

## CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

Date: April 8, 2016

To: Suzann Legander, Chief Executive Officer

From: Georgia Harris, MAEd  
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ADHS Fidelity Reviewers

### **Method**

On March 16, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of Stand Together and Recover Centers, Inc. (S.T.A.R.) East - a Consumer Operated Service Program (COSP). This review is intended to provide specific feedback in the development of your agency's services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

S.T.A.R. has been in operation in Maricopa County, Arizona for over twenty years. In 1987, S.T.A.R began as a support group (S.O.O.N. – Survivors On Our Own) for ex-psychiatric patients of the Arizona State Hospital, later merging with another peer support group (S.E.L.F.F. –Survivors Educating Loving Friends and Family) in 2009, to form the current entity. S.T.A.R. has three locations in the Phoenix area: East, West and Central. In October 2014, S.T.A.R. launched a Life Skills Center in Central Phoenix. This review focuses on the S.T.A.R. East center, located at 1310 West University in Mesa, Arizona.

The individuals served through this agency are referred to as “members”, and for the purpose of this report, and for consistency across fidelity reports, that term will be used. In addition, throughout this COS report, 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:

- Tour of the S.T.A.R. East facility;
- Group interview with the Chief Executive Officer (CEO) and the Chief Clinical Officer (CCO);
- Group interview with the Site Manager (SM) and an Assistant Site Manager (ASM);
- Group Interview with five Recovery Support Specialists (RSS);
- Group Interview with six participating program members; and
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, polices, annual reports, training materials, job descriptions, group and activity calendars, agency website, member handbook, *Daily Member Log*, 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 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:

- Social environment/sense of community: Members interviewed strongly endorse S.T.A.R. East's social environment for and by peers, where they find warm, acceptance, validation, opportunity to make choices and achieve goals. Members report feeling part of a community of family and friends, where they not only fit in but are able to master skills that help them successfully integrate outside of S.T.A.R.
- Personal empowerment and accountability: Members reported that S.T.A.R. East provides them with structure and rules that aid them in being accountable to one another and themselves. Members describe a journey of self-discovery, in which they achieve goals previously thought not possible, restart relationships, return to work, or regain physical health. Staff provides space for members to make their choices based on the belief that members can find their own best solution. Members support each other in this process by offering listening, constructive feedback free of judgment, and empathy that comes from the shared experience of recovery.
- Formal and informal peer support: Members place high value in the quality one-to-one formal peer support and the variety of formal peer support groups provided at S.T.A.R. East. Approximately 12 groups provide scheduled peer support opportunities daily led by certified peer support specialists (Recovery Support Specialists or RSS), with some co-facilitated by members. Staff and members interviewed said members can be found at any time of the day providing one another with informal peer support both one-on-one and in small groups. Staff and members all agree that giving and receiving peer support is integral to their own recovery process.

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

- Consciousness raising: Members appeared to be transmitters of consciousness raising activities within the S.T.A.R. community; it was unclear to what level they participate in consciousness raising outside the agency. As a next step, S.T.A.R. should make efforts to ensure members take an active role in implementing consciousness raising activities in the larger community, possibly through collaborations with other peer run agencies.
- Outreach to participants: S.T.A.R. East makes good efforts to keep members engaged within the center with reminders, prompts and invitations from staff, and posts numerous fliers and calendars for events, activities, and groups. It was not clear the extent to which staff conduct outreach to members with whom they have not had recent communication to keep them engaged other than phone calls to the member and clinical team, or if a written outreach plan is followed. S.T.A.R. should consider expanding outreach efforts to include electronic methods such as email, text message, and social media platforms (including closed and open group) to keep members abreast of activities and to check on their peer support needs.

