

**CONSUMER OPERATED SERVICES (COS)
FIDELITY REPORT**

Date: April 29, 2021

To: Suzanne Legander, Executive Director

From: Karen Voyer-Caravona, MA, LMSW
Annette Robertson, LMSW
AHCCCS Fidelity Reviewers

Method

On March 29 – 30, 2021, Karen Voyer-Caravona 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 the Central Region of Arizona.

S.T.A.R. was formed when four individuals discharged from an inpatient setting began providing support, education, and companionship to others who had previously experienced inpatient psychiatric treatment. 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. (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. A conference center is also located at the Central location. In addition to recovery-oriented peer support, services and activities available include: counseling, pre-employment education and impact on benefits, Fun Bunch, Young Adults Program, a Life Skills and Culinary Arts program, peer Discharge Care Coordination program, physical health and wellness, and veterans support. Because members served can attend any of the S.T.A.R. Centers in order to take advantage of programs that best meet their needs and preferences, this fidelity review will focus on the centers as a whole.

March 11, 2020 the Governor of Arizona made a Declaration of Emergency and an Executive Order in response to the pandemic, Coronavirus 2019 (COVID-19). Among others, recommendations were made to practice social distancing of six feet to avoid spreading the disease as well as limiting gathering of groups of more than ten people. This review was conducted during the pandemic and adjustments were made to the review process to observe the Governor's requests and to reduce burden on providers, including: reducing the sample size of member records reviewed, conducting staff and member interviews telephonically or videoconferencing, remote access to provider electronic health records when available, and other adjustments as needed to be in compliance with the guidance.

The reviewers were told that early in 2020, before the official declaration of the public health emergency, the Leadership team anticipated conditions that might result in stay-at-home orders, service reductions, and overall disruptions in daily life that could have an adverse impact of members physical and behavioral health, as well as connection to resources and social supports. Staff also acknowledged uncertainty about the

ability to S.T.A.R. to continue operations and serve program members. Staff determined quickly the need to operate remotely; a HIPPA compliant video conferencing platform was purchased and the process of readying both staff and members for that likelihood commenced. Staff went through the program's active roster to identify members' needs and resources, including technical ones such as access to the internet. After the shutdown, S.T.A.R. worked to fill in gaps created by clinic closures, outreaching members by phone and home visits to address isolation and basic needs; the culinary team put together resource boxes for members which included food, hygiene items, clothing and other items to over 1200 member from solicited donations. Staff said that this continues. S.T.A.R. reopened on August 31, 2020 with contingency plans in place. Staff said that member and staff safety was of paramount importance; no more than 25 people could be at a center at a time and screening procedures were implemented that included health questionnaires, temperature checks, and onsite antigen (and later nasal swab) testing. Groups, activities, and meetings resumed in-person, combined with a virtual platform and telephone so that members who were unable or uncomfortable coming into the center could still maintain a connection to the center and each other. The program now operates seven day a week, by remote means only on the weekends. More recently, the program was approved to become a Covid-19 testing site and at the time of the review had administered over 2000 vaccinations to members, peers from other consumer operated service programs, behavioral health staff, and members of the general public. In addition to usual outreach strategies to keep members informed and engaged, S.T.A.R. uses the program's social media page to post events, schedule changes, and other important information.⁵

The individuals served through this agency are referred to as "members". 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.

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

- video tour and PowerPoint of the center's East, West, and Central facilities;
- group interview with agency Chief Executive Officer, Area Manager, and Manager of Special Programs;
- group interview with six supervisory staff;
- group interview with six nonsupervisory staff;
- group interview with six participating program members;
- review of the center's key documentation, including organizational documents, Articles of Incorporation, policies, annual reports, training materials, job descriptions, monthly activity calendars, minutes from Board of Directors and member meetings; program fliers, etc.; and
- review of agency 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:

- Planning and implementation: S.T.A.R. anticipated that the evolving public health emergency would render full in-person peer-support and recovery-oriented services no longer possible. Ultimately, through training and the provision of resources and technical support delivery of services and activities resumed using a virtual platform and, later, a “hybrid” of both in-person and remote groups, services and activities. Members interviewed praised the program for providing them with solutions to keep them connected to the program and each other.
- Outreach: S.T.A.R. committed to member outreach to keep members connected to each other and the program and to fill the gaps created when provider clinics temporarily limited hours and services due to the public health emergency. Staff outreached members on the roster by multiple means, including by phone, home visit, and the program’s social media. Member needs were assessed, and resources obtained. The CEO began meeting with members weekly via the hybrid format to share updates and new information about the program, services, public health guidance, answer questions, and gather member input.

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

- Accessibility to persons with a range of disabilities: S.T.A.R. should continue efforts to improve accessibility of the program to people with a range of disabilities. Though some accessibility issues such as the physical layout of a building interior cannot be feasibly altered in the near term, focus on small changes and enhancements than can be made.
- Consciousness raising: Through skill training and mentoring, encourage members to see themselves as valuable contributors to a larger peer community outside of S.T.A.R. Encourage ownership of social media content to engage, inform, and inspire peers, and their friends and family, outside of S.T.A.R. Train and mentor members in using their individual and collective voices to educate community decision makers on the peer perspective, the diversity of recovery experiences, and the ways in which policy decisions support and undermine recovery.

