available with no participation requirement. Interviewees reported members view the S.T.A.R. dollars, chore completion, and group participation requirement to earn a hot meal as a positive aspect of the program. Some staff reported that when they are lenient with the rule, other members have voiced their concern, citing that everyone should have the same expectation. Some members reported that they were given the choice of the agency hiring a cleaning service in lieu of chores, but that would result in reduced funding for program activities. Staff and members	<ul style="list-style-type: none"> <li>Continue to gauge the preference of members regarding whether the completion of chores and a group should be tied to other program incentives. Consider revisiting this area on a recurring basis (e.g., quarterly, annually) during member meetings so that members can voice their preference through voting.</li> </ul>



			reported members are encouraged to submit daily logs, but they are not required.	
2.2.2	Program Rules	1-5 5	All members reported feeling safe at the center. Interviewees reported there is an agency-wide disruption policy. Staff also ask that members complete a daily log for each day they participate in the program as a means to track status as well as any other concerns that arise. Staff and most members reported members can provide input on rules, though some members reported group rules were developed by staff or made before they joined the program.	<ul style="list-style-type: none"> <li>To ensure that all new and current members can provide input on the relevance of currently-adopted rules, continue to seek member input regularly as to whether group, program rules, or the agency disruption policy should be adjusted. Consider revisiting this area on a recurring basis (e.g., quarterly, annually) during member meetings so that all members can voice their preference through voting.</li> </ul>
<b>2.3 Informal Setting</b>				
2.3.1	Physical Environment	1-4 4	At each center there were examples of recent or ongoing improvements. For example, at Central recent renovations include adding insulation to allow more privacy in a meeting room. Each center includes meeting rooms, private spaces for counselors, a kitchen area, an art space, recreation areas, and congregate areas for informal interactions. At the East center there is an outside area with a small garden and space for physical activity. Hallways are narrow at the East location, which could be challenging for those members with mobility issues and/or concerns with being in close proximity to other people. However, at the location there were also some large spaces for members to interact.	<ul style="list-style-type: none"> <li>Consider any options that may maximize the current use of the space at East. (e.g., one-way hallways, staggered class schedules, etc.) This item should be continually monitored to ensure the success of any long range planning efforts.</li> </ul>
2.3.2	Social Environment	1-5 5	Staff and members conveyed that the centers offer a safe place for members to interact with others, to reduce isolation, and to fill their day with meaning and purpose. Interactions between members and staff were observed to be warm and friendly. Each center has office space onsite for the Site Managers, Assistant Site Managers, and Recovery Support Specialists (RSSs).	

2.3.3	Sense of Community	1-4 4	Members expressed a sense of community and belonging at their respective center(s). Many members reported they tended to isolate prior to joining, but declared now they are fully engaged in activities, and that relationships they have cultivated at the center carry over into other aspects of their lives. Staff link established members with new members to buddy for the day so they can be oriented to the center and its activities. Members reported they take it upon themselves to actively welcome new members. Multiple members described the family-like atmosphere of the centers.	
<b>2.4 Reasonable Accommodation</b>				
2.4.1	Timeframes	1-4 4	S.T.A.R. membership is time unlimited. Members attend the program as long as they wish, working at their own pace. The duration of participation varied from months to years across the membership. There was no required timeframe for members to participate or terminate support. Member utilization of services is tracked to show how often people participate.	
<b>Domain 3 Belief Systems</b>				
<b>3.1 Peer Principle</b>				
3.1	Peer Principle	1-4 4	Staff and members affirmed that staff share their lived experiences with members during one-on-one contact and group situations. Members reported they felt a sense of trust among other members and staff. Program administrators reported that staff recruitment, job descriptions and hiring include verifying that potential hires are comfortable with self-identifying as peers.	
<b>3.2 Helper Principle</b>				
3.2	Helper Principle	1-4 4	Members and staff confirmed there are opportunities to assist others at the program. One staff stated she worked with one member for	

			multiple weeks to access stable housing. One member cited examples of times other members discussed problems they were having and sought advice. The member reported that being able to help others helped her as well. This sentiment was affirmed by all members and staff interviewed. Staff reported an <i>open door</i> policy. Also, engaging members in center activities can help them socialize with others, while giving and receiving support.	
<b>3.3 Empowerment</b>				
3.3.1	Personal Empowerment	1-5 5	All interviewees reported their participation at the center has helped them to make positive changes in their lives, promoting their sense of purpose. Staff confirmed that it was meaningful to them to have the opportunity to help others and contribute to the program. Members reported participation in S.T.A.R. as key to their recovery, including learning new skills to cope with specific symptoms or issues, decreased isolation, increased socialization, avoiding hospitalization, or an increase in overall physical wellness. The program added a Nurse Practitioner who is available to Non-Title 19 members, with a focus on chronic medical conditions, smoking cessation, Well Man and Well Woman exams, and vaccinations.	
3.3.2	Personal Accountability	1-5 5	Members reported that they are not pressured to take advice from either staff or other members. Staff and members referenced the agency-wide disruption policy, and all seemed to agree with that policy. Members seemed to agree that they could provide support or talk with others about program rules, or seek staff support. Members reported that program involvement fosters accountability, responsibility, independence, increased self-esteem, and enhancement of life skills. Members confirmed they view S.T.A.R.	