**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	<p>The S.T.A.R. Board of Directors (BOD), which governs all three S.T.A.R. locations, allows up to 15 board members. The Board has found 12 to be the ideal number of members; currently, the BOD has nine members. Each S.T.A.R. center is represented on the board by one Member Liaison, who is a full-voting member. The Member Liaison is appointed by the members of each center. The other board members are nominated by other board members; the BOD generally makes recommendations based on a particular needed skill-set. All members of the BOD interact with the behavioral health system in some way. Six (67%) members of the board, including the three Members Liaisons, are people with lived experience. Two of the BOD members have children enrolled in the Regional Behavioral Health Authority (RBHA); one BOD member is the former Director of the Arizona Division of Behavioral Health Services.</p> <p>THE BOD advises and makes recommendations on S.T.A.R. policy but has directed the CEO to make the final decision. Members may also suggest policy or changes to policy.</p>	<ul style="list-style-type: none"> <li>It is recommended that S.T.A.R. fill vacant seats of the BOD to attain 90% - 100% of members with lived experience.</li> </ul>
1.1.2	Consumer Staff	1-5  5	<p>As described by staff interviewed 91% of staff are people with a lived experience. According to the S.T.A.R. East Site Manager (SM), 15 staff are assigned to the center: one SM, two Assistant SMs, six full-time RSSs, three part-time RSSs, one</p>	

			<p>Billing Specialist, one Receptionist, and one Cook. The center also employs a Freedom to Work (a Medicaid program for qualified individuals who are working and have a disability) staff member. All but one of the 16 staff are people with lived experience; the one staff is a family member to a person with lived experience. Four staff float among the S.T.A.R. center locations: the Area Manager, the Special Programs Manager, the Young Adult Program Coordinator, and the Life Skills Manager, all of whom are people with lived experience. The CEO describes herself and the CCO as “occasional staff”, and are a person with lived experience and a family member of a person with lived experience, respectively.</p>	
1.1.3	Hiring Decisions	1-4 4	<p>The BOD is responsible for hiring and termination of the CEO position. The CEO has responsibility for hiring of leadership staff positions. At each S.T.A.R. location, Site Managers have responsibility for hiring decisions at the center level, and the Member Liaison is involved in interviewing for open positions at the center. The usual protocol for all centers is for the job candidate to wait for approximately 20 minutes in the lobby before the interview so that center members have the opportunity to interact with the candidate. Members are asked to give their feedback about their impressions of the candidate during their interactions with him or her during that wait time.</p> <p>The CEO has the ultimate responsibility to give final approval of all hires. S.T.A.R. Human Resources staff use standard industry pay scales to determine salary.</p> <p>All S.T.A.R. staff and members interviewed reported that hiring preference is given to people with lived experience, and this is the written</p>	

			<p>policy. According to the CEO, Recovery Support Specialists (RSS) should self-identify as people with lived experience. RSSs should be willing to share their stories of distress and recovery, and this expectation is made clear during the interview process. Only the positions of Cook and HR Manager do not require self-identification, although it is preferred.</p>	
1.1.4	Budget Control	1-4 4	<p>The CEO reports that the budget is peer driven and that members have an active role in its development. Member Councils and staff at each center are asked to identify unmet needs and/or areas that are in need of resources/services. Feedback from members is obtained at members' monthly meetings, the suggestion box and direct report to staff. The Site Manager and Member Council discuss the interests and needs of the members and create a wish list. The wish list is discussed at the member meetings, items are prioritized and dollar amounts attached. These requests are submitted to the finance subcommittee, which prioritizes those items and provides feedback on the available funding to the membership. The CCO may add items deemed necessary. The CEO develops the final budget and presents it to the BOD, who may suggest changes. The BOD ultimately approves the budget.</p> <p>S.T.A.R. authorizes four staff to sign checks: the CCO, the BOD Treasurer, the Corporate Compliance Office and the CEO.</p> <p>The CEO is authorized to sign contracts under \$15,000; larger contractual obligations require BOD authorization.</p>	
1.1.5	Volunteer Opportunities	1-5 5	<p>Staff and members interviewed described numerous volunteer opportunities. On the day of the review, a member took the reviewers on a</p>	