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	<p>Per interview with leadership, the agency currently has a Board of Directors consisting of nine members, all but one self-identify as peers (89%). The one who does not self-identify is a family member of a person with lived experience. Membership from each of the three S.T.A.R. Centers appoints a Board Liaison to serve on the Board. Additionally, the Board’s four officers all self-identify as persons with lived psychiatric experience, and two of the officers are Board Liaisons.</p> <p>The reviewers were told that S.T.A.R. recruits from a diverse business and industry network, including banking and finance, legal, and healthcare. The ability to self-identify as a person with lived experience is prioritized.</p> <p>Since the beginning of the public health emergency, the Board adjusted scheduled meetings from every other month to quarterly. Leadership reported that the focus of the Board since that time has been sustaining the agency and supporting membership and staff through the public health emergency. One leadership staff reported that Board members have been more visible at S.T.A.R., including visiting the agency sponsored vaccine clinic; providing in kind donations of personal protective equipment, as well hygiene products and clothing items; and engaging in advocacy efforts.</p>	<ul style="list-style-type: none"> Ideally, at least 90% of Board members (and 100% of officers) are people with direct lived experience of recovery.

1.1.2	Consumer Staff	1-5 5	Leadership reported approximately 78 staff, all but one or two of whom are people with lived experience. Of those without direct lived experience, they are family members of people with lived experienced. All members of agency leadership identify as peers.	
1.1.3	Hiring Decisions	1-4 4	<p>People with lived experience at S.T.A.R. are responsible for all hiring decisions. The agency reports following standard human resources practice for hiring and salary negotiation according to the education and experience relevant to the position. The reviewers were told that direct lived experience of recovery is required for most positions and written into agency bylaws. Job descriptions provided to reviewers identified the requirement of self-identifying as a peer or have/had a history of mental/behavioral health or substance use/abuse diagnosis. Leadership staff said that candidates are specifically asked if they self-identify as peers.</p> <p>It was reported that S.T.A.R. members serve on interview panels, which make hiring recommendations. General membership also has an opportunity to interact with and assess candidates regarding their observed comfort level with membership and fit with agency mission and values.</p>	
1.1.4	Budget Control	1-4 4	The S.T.A.R. budget is under peer control, and members have an active role in determining budget priorities for the fiscal year. Numerous opportunities exist for members to rank budget priorities, from the highest to lowest. The budget includes operating costs, which are fairly fixed, and member wants and unmet needs, including programming. Staff said that spending must reflect the agency’s mission, vision, and values. Members submit requested budget priorities to	

			<p>suggestion boxes, at center member council meetings, in open discussion during program groups, and directly to individual staff members and Board Liaisons. After members and staff discuss the requests, a priority list is submitted to leadership for review. Member councils from each center also work with members to discuss priorities versus costs within a given budget. The Board reviews that budget and make recommendations. If unmet needs are identified, staff and the Board can ask the CEO and Leadership to seek additional funding.</p>	
1.1.5	Volunteer Opportunities	1-5 5	<p>S.T.A.R. provides members with numerous opportunities to volunteer within the agency, including general cleaning, organizing donations, co-facilitating groups, orienting new members, providing agency tours to guests, and serving on boards and committees. Members interviewed confirmed that they have regularly volunteer with the running of the center, most often through the completion of daily “chores” through which they earn S.T.A.R. dollars which are transferable for program benefits such as the food share program, warm meals (due to the public health emergency warm meals have been replaced by boxes meals), the clothes and the hygiene closets, and outings. Members can also become paid staff.</p> <p>Opportunities for community-based volunteerism, which members reported highly valuing, have diminished due to the public health emergency. More recently, however, members have volunteered at the agency’s vaccine site, located within the S.T.A.R. Central Conference Center, setting up the area and educating the public about agency programming during arts and craft sales.</p>	
1.2 Participant Responsiveness				

1.2.1	Planning Input	1-5 5	<p>Staff and members interviewed described both formal and informal opportunities for planning and input. Planning input can occur for members at any level, from one-on-one conversations with Recovery Support Specialists, in monthly member meetings, and through service on the Member Council and the BOD. Members can submit input in written form in the daily log, the quarterly satisfaction survey, the centers' suggestion boxes, and the program's social media page. The center also has an <i>Employee Suggestions</i> policy, encouraging staff to contribute ideas for improvement, as well as concerns, with supervisors. Planning decisions may be related to types of groups, future activities, or purchases for the centers and are subject to member vote before presentation to the Board or administration. Matters that pertain to a specific center are voted on by members at that center; those that affect all centers are voted on by all. Members attending virtually can vote at any meeting for which they are logged in.</p> <p>Since the public health emergency, members can attend groups, activities, and member meetings over video conference or by phone and provide input. Likewise, the CEO instituted a weekly virtual forum called CEO Chat, where members can give comments directly to the CEO. Several members interviewed expressed enthusiasm for the CEO Chat and the opportunities presented to members to have video conferencing as an additional means for participating when they are unable to be physically present at a center.</p>	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	S.T.A.R. has a written grievance policy which is provided within the member handbook and explained to members at the time of intake. The grievance policy is posted in each of the centers.	