			dollars as a positive aspect of the program and a form of accountability; members must engage in the program activities and chores to take full advantage of program incentives. If an outing or activity requires S.T.A.R. dollars to participate, it appears members must have, at some point, completed the requirement to earn those dollars. Some activities require members to go to the center to sign up to participate, such as movies or outings. Some activities are first-come, first-serve and some are based on random selection from a list of interested members.	
3.3.3	Group Empowerment	1-4 4	Members and staff interviewed expressed a sense of acceptance and pride with their connection to S.T.A.R. Members outlined available opportunities to contribute at the program, such as: chores, guiding tours of the centers, participation on member councils, volunteering to assist others, and co-facilitating groups. Some staff started as members and then were hired. The majority of members affirmed that through participation in the program, they believe positive change in the health care system is possible.	
<b>3.4 Choice</b>				
3.4	Choice	1-5 4	Staff reported they try to offer at least two activity options during all hours of operation, but posted calendars are adjusted depending on staff availability. Projected monthly calendars for all three centers and the Life Skills location are posted on the agency website. Large boards are located in the centers, and staff asserted they mimic calendars posted on the website. However, interviewees reported that alternative daily schedules posted at each center reflect actual events. These schedules seemed to offer fewer options than were listed on the posted projected calendars. Multiple groups or activities are	<ul style="list-style-type: none"> <li>• Consider scheduling popular groups or expanding group selection in the afternoon so that members have multiple options to select from groups that are important to their recovery. Offering more options in the afternoon and early evening may improve engagement by members who do not or cannot participate during morning hours.</li> <li>• Strive to maintain a consistent group schedule that is up-to-date across various media platforms so that members can confidently plan their transportation to the center accordingly.</li> </ul>

			scheduled before lunch at each center on weekdays, but after lunch there are times when just one scheduled activity is available. Also, reduced hours at Central result in fewer options for members at that location.	
<b>3.5 Recovery</b>				
3.5	Recovery	1-4 4	The agency mission statement notes the goal of empowering members through peer support services that promote recovery as a result of socialization, education and self-advocacy. The vision statement focuses on member independence and contribution in their community. Members and staff defined recovery as an individual process that may look different from person to person. Staff and members affirmed that recovery is a process; one noted it was non-linear, and people are at different stages.	
<b>3.6 Spiritual Growth</b>				
3.6	Spiritual Growth	1-4 4	Staff and members confirmed that a weekly group occurs at each center on the topic of spirituality, in addition to meditation and yoga activities. Members can express their spiritual beliefs in other social settings at the centers, but no one is allowed to proselytize; this is discouraged if member expressions of faith encroach on the beliefs of others. Some members reported they felt comfortable expressing spirituality to others while others stated they experienced spirituality on a personal level; both approaches appear to be honored and supported at S.T.A.R.	
<b>Domain 4 Peer Support</b>				
<b>4.1 Peer Support</b>				
4.1.1	Formal Peer Support	1-5 5	Staff estimated that nearly all members receive formal peer support through daily groups. Multiple formal peer support groups are offered at each center, and examples of subjects include:	

			symptom management, peer support training, self-esteem, self-advocacy, sharing recovery stories, addressing substance use, mindfulness, positive affirmations, coping skills, self-harm reduction, setting goals, and coping with stress.	
4.1.2	Informal Peer Support	1-4 4	Members reported there are opportunities to provide and receive informal peer support, including during outings, groups or activities at the centers, or while socializing with other members while playing pool, during meals, etc. Staff reported all members have participated in informal peer support, and cited activities such as: interactive outdoor activities at the center or on outings, during interactions with staff or other members, or while socializing with others.	
<b>4.2 Telling Our Stories</b>				
4.2	Telling Our Stories	1-5 5	There are formal and informal avenues for members and staff to share their stories. For example, space was allotted on the agency newsletter in February 2018 for members to share updates and their stories. Some member stories are also posted in centers, or may be shared by members and/or staff during special events, groups focused on recovery stories, creative writing, one-on-ones with staff, journaling, member meetings, or Men and Women’s Talk. Some members attended an activity where they were guided on how to write their own recovery story to share with others, such as family, friends, other professionals, etc.	
4.2.1	Artistic Expression	1-5 5	Some member artwork is displayed and there is a room set aside for artistic endeavors in each of the centers. Some of the activities are focused on crafts and some include artistic expression. Activities at the centers include writing or journaling, beads, crafts, paint, gardening, and ceramics. Some members decorated areas of the	