			<p>tour of the S.T.A.R. East center. Members can sign up daily to volunteer to complete chores around the building. Members with food handlers' cards can volunteer to assist in the kitchen. Some members volunteer to perform clerical tasks. One member fixes old vacuum cleaners which they auction off to other members. Others help with the center's community garden. Three members volunteer by co-facilitating groups. Staff and members said volunteering demonstrates pride in membership and the center's culture of giving back to the S.T.A.R. community.</p>	
<b>1.2 Participant Responsiveness</b>				
1.2.1	Planning Input	1-5  5	<p>S.T.A.R. East members have a number of occasions and methods to provide planning input, beginning at the BOD level. Each S.T.A.R. center has its own Member Council, composed of five members, one of whom is the Member Liaison, who also is a voting member of the BOD. The Member Council is appointed by vote of the members of each center. The Member Council convenes monthly right before the monthly member meeting, scheduled at East for the second Thursday of the month.</p> <p>At the center level, members provide feedback and input through several methods. Members can put written feedback in the suggestion box, which is reviewed by the Member Council and discussed at the monthly member meeting. Staff and members interviewed said that they can provide input directly to any staff, from RSS directly to the CEO, or take suggestions to the Member Liaison who will then discuss with the Member Council, which votes on whether or not to bring the matter up to send the suggestion up to the Board. Results of BOD decisions are also</p>	

			<p>reviewed at the member meeting.</p> <p>Group rules are made by members; if a concern arises that a rule may be unrealistic, members vote on it.</p>	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5  5	<p>The center has a written grievance policy that can be found in the Member Handbook as well as posted at various locations within the center, including at the front desk. Members can file grievances with any staff member, including the staff with whom they have a grievance. Members can file grievances with the “Whistle Blower’s Hotline”; instructions for how to use the hotline are located at the member phone. If members are dissatisfied with the outcome of the grievance report they can file an appeal. The appeal process can be taken to the BOD, then the Regional Behavioral Health Authority (RBHA), and ultimately to Arizona’s Division of Behavioral Health Services (DBHS).</p>	
<b>1.3 Linkage to Other Supports</b>				
1.3.1	Linkage with Traditional Mental Health Services	1-5  4	<p>Though some staff said that the quality of the relationship varied depending on the clinic or the case manager, staff interviewed described strong, cooperative relationships with clinics and clinical teams. Staff said that they talk with case managers frequently with a goal to coordinate care. “We try to talk to clinical teams before</p>	<ul style="list-style-type: none"> <li>• Continue outreach and engagement efforts with traditional mental health service providers.</li> </ul>

			<p>taking action.” S.T.A.R. East staff contact clinical teams immediately by phone if a member is in crisis; otherwise, email is used. S.T.A.R. may request a face-to-face staffing at the center if they observe a pattern of behavioral change. Although staff said that S.T.A.R. usually initiates contact with clinical teams, they said that case managers will also call S.T.A.R. if they have concerns. Contact is not limited to crisis or problem situations. “Our goal is also to inform them of the good things.”</p> <p>S.T.A.R. East tries to raise awareness of the center’s role in recovery through making presentations at clinic team meetings. During the last year, the center has also hosted three breakfast gatherings for clinical teams and provided them with tours of the center.</p> <p>Staff said they also call clinical teams to obtain updated Individual Service Plans (ISP) and Assessments (Part E). Some staff said that they continue to have problems with some clinical teams not providing up-to-date ISPs and Part E Assessments, noting that they are unable to offer services to members with out-of-date ISPs.</p>	
1.3.2	Linkage with Other COSPs	1-5 4	<p>Staff reported strong linkages with other COSPs, stating they continue to have annual kickball and bowling events with the other peer run agencies. Until recently, CHEEERS had been providing a suicide prevention group at the S.T.A.R. East location; CHEEERS discontinued the group, due to a change in the RBHA’s billing policy, but left the group workbooks for members so they did not lose their work. S.T.A.R. also invites the other peer runs to their annual camping trip to participate in intensive recovery activities and education, although none joined them this year.</p>	<ul style="list-style-type: none"> <li>Continue efforts to maintain current linkages with other COSP, and explore opportunities for creating collaborations, possibly in those that reinforce peer advocacy and consciousness raising in the larger community.</li> </ul>