			<p>Complaint procedures are written in English and in Spanish. Staff can and do assist members in filing grievances. Members who are dissatisfied with the outcomes of complaints can take their grievances to the Regional Behavioral Health Authority, their health plan, or Arizona Health Care Cost Containment System's (AHCCCS) Office of Individual and Family Affairs. Staff and members interviewed reported that the program has an open-door policy. Members can express concerns or dissatisfaction in one-on-one meetings with RSSs or program administrators, including the CEO. Staff said that the Corporate Compliance Officer, who is not directly involved in the center, can also be called in to hear complaints as a neutral party. Members can also make complaints in groups, at member meetings, during the CEO Chat, through the suggestion box, and quarterly satisfaction survey and outcomes report. The program also has a Whistle Blower Line.</p>	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	<p>Staff told the reviewers that since the public health emergency, the agency has maintained regular interactions with clinics via email, phone calls, and staffings over a virtual platform. The reviewers were told that the agency has sought to fill in the gaps associated with the public health emergency (i.e., reduced clinic hours, loss of staff, discontinuation of home visits or in-person groups), in meeting member needs, by making home visits for wellness checks and providing resources. Staff report that clinics value the Discharge Care Coordination program for reducing inpatient re-admissions. Staff said that early in the public health emergency S.T.A.R. initiated contacts due to clinic staff. However, with the availability of vaccines, clinic staff are more</p>	

			<p>available. Staff said they welcome clinic staff to tour the agency with potential members as well as visit members there during the day. Staff said that they are now collaborating with Terros Health and Valley Wise Health on projects, and participate in the Arizona Council for Behavioral Health, and attend planning meetings with Banner Urgent Care Centers and Urgent Psychiatric Care as well as provide some services to the Arizona Women’s Recovery Center.</p> <p>Staff also reported that Health Current, an integrated electronic records system, has provided staff access information on member status if they are unable to locate them.</p>	
1.3.2	Linkage with Other COSPs	1-5 5	<p>Staff said that S.T.A.R. engages with other COSs in a variety of ways including, at the member level through the Discharge Care Coordination program and Fun Bunch activities. Staff said that, across the Central region, members can affiliate with more than one COS. The agency has collaborated with other COSs and advocacy organizations, including Recovery Empowerment Network (REN), National Alliance on Mental Illness (NAMI), and Ability 360, to invite their members and staff to come in for vaccinations at the vaccine site. Leadership reported that various peer and family run organizations, including various peer runs programs in Tucson, Flagstaff, and Sierra Vista, call each other for support and ideas.</p>	
1.3.3	Linkage with Other Service Agencies	1-5 5	<p>S.T.A.R. reported numerous linkages with other community public and service agencies including City of Avondale, St. Vincent de Paul, St. Mary’s, Valley Metro, and Arizona State University. Staff reported that S.T.A.R. has been placing an increased emphasis on housing and resources that alleviate homelessness in the SMI community, including partnerships with UMOM (United</p>	

			Methodist Outreach Ministries) New Day Centers and numerous group homes.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 4	<p>S.T.A.R. has three locations in the Valley: the S.T.A.R. West in Avondale, S.T.A.R. East in Mesa, and S.T.A.R. Central in Central Phoenix. All are located in population clusters, although S.T.A.R. Central is likely to enjoy the greatest population density.</p> <p>As result of S.T.A.R.'s planning and implementation of virtual technology, staff reported that the program's reach expanded to those who otherwise were not being served, including those who have difficulty getting to a center due to geographical or other transportation barriers. Members interviewed expressed enthusiasm for the option to remain connected to and participate remotely in S.T.A.R. activities. One member reported attending groups remotely while visiting another state and was appreciative of the opportunity to stay connected to peers.</p>	
2.1.2	Access	1-5 5	The Central and East locations are served by Valley Metro bus and light rail. Bus access to the West location is supplemented by the Valley Metro Avondale Zoom circulator. Recent public improvements to that area include new sidewalks and traffic calming infrastructure for a safer, more comfortable experience for those arriving by bus, bicycle, motorized scooter, or by foot. The agency continues to provide transportation to the centers by wheelchair accessible vans, and since the last review has increased the travel radius from ten miles to 15 miles from centers. Ample parking is	