			centers. Some classes include step-by-step guidance, and others are open to individual expression. It was reported that S.T.A.R. members participate in a theater group and annual play with another COSP. Members interviewed reported avenues for artistic expression were available and some participate.	
<b>4.3 Consciousness Raising</b>				
4.3	Consciousness Raising	1-4 4	Information about events in the community are posted on an events board. Staff reported they regularly post information, some of which is provided through program administrators for all centers, including changes related to AHCCCS, or RBHA services, pertinent legislation, and how to access state legislature to express support or rejection for certain proposals. Members reported they have access to a resource board, agency newsletter, and agency-facilitated volunteer activities in the community (e.g., food banks, cleaning up area around centers). In the prior year AHCCCS staff visited the program and presented health plans to S.T.A.R. and community members.	
<b>4.4 Crisis Prevention</b>				
4.4.1	Formal Crisis Prevention	1-4 4	Members reported that involvement in the program helped to prevent or cope with crisis situations stemming from isolation, loss, and traumatic events. Some members reported they experienced frequent hospitalizations prior to joining S.T.A.R.; members report extended periods of recovery without inpatient treatment since connecting with the program. Site Managers and Assistant Site Managers are trained in Applied Suicide Intervention Skills Training (ASIST) and RSS staff are trained in Suicide Alertness for Everyone (safeTALK). Numerous formal crisis prevention activities are available, including: groups on meditation, coping with symptoms or building	

			<p>coping skills, recovery action planning, grief and loss, medication management, and identifying triggers. Members can attend peer certification, CPR, first aid, and non-violent crisis intervention. Counselors are available at each center. In times of escalated emotional distress, members may be brought to a quiet safe space. Staff may contact clinic Case Managers (CMs) and assist members to contact emergency services, or may do so in instances of member incapacitation.</p>	
4.4.2	Informal Crisis Prevention	1-4 4	<p>Members reported that there are opportunities to assist others with informal crisis prevention, and to receive support through interactions with staff and other members. Members check in with others and inform staff if the issue is beyond the support they can provide. Staff reported that members interacting at the center can lead to identification of potential crisis, and members may help each other, or inform staff of issues. Members reported when someone has a crisis, staff meets with the person in a private quiet room, can help the person make contact with their CM, and assist members to obtain follow-up support. Some members call others at the program to offer support or encouragement.</p>	
<b>4.5 Peer Mentoring and Teaching</b>				
4.5	Peer Mentoring and Teaching	1-4 4	<p>Peer mentoring and teaching at S.T.A.R. occurs between staff and members, staff to staff, and member to member. All members and staff interviewed reported that there are others at the program that they look up to, and from whom they can receive guidance and support. Staff report they seek support from each other or supervisors, and that staff at all levels are approachable, collaborative, and open to feedback on how to improve member supports. All members interviewed agreed that they had</p>	



			received mentoring and teaching from other members and provided it to others.	
<b>Domain 5 Education</b>				
<b>5.1 Self Management/ Problem Solving Strategies</b>				
5.1.1	Formally Structured Problem-Solving Activities	1-5 5	Staff reported that most active members participate or have participated in problem solving activities at S.T.A.R. and many daily activities include problem-solving elements. Members reported activities are offered focused on self-advocacy, identifying and coping with triggers, and ways to access resources. Other activities include: stress or anger management, coping with voices, self-esteem, budgeting, relationships and boundaries, and social skill development.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	The program offers members avenues to identify their own needs and make sure that those needs are addressed. Staff said that nearly all active members received informal problem-solving support at some time. All members affirmed that they received informal problem-solving support in group settings, through information sharing with other members, or during outings. In an effort to expand supports, the program implemented a free weekly opioid addiction support group at the Central location, open to members and the local community.	
5.1.3	Providing Informal Problem Solving Support	1-5 5	Members confirmed that they provide informal problem-solving support. Staff said members are encouraged to engage one another on this level, and this type of support can occur in social interactions with other members, during groups or outings, or during one-on-one interactions with staff, available to members at their request.	
<b>5.2 Education/Skills Training and Practice</b>				
5.2.1	Formal Skills Practice	1-5	A wide-range of activities are available in centers, outings, and through the Life Skills program, so	