1.3.3	Linkage with Other Service Agencies	1-5 5	<p>S.T.A.R. staff reported that have relationships with several other area service agencies. Valley Metro provided S.T.A.R. East members with public transportation travel training at the center. The Disabilities Empowerment Center provided members with DB 101 (benefits) training. Arizona State University Center for Applied Behavioral Health Policy is contracted to perform the annual member satisfaction survey. The center was also invited by the Chandler Police Department to participate in their Mental Health Fair. S.T.A.R. has co-located staff at Urgent Psychiatric Care Center and other hospitals to provide peer support and assist with after-care coordination.</p> <p>S.T.A.R. East also enjoys relationships with commercial retailers through their corporate giving departments; in-kind donations are provided through Starbucks, Wildflower Bread Company, and DXL.</p>	
<b>Domain 2 Environment</b>				
<b>2.1 Accessibility</b>				
2.1.1	Local Proximity	1-4 3	<p>S.T.A.R. East is located within a major population cluster, although many members attend who live considerably outside the East Valley. Staff stated that many of the members drive themselves to the center. However, for members who do not drive, S.T.A.R. has in-house transportation available to members who reside within a 10 mile radius of the center. Members also arrive at the center by way of RBHA contracted transportation providers.</p>	<ul style="list-style-type: none"> <li>S.T.A.R. East is located in a population cluster, but many of the members live a fair distance from the center’s location. Outside of long range planning efforts, the center may have limited ability to impact this item. Continue efforts to transport members to the center.</li> </ul>
2.1.2	Access	1-5 5	<p>The center is located in a strip mall with abundant parking. The neighborhood is perceived as safe. S.T.A.R. East is located on two public transportation routes, in addition to newly</p>	

			extended light rail services that may facilitate use by some members. Though accessible, the center is located in an area with narrow sidewalks, and busy, multi-lane traffic. This could prove to be difficult for those with physical disabilities to navigate.	
2.1.3	Hours	1-5 5	S.T.A.R. East operates over 40 hours per week, including evening and weekends. Hours were extended beyond traditional business hours during the past year per member request. Hours of operation Monday through Thursday are 7:30 AM – 7:30 PM. Friday hours are 7:30 AM - 3:30 PM. Saturday, the center is open 7:30 AM – 2:00 PM. The center is closed on Sundays. S.T.A.R. rotates holiday hours between the three S.T.A.R. center locations to provide programs the day before most major holidays. This past year, the East location was open on July 4 <sup>th</sup> for members.	
2.1.4	Cost	1-5 5	All services at S.T.A.R. are free to members. Members use their earned S.T.A.R. dollars for food/clothing share, trips, and other agency activities. There is no financial cost for meals; however, members recently voted to continue the requirement to complete a chore and attend a group to qualify for lunch. The same expectation is in practice for the dinner served during the evening program.	
2.1.5	Accessibility	1-4 3	The center has multiple ramps at the facility for those with physical limitations, and during the past year the center installed a new and improved concrete ramp leading from the back door to the garden and covered patio/smoking area. The hallways within the structure may not be wide enough for two people to pass by each other without physical contact and would be difficult for those using wheelchairs. Nonetheless, one member interviewed said that staff and other	<ul style="list-style-type: none"> <li>• Continue to explore options for expanding accessibility for those who are hearing or visually impaired (i.e., TTD, braille, larger-print signage, etc.).</li> <li>• Consider ways to maximize accessibility within the structure of the building during future long-range planning efforts.</li> </ul>