			available at the East and Central locations but more limited at S.T.A.R. West.	
2.1.3	Hours	1-5 5	S.T.A.R. provides services and supports seven-days a week, although in-person services at the center have been reduced to weekdays due to the decreased interest or ability for many members to come to the center during to the public health emergency. All centers are open Monday through Friday from 7:30am – 4pm. Weekend services are provided each week, including on Saturday and Sunday, from 8:30am – 2:30pm via videoconference. In person Saturday gatherings occur about once a month as a special event such as a recent Saturday member art sale at Central S.T.A.R. or an outing. The program also offers after hours activities through Fun Bunch approximately three times monthly during the week from 4pm – 6pm. The Young Adult Program meets at least monthly, depending on the availability of outings. Both of those opportunities have limited capacity and are first/come first served by signup list.	<ul style="list-style-type: none"> As public health guidance allows and member confidence and comfort with in-person services allows consider options for increasing in person hours. This may be of relevance to formal skill practice and job readiness activities.
2.1.4	Cost	1-5 5	<p>Staff reported that there are no costs associated with S.T.A.R. participation to members enrolled in Arizona Medicaid/AHCCCS. Staff said that for those with a private health plan, peer services are not always contracted for, so the agency sets up an affordable payment agreement, which may be, for very low-income members, an agreement to exchange volunteer work for a fee. Staff reported that currently no S.T.A.R. members are under this arrangement.</p> <p>S.T.A.R. employs a token economy, S.T.A.R. dollars, which members earn through participation in groups and chores. S.T.A.R. dollars cover purchases made in the food share and</p>	

			clothes closet, access to the laundry facility, and outings/other activity fees.	
2.1.5	Accessibility	1-4 3	<p>The Central location is the most physically accessible building with wide hallways and an elevator that easily accommodate wheelchairs and electronic scooters. All of the centers have accessible bathroom facilities and doorways, ramps, and adaptations to maximize participation by people with mobility challenges. Some accessibility improvements can be imagined at the East location due to the narrow hallways going from the reception area to the dining area that might be difficult for people using wheelchairs or walkers to navigate at times. The West Center has press handles on doors, chimes in the restrooms to alert staff in case of an emergency and canopies to shield members from the sun when outdoors. It was reported that the centers have access to telephonic assistance for members who are deaf or hard of hearing but have not had to use it; staff said a staff member at the East location can provide sign language interpretation. Each center has computers available with large size type for member who are visually impaired. Each of the centers has wheelchair accessible vans; staff said that due public health guidance, the vans, which are designed to transport up to nine members, now transport up to four.</p> <p>Although, restrictions associated with the public health emergency were officially lifted at the time of the review, agency staff said that the program continues to follow public health guidance provided by the Centers for Disease Control and limit the numbers of individuals given physical access to all the centers at any one time. Members who pass a screening each day were</p>	<ul style="list-style-type: none"> S.T.A.R. may have limited ability to resolve the interior layout of the East location but should consider options for improvements in its long-range planning efforts. In the meantime, training staff and members to consistently follow one-way directional markings could improve the flow of traffic.

			able to enter. However, staff said that since most members were not yet comfortable with in-person meeting. Members and staff agree that instituting a video conference platform and providing some members with tablets, and training in using the technology, has increased member access to services and supports.	
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 5	Staff and members interviewed stated participation at S.T.A.R. is encouraged but not required. All interviewees were clear that the program is a place to pass the time, but is recovery focused and that members are given the freedom to engage at their own pace. Members are invited to attend groups that may speak to the goals and recovery vision they identified during the creation of their S.T.A.R. service plan. Staff and members reported that members have repeatedly voted to continue a program requirement of one group/one chore to receive a prepared meal at mid-day. Members who elect to stay for the entire day are expected to attend two groups and complete two chores in order to receive both the mid and end of day meal. If a member chooses not to participate or assist in chores, they will be provided a sandwich. Staff said that if a member continually declines groups staff engage to gather more information and clarify with the member their goals and what is meaningful to them. Members interviewed did not view chores as burdensome but as a positive experience in contributing.	
2.2.2	Program Rules	1-5 5	Staff and members interviewed described program rules in terms of community agreements governing behavior. Staff also provide discrete reminders when program rules are violated and intervention, when needed, to redirect them to	

			<p>more appropriate choices. Staff said rules also have a trauma informed perspective, attend to emotional and physical safety, and are recovery focused. All members interviewed expressed feeling safe at the agency and confident in staff and each other in maintaining safety. Members said that the agency has a disruption policy to address violations of rules and behavioral expectations, and that the policy helps hold them accountable. During the intake process, members are informed of the policy that escalates with each disruption and sign in consent.</p> <p>Members and staff agreed that rules are created and voted upon by members. Staff said that some rules are specific to a center, while others apply to all programs. Rules are posted throughout the centers, in group rooms, and in the member handbook. Members police themselves and each other, using reminders and encouragement. Members can seek out staff to address violations of rules if they are not comfortable addressing the issue.</p>	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 4	<p>Although reviewers did not visit each site due to the public health emergency, the video provided displayed physical environments at the three centers in good condition, with attention to member comfort and dignity. Physical improvements have been made over the course of several years to the West and East centers to increase the attractiveness of the surroundings, accommodate activities and groups, and improve accessibility. Although the hallways at the S.T.A.R. East are long and narrow, space has been reconfigured in some areas to easily make room for people getting around with walkers or by</p>	