		5	<p>most members have participated in some type of formal skills practice. Members interviewed cited opportunities to contribute to the community, such as picking up litter near the West center, volunteering at local agencies, panel interviews with potential new-hires, facilitating tours, assisting in the kitchen cleanup and food packing, and assisting with food and clothing share programs. Members can learn about nutrition and health through health fairs and the agency partnership with a farmers market, where members can use S.T.A.R. dollars, in addition to their own money, for fresh fruits and vegetables. There are outings where members can enhance socialization skills in a variety of settings (e.g., bowling, movies, plays, waterparks, etc.). Members at one center reported that each week the chef demonstrates a meal preparation.</p>	
5.2.2	Job Readiness Activities	1-5 4	<p>S.T.A.R. administrators reported that just over 54% of members participated in education skills training &amp; practice. Center staff can work with members interested in employment (e.g., resume writing, and job searches), but staff from the Life Skills Center provide much of the formal job readiness support. Several classes are available to help with seeking and obtaining work, including: computer skills training, food handler's card classes, culinary classes, a general educational development (GED) workshop, peer support training, CPR and First Aid. Some members co-facilitate groups.</p>	<ul style="list-style-type: none"> <li>Encourage members to attend job readiness activities, and consider adding or training additional staff to facilitate job readiness activities. It may be beneficial to expand job skill training activities at each center so those members who cannot or choose not to travel to the Life Skills Center can access similar supports and activities at the center that is most convenient.</li> </ul>
<b>Domain 6 Advocacy</b>				
<b>6.1 Self Advocacy</b>				
6.1.1	Formal Self Advocacy Activities	1-5 5	<p>Staff estimated that most members (80% or higher) have participated in self-advocacy training or informal peer to peer self-advocacy. Members</p>	

			interviewed confirmed experience with self-advocacy activities, and all affirmed that involvement in the program led them to be more assertive to ensure their needs are met. Center activities related to self-advocacy include how to say no, ending stigma, and being assertive. Members also receive information about benefits through resources such as DB101. Members can request additional, one-on-one personal advocacy assistance by completing a special service request form. Some members obtained employment and received support to secure housing, arranging transportation, support regarding interactions with family, or selecting services during discussions with CMs and Psychiatrists.	
<b>6.2 Peer Advocacy</b>				
6.2	Peer Advocacy	1-5  5	Members advocate for themselves and each other, providing mutual support and encouragement. Members reported developing skills and confidence in self-expression, and self-advocacy due to skills enhanced through activities at the center. Information on peer advocacy activities is posted by members and staff on bulletin boards at the centers. Members receive information on community events such as the NAMI walk and candlelight vigil, and staff facilitates interactions with legislatures, including an example of a state legislative member visiting one of the S.T.A.R. centers.	
6.2.1	Outreach to Participants	1-5  3	Recovery group calendars are posted on the agency website for the three centers, the Young Adult Program (East), Life Skills location, and for Fun Bunch and Young Adults special events. The projected weekly group activities are written on a color-coded white board at each center, so members can identify which staff facilitates which activity. The calendars are subject to change, so a	<ul style="list-style-type: none"> <li>• Consider using social media platforms to outreach members and to inform members of planned activities, new outings, cancelled or adjustments to scheduled activities, etc.</li> <li>• Explore opportunities to increase member-to-member outreach to those who have not attended in a while, or ways to update disengaged members about new program</li> </ul>

			<p>daily schedule is posted; however, members may not be informed of changes until they arrive, and those who do not regularly attend activities may not have updated information on events. Interviewees reported that outreach occurs if members miss days they usually attend; they are considered inactive after six months of not participating. The agency has a social media page, and recently issued a newsletter (February and April 2018).</p>	<p>activities that may be of interest.</p>
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**FACIT SCORE SHEET**

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

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

4.3	Consciousness Raising	1-4	4
4.4.1	Formal Crisis Prevention	1-4	4
4.4.2	Informal Crisis Prevention	1-4	4
4.5	Peer Mentoring and Teaching	1-4	4
<b>Domain 5: Education</b>		<b>Rating Range</b>	<b>Score</b>
5.1.1	Formally Structured Activities	1-5	5
5.1.2	Receiving Informal Support	1-5	5
5.1.3	Providing Informal Support	1-5	5
5.2.1	Formal Skills Practice	1-5	5
5.2.2	Job Readiness Activities	1-5	4
<b>Domain 6: Advocacy</b>		<b>Rating Range</b>	<b>Score</b>
6.1.1	Formal Self Advocacy	1-5	5
6.1.2	Peer Advocacy	1-5	5
6.2.1	Outreach to Participants	1-5	3
<b>Total Score</b>		<b>200</b>	
<b>Total Possible Score</b>		<b>208</b>	