			<p>members were very helpful when she needed assistance navigating the building due to her mobility limitations.</p> <p>The center has a computer with enlarged font and resolution optimized for members who are visually impaired. No TTD was evident; however, the building is equipped with a PA speaker system to make announcements. The language line is also available for those in need of interpretation services, and the center will also provide interpreters for members who do not speak English.</p>	
<b>2.2 Safety</b>				
2.2.1	Lack of Coerciveness	1-5 5	<p>Staff at S.T.A.R. East appear be knowledgeable of trauma informed approaches to providing member services and engagement committed to member choice. Staff interviewed stressed the importance of emotional safety, choice, trust, self-determination, and tolerance for individual pace. Members decide how and when they wish to participate, and can choose to attend whatever group or activity that meets their immediate needs or treatment goals. Members can decline groups and activities without fear of negative evaluation. While acknowledging the “one group/one chore” rule for receiving the center prepared meal, both staff and members said that members voted overwhelmingly to retain the policy and that the practice is neither a punishment nor a shame technique to require participation. “If someone is having a bad day, sometimes just getting here is an accomplishment.” Members are free to bring their own food for meal time or make a sandwich with the peanut butter and bread provided by the center.</p>	

2.2.2	Program Rules	1-5 5	<p>Both staff and members at S.T.A.R. East said that program rules are determined by members. One member framed rules as guidelines for emotional and physical safety, respect for boundaries, and getting along with others. Members help one another follow rules with reminders and prompts. Members can alert staff if further intervention is required, and staff usually speak with the member privately to resolve the problem behavior. Program rules are posted through the building and listed in the Member Handbook, which members receive upon program entry. Rules focus on general center operations and appropriate interpersonal behavior such as dress code, hygiene, group rules and contraband. Members discussed the Disruption Policy, a three-tiered set of behaviors that can result in a warning to suspension, depending on the severity. Group rules, which govern behavioral expectations in group, are posted in the group meeting rooms; staff and members said that members develop the rules and can vote to change them if they are deemed unreasonable.</p>	
<b>2.3 Informal Setting</b>				
2.3.1	Physical Environment	1-4 3	<p>The physical environment of the center is relaxed, with areas for socializing, recreation, and quiet reflection. The furniture is comfortable, and meeting spaces are tailored to their designated activities. The center is progressing with efforts to create an attractive patio and backyard that includes a community garden. Though the rooms are accommodating, the hallways are not wide enough for two people to pass by each other without physical contact. This may be challenging for those members with mobility issues and/or concerns with being in close proximity to other people.</p>	<ul style="list-style-type: none"> <li>The center may have limited ability to impact this item. Consider any options that may maximize the current use of the space. (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, and/or to avoid the potential violation of any fire or building codes.</li> </ul>

2.3.2	Social Environment	1-5 5	Interactions observed between staff and members at S.T.A.R. East reflect a social environment of egalitarianism and kinship. The reviewers observed no distinction between staff and members, and members reported none, often citing with pride instead the numerous opportunities they enjoy contributing to the S.T.A.R. East community. Staff and members describe S.T.A.R. East as a community of peers. Since the last review, RSSs now complete documentation in the main lobby's reception area and are very accessible to members. Members said that staff monitor and attend to members but "leave us to our own devices."	
2.3.3	Sense of Community	1-4 4	Members interviewed described the environment as emotionally safe, where members and staff "are like a family". Members reported feeling cared for, valued, and accepted without judgment. Some members said that they have never experienced "fitting in" or belonging until coming to S.T.A.R. East. Members said that having staff who were also peers and people with lived experience was important in their recovery because staff related to the challenges and had often been through similar situations, such as psychiatric hospitalizations, homelessness, estrangement from family or friends, or frustrations with the larger mental health system. Members also discussed the benefit derived from having the opportunity to support each other both within and outside the center.	
<b>2.4 Reasonable Accommodation</b>				
2.4.1	Timeframes	1-4 4	Per staff and member interview, S.T.A.R. East members are under no pressure to join in scheduled groups or activities. Several members described how, upon entering the program, staff respected their pace of participation, offering	