			wheelchair. Traffic flow arrows have been placed on the floors and the arrangement of table and chairs allow for social distancing. The Central location was specifically designed for those needs and has a generous amount of square footage to provide for flexibility for special events such as holiday parties, socials, and special programming requiring ample space. All centers have designated space for exercise, recreational activities, art making, and patios and gardens that are private to members.	
2.3.2	Social Environment	1-5 5	Members interviewed described a social environment that was warm, friendly, and welcoming. Some members shared personal experiences of marginalization but since joining S.T.A.R. have found emotional safety with peers, both members and staff, with whom they share trust and relate to them from a place of nonjudgment and respect. No obvious distinctions between staff and member areas could be detected in interviews between staff and members.	
2.3.3	Sense of Community	1-4 4	Members repeatedly described the S.T.A.R. community as “like family”. Several members told the reviewers of previous patterns of isolating themselves but found fellowship and a sense of belonging at S.T.A.R. When new members join S.T.A.R., existing members are asked to help bring them in by orienting them to the centers and introducing them to their peers and staff. Members said that the friendships they have formed at S.T.A.R. carry over outside the centers. Members said they are encouraged to exchange contact information for not only support but to share social time, recreation, and interests. Some members interviewed reported that the program had helped reduce the psychological isolation created by the social stigma against mental illness	

			and also the physical isolation of the public health emergency. Staff and members interviewed said that virtual programming options have been well received in helping members maintain connection.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 4	S.T.A.R. does not impose timeframes for participation. When goals are achieved, members are encouraged to explore and work toward new goals because recovery is seen as nonlinear, a continual and evolving process rather than an end to itself. The reviewers were told that member participation in S.T.A.R. occurs at the schedule that suits their need for support and connection as long as they have at least one contact in 6 months. Renewing memberships can happen easily at any time.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 4	Staff told reviewers that self-disclosure is an agreed upon expectation of employment at S.T.A.R. and should occur for the benefit of member recovery. Members interviewed affirmed this and expressed feeling more trust and connection with staff who understand and relate to their struggles. Members and staff reported that self-disclosure occurs between members, and members to staff. Interviewees described self-disclosure as helping reduce shame and stigma associated with SMI. Several staff shared that their efforts to help members strengthens their own recovery.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 4	Most members interviewed reported the experience of helping other program participants. Members and staff interviewed value the	

			<p>experience of helping and supporting others. Some members shared the desire to see others not yet engaged in peer support to experience it as well. Members described providing assistance in the form of guidance to new members, reminders of program rules governing behavior, support in crisis, assistance with learning a new language, or overcoming barriers created by mobility limitations. One member said that they learn to be helpers by watching other helpers.</p>	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 5	<p>All interviewees reported that participation in S.T.A.R. has helped them feel more empowered and have a sense of purpose and control over their lives. Members described making positive changes since their participation in S.T.A.R., such as repairing family relationships, turning a newly discovered talent into a money-making opportunity, and learning how to live a life of abundance on a small budget. Staff members also reported a sense of personal empowerment from employment at S.T.A.R. One staff said the experience of working at S.T.A.R. has resulted in making more thoughtful decisions as opposed to reacting in the moment.</p>	
3.3.2	Personal Accountability	1-5 5	<p>Members at S.T.A.R. are encouraged to make their own choices, be they determining recovery goals and groups to attend, attending in person or remotely, or whether or not to be vaccinated against the corona virus. S.T.A.R. dollars are seen as a form of accountability to the self and for the running of the peer community. Members reported no external pressure to accept advice or recommendations. Program rules are member driven and designed to govern interpersonal conduct and behavior that promote physical and emotional safety and recovery.</p>	

			When violations occur, members are first held accountable to the rules with reminders and support. Members can be asked to leave the center if they violate <i>Disruption Policy</i> ; suspensions can last anywhere from one day to six months depending on the nature of the violation.	
3.3.3	Group Empowerment	1-4 4	<p>Members expressed pride in being a part of the S.T.A.R. community and enthusiasm for the program’s potential to allow peers in more distant locations to experience recovery through the continued use of virtual platforms.</p> <p>Staff interviewed described a focus in the last year on the public health emergency and the health and welfare of the peer community, inside and outside of S.T.A.R. Staff related to the reviewers their efforts to anticipate member needs even before the public health emergency was declared, planning and implementing to provide support, keep members engaged in recovery and with each other, and to pivot in response to changing circumstances. The agency supported not only the health and safety of S.T.A.R. membership during public health emergency but also won approval for S.T.A.R. Central as a vaccination site. In addition to assisting members who wanted vaccinations in obtaining them, S.T.A.R. invited members and staff from other peer runs and provider clinics to register there for shots. S.T.A.R. staff said that peer access to vaccines has helped them experience greater comfort venturing out and participating in the community and in recovery services.</p>	
3.4 Choice				
3.4	Choice	1-5	S.T.A.R. provides members numerous opportunities to exercise choice, including the	

		5	<p>types of groups and activities in which to engage, at what frequency, and whether to attend in person or remotely. Calendars are available throughout the centers: in flier format to take home, posted on the agency website, and on social media to help members decide how and when to participate. Members are encouraged to set their own goals and define recovery for themselves.</p> <p>Participation in recovery-oriented activities is encouraged rather than required. Members are incentivized to participate through the one group/one chore expectation to receive a prepared meal but if they choose not to participate on any given day will still be given a peanut butter sandwich rather than go without.</p> <p>All programming at S.T.A.R. is derived from member input and vote. Programming changes weekly to accommodate a range of expressed interests and unmet needs. Members can go to any center where they find the programming that most interests them.</p>	
3.5 Recovery				
3.5	Recovery	1-4 4	<p>Recovery at S.T.A.R. was described by members as a whole person experience and belonging. One member said recovery was about being able to function day to day, regardless of diagnosis. Staff told the reviewers that recovery at S.T.A.R. is individually defined, a continual process, and growth oriented, such that completion of one goal often leads to the discovery of new goals. Staff discussed the nonlinear nature of recovery; with room left for setbacks, and opportunities for new learning to arise. Recovery encourages each member to reach for the next thing.</p>	

3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 4	<p>Spirituality at S.T.A.R., like recovery, is individually defined, and a source of meaning, purpose, and hope. One member said spirituality is focused on awareness of self and what is greater than the self. Members interviewed reported feeling comfortable exploring their spirituality at S.T.A.R. and sharing those experiences with others. Members reported numerous opportunities to explore their spirituality in groups such as Spirituality Group, art groups, coping skills groups, and through mediative practices offered at S.T.A.R. such as guided visual imagery. Staff reported that spirituality is also addressed in 12-step group and the sharing of individual stories.</p> <p>Recovery at S.T.A.R. avoids a focus on formal religious practice and proselytizing but the program is nonjudgmental and accepting of a diversity of belief systems. Staff said that the program makes room for and respects the needs of members who follow an organized religion. For example, some members have been provided private space for daily prayer.</p>	
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 5	S.T.A.R. is built around peer support. Numerous options for formal peer support exist through both scheduled one on one time between staff and members, and in groups such as Coping Skills, Addiction Recovery, and the daily Morning Check-in. Most groups are offered concurrently in person and over video conference/telephonically, referred to on the member calendar as “hybrid”.	
4.1.2	Informal Peer Support	1-4	Staff and members interviewed reported that informal peer support occurs throughout the day	

		4	at every center. Informal peer support may occur individually or in small groups, over a meal, in the smoking area, or during outings. Members interviewed all reported benefitting from informal peer support, as well as providing it. Members said they are encouraged to reach out to one another outside the center and after hours for peer support. Staff will also outreach to provide peer support when a member has been out of contact. Staff said that in one instance, they learned the member was hospitalized and peer support was provided by members.	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 5	Formal and informal peer support often involves the sharing of personal stories of struggle and recovery. Members have numerous opportunities to share stories. This often occurs spontaneously during groups or between individuals when a member feels moved to share. Groups in which this may happen include Art Therapy, Managing Anxiety, and Recovery Pathways. Members agreed that staff regularly share stories of challenge and recovery and that this process builds trust, credibility, and helps members feel understood.	
4.2.1	Artistic Expression	1-5 5	Artistic expression at S.T.A.R. is seen as a vehicle for telling stories, expressing feelings, and spiritual connection. All three centers have spacious art rooms for flat and three-dimensional art making, including ceramics and other crafts. One member interviewed described personal experience with art making in recovery and how art added greater purpose to the member's participation at S.T.A.R. Members reported that for those that cannot make it to the center and attend the art group remotely, staff will bring project materials to members at their home.	

			<p>Several members expressed pride in art and craft making and reported recently displaying it to the community at the S.T.A.R. vaccine site, as well as selling to fundraise and earn personal income. This was found in evidence on the agency’s social media page. In addition, other opportunities for creative expression include jewelry making, music making is encouraged for relaxation, recreation and to share with others, as well as journaling, and writing poetry. A video tour created by staff for the reviewers showed member art displayed in art rooms and throughout the center.</p>	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 3	<p>Staff reported that they keep members apprised of issues, including updates from state legislature, affecting the larger peer community by posting information on bulletin boards in all the centers, during announcements in groups and at member meetings, and directly from the CEO during the weekly CEO Chat. Staff said that members are encouraged to reach out to elected officials with their concerns.</p> <p>Staff and members interviewed described holding art sales at the Central location as an opportunity to raise awareness about the peer community and recovery. Additionally, the staff described the program’s efforts to ensure access to vaccination to the larger peer community by inviting behavioral health clinics and other peer run organizations to come to the S.T.A.R. vaccination site. These activities appear to be heavily promoted over the program’s social media page via streaming video and static posts. A review of the program social media page indicates that S.T.A.R. not only uses the platform to keep members informed about activities and events at</p>	<ul style="list-style-type: none"> • Encourage and mentor greater member ownership of the program’s social media as a platform for peer empowerment and advocacy, as well sharing information about serious mental illness and recovery with the larger community. Posted content could include posts about new resources or events, sharing of news stories legislation or government policies/programs pertinent to the peer community, or interviews with peers whose achievements actively challenge stigma often associated with serious mental illness. • Encourage members’ confidence in contributing to the larger peer community beyond S.T.A.R. Mentor members to explore issues that matter to 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 common to the peer community yet resonate with the larger public. Participation in Toastmasters, letter writing campaigns, or small groups of individual members giving public comment at city council meetings are all opportunities for members to make their voices

			the center, but as a means of sharing how S.T.A.R. contributed to responding to the public health emergency. In addition, some posted video provided members and staff an opportunity to demonstrate recovery in action. Content appeared staff created.	heard outside the S.T.A.R. community.
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 4	<p>The reviewers were provided agency policy and procedures which included crisis intervention procedures. Staff described the procedures to the reviewers and those appeared consistent with member report. Staff reported an emphasis on physical and emotional safety at the centers, as well as the importance of a trauma informed approach. Staff have been provided trainings in mental health first aid, ASIST (Applied Suicide Intervention Skills Training), and trauma informed care. Staff said that the centers' counselors are available for one-on-one sessions if members need this level of support, and staff will also contact case managers and clinical teams for coordination of care. Staff said they have transported members in crisis to inpatient facilities for evaluation. If members are at home, staff said they are encouraged to follow up with their clinical team, use the crisis line; one staff reported calling 911 when a member called in and acknowledged self-harm. The Discharge Care Coordination program also provides support to assist members to avoid readmittance to inpatient psychiatric hospitals.</p> <p>Numerous groups are offered to help members manage symptoms and thoughts that can contribute to overwhelm and crisis. Staff and members identified groups with curriculum such as Wellness Recovery Action Planning (WRAP),</p>	

			<p>Automatic Negative Thoughts Skills (ANTS), Well-Being group and Boundaries group for formal crisis prevention. In keeping with the program’s trauma informed approach, staff said that the groups are individualized and more personalized for awareness of cultural diversity and inclusion.</p> <p>Staff reported that the Discharge Care Coordination (DCC) team provides some after-hours support and encourages members to call the warm line. DCC staff can also send private messages back and forth with members in need to support through the social media platform.</p>	
4.4.2	Informal Crisis Prevention	1-4 4	<p>Informal crisis prevention occurs regularly as members and staff check in with each other for support and encouragement. Members and staff reported that this occurs throughout the day, most often in encounters that are member to member or staff to member. Members are encouraged to reach out to one another outside of S.T.A.R. as well, to exchange phone numbers and other contact information. Members share stories of recovery, resources, and urge other members to seek out staff if they think a member needs more attention. Members interviewed described how staff recognized the member’s heightened need for support at time of significant loss and intervened to help him avoid escalation into crisis.</p> <p>Staff said that though some question existed early in the public health emergency about whether members would embrace virtual delivery of peer support, the video conference option has reduced members’ sense of isolation during the shutdown and periods of quarantine.</p>	
4.5 Peer Mentoring and Teaching				

4.5	Peer Mentoring and Teaching	1-4 4	All staff and members interviewed have experience of being a mentor and mentoring. Members discussed learning through watching and interacting with each other. Both staff and members related to leading by example, with prompts, reminders, and encouragement.	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 5	Staff reported nearly all groups and activities are designed to promote problem-solving to encourage independent daily living and community integration. Groups identified by members and listed on the most recent calendars include: How to Set Healthy Boundaries, Practicing Self Care, How to Self-Advocate, and Coping Skills. Staff reported that of the 1700 S.T.A.R. members across the three centers, between 1200 – 1400 are active participants and that 100% have participated in formal problem-solving programming.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	Members reported receiving informal support in problem-solving on regular basis, from staff and other members. All interviewees described this a core activity at S.T.A.R. that occurs throughout the day and all reported being the recipients of informal problem-solving from peers or staff. Members said informal problem-solving is not a directive but framed as “this is what I did in that situation”, encouragement, or guidance to how to access a resource. One member interviewed cited assistance in learning English as an example of informal problem solving provided by peers. Staff said that virtually all members receive informal problem-solving support at S.T.A.R. from each other and staff.	

5.1.3	Providing Informal Problem-Solving Support	1-5 5	All members expressed pride in being able to assist one another in problem solving. One member interviewed discussed the pride felt when able to recognize distress in another and respond helpfully to encourage effective coping. Staff said that provision of informal peer support is nearly universal and occurs regularly in the centers, especially in one-on-one situations, member to member and staff to members. Staff said informal problem solving often occurs in unplanned, coincidental ways such as during groups and outings as members help each other reconnect with socially appropriate behavior and communication. The reviewers observed this during the interview when members assisted another member with unfamiliar terminology. The same member who was helped also described aiding peers within their immigrant community by providing English/Arabic translation.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Skills Practice	1-5 5	Staff reported that members experience formal skills practice at S.T.A.R. in a variety of formats: nutrition and cooking classes, Communication and Reading Skills group; Building Confidence group, and Improving Communication group. Skills practice also occurs when members participate in doing daily chores.	
5.2.2	Job Readiness Activities	1-5 4	S.T.A.R. provides job readiness activities at the Life Skills Center and Culinary Arts program where members can receive assistance with resume and job search assistance; basic computer skills, cooking and food handlers training, assistance with GED, budgeting, and use of public transportation; and certifications such as Peer Support, CPR and First Aid. Since the public health emergency, some activities in CAP (catering for example) have been curtailed and centers are no	<ul style="list-style-type: none"> • Following public health guidance, continue to explore opportunities to engage members in job readiness activities, with the goal to increase participation to 75 - 100%.

			longer serving hot meals, but members participating in CAP are still preparing cold box meals for the centers' daily meals. In addition, the need for virtual service delivery resulted in members being trained in using a video conference platform and other remote platforms that are increasingly in use at many jobs. Staff said that between 65 - 70% of 37 members earning Peer Support Certification were subsequently hired in the community.	
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 5	Formal self-advocacy activities can be found in numerous group offerings at S.T.A.R. including: Positive Affirmations, Your Inner Critic, Communications Skills, Anger Management, Managing Anxiety, and Building Self-confidence. Members interviewed spoke positively about their ability to self-advocate, receiving support and encouragement that empowered them. One member shared how the ANTs (Automatic Negative Thoughts) group had provided skills in learning how to cognitively overcome negative thinking which prevented assertive behavior. Staff said that formal self-advocacy skills training is often one-on-one between staff and members. One staff member recalled supporting a member in talking to a Case Manager about a concern on the phone. Follow up support was provided in the form of coaching and walking through questions for the Case Manager. Staff said that nearly all active members are engaged in some level of formal self-advocacy activities.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5	All staff and members interviewed described themselves as committed to helping others in the	

		5	peer community, especially in spreading the message that recovery is possible and defined by the individual. Several staff and members shared that their desire to reach others in need of recovery was a key feature of their own recovery. Nearly all members interviewed agreed that the hybrid nature of groups and meetings at S.T.A.R. was an opportunity to expand the reach of recovery services.	
6.2.1	Outreach to Participants	1 – 5 5	Staff reported that in the preceding 12 months, much of the outreach to members has been developing ways to spare them the impacts of the public health emergency, especially those related to deleterious effects of physical and emotional isolation on behavioral health. Staff reported outreaching all members to determine their access to and comfort level with technology for the likelihood of remote participation, including internet, how to pay for it, and training staff and members in its use. Staff said safety and security around the COVID19 virus were also essential issues to prepare for and communicate to members. Staff said that outreach also was used to fill in gaps created as behavioral health clinics adjusted to the new public health guidance, conducting more phone calls, email, and home visits to check on member needs and well-being. A review of the agency website and social media shows that posting of calendars and agency events, as well as instruction on new protocols for coming to the centers (i.e., questionnaires, temperature checks, antibody/covid testing) as well as information about health and wellness resources available at the centers and screening for the virus. Members interviewed said that staff call to the check in on them. Members are encouraged to reach out to other members who they have not seen in a while. Efforts now appear	

			<p>to be focused on helping members who want the vaccine and/or provide them with the information necessary to decide whether to receive it. As stated throughout this report a video conference and telephone have been used for “hybrid” participation, with members participating both live, in the centers, and remotely in groups, member meetings, the CEO chat, and other programming. All staff and members interviewed reported that the virtual platform has been critical in maintaining connection to members who cannot or do not feel comfortable in leaving their homes due to the public health emergency and expanding S.T.A.R.’s reach to those with geographic and transportation barriers. Staff described how one member’s remote participate in S.T.A.R. activities served to resolve anxiety about coming to attend in-person activities when the member saw how well public health guidance was being followed at the center.</p>	
--	--	--	---	--

FACIT SCORE SHEET

Domain	Rating Range	Score
Domain 1: Structure		
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
Domain 2: Environment		
2.1.1 Local Proximity	1-4	4
2.1.2 Access	1-5	5
2.1.3 Hours	1-5	5
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
Domain 3: Belief Systems		Rating Range	Score
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	5
3.5	Recovery	1-4	4
3.6	Spiritual Growth	1-4	4
Domain 4: Peer Support		Rating Range	Score
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	3
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
Domain 5: Education		Rating Range	Score
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
Domain 6: Advocacy		Rating Range	Score
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	5
Total Score		204	
Total Possible Score		208	