			<p>invitations and suggestions, but never imposing group attendance or activity requirements. One member said, "I used to isolate and use my headphones [to avoid interactions]; staff trusted that I would figure it out. I had to wean myself from that and become social."</p> <p>Members said there is no expectation that members move on or graduate upon achieving recovery goals, since goals evolve and expand with growth. Members can meet recovery goals such as career, educational, and in interpersonal relationships, and they continue to receive support from S.T.A.R. East for as long as they need, when they need it.</p>	
<b>Domain 3</b>				
<b>Belief Systems</b>				
<b>3.1 Peer Principle</b>				
3.1	Peer Principle	1-4 4	<p>Both staff and members interviewed reported that self-disclosure is welcomed and encouraged. Self-disclosure is seen as a tool for validating experiences, building trust, and forging connection to others with lived experience. RSSs understand upon employment that they must be willing to self-disclose, and that self-disclosure should be purposeful, with the goal of meeting member needs, engendering hope for recovery, and overcoming obstacles. Staff do not merely share stories of distress but instead focus on how they overcame adversity or difficult situations in order to help members to use their coping skills, take advantage of available resources, or ask for help. Members are empowered to provide a similar support through self-disclosure with other members experiencing distress or difficult situations. Members said staff encourages them to provide one another with constructive</p>	

			feedback that is caring and nonjudgmental rather than coming from a place of criticism.	
<b>3.2 Helper Principle</b>				
3.2	Helper Principle	1-4 4	All members interviewed said they had provided some form of supportive listening and problem solving feedback, free of demands, expectations, or judgment, to their peers. Members are not required to follow suggestions of either staff or other members but to instead consider what works best for them and their situation. Members described a “hands-off” approach by staff, who trust them not only to come to their own conclusions but also to provide helpful support and constructive feedback to each other.	
<b>3.3 Empowerment</b>				
3.3.1	Personal Empowerment	1-5 5	All members interviewed said that their participation in S.T.A.R. East groups and activities had aided them in making positive changes in their lives. Most members reported that participation helped them break patterns of isolation by providing them with opportunities for socialization in an encouraging atmosphere, where staff and members share stories of overcoming obstacles, regaining physical and emotional strength, and achieving personal growth. One member said, “You are able to be yourself without judgment here . . . you can discover who you are here.” Members described improved self-esteem and motivation, learning skills to maximize independence such as how to use public transportation, and the achievement of professional employment. Another said S.T.A.R. East peer support and recovery programs had “saved my marriage”.	
3.3.2	Personal Accountability	1-5 5	Members repeatedly stressed the importance of structure, guidelines, center rules, and the disruption policy, in particular, in aiding members	

			<p>in maintaining personal accountability for their attitudes, behaviors and their recovery. Two members spoke specifically about how the program had taught them to set boundaries for themselves and with other people. Said one member, "S.T.A.R. keeps me focused on what I'm going to do, what is expected of me . . . being accountable." Members reported that they all complete a daily written log where they identify the activities in which they engaged, summarize the effect of the activities on their recovery, and note any additional comments about their day.</p> <p>RSSs interviewed discussed the importance of their own personal accountability to members and their own recovery. RSSs described their recovery as an ongoing process, in which they often learn and grow through the examples of members. They said that members hold them accountable through the comments they include in their daily log and direct reports to the SM all the way up to the CEO.</p>	
3.3.3	Group Empowerment	1-4 4	All members interviewed appeared to view themselves and one another as valuable contributors to S.T.A.R. East and the larger organization in general. Members spoke with pride at the opportunities (i.e., Member Council, Member Liaison, the BOD, attendance at monthly member meetings, volunteering around the center, co-facilitation of groups, etc.) the center provides for members to participate in governance, decision making and shaping of activities.	
<b>3.4 Choice</b>				
3.4	Choice	1-5 5	S.T.A.R. has an extensive group and community trip calendar. S.T.A.R.'s group options range from classroom-based psychoeducation such as Anger	



			Management, Stress Management, and Co-Dependency, to social outings in the community such as The Phoenix Art Museum, Pas De Cristo Botanical Gardens, and bowling. Groups and activities are often developed upon member suggestion, and members have the opportunity to co-facilitate groups like Grief and Loss, Gardening and Instructional Art. Staff will suggest or recommend groups or activities that could support a member's individual recovery goals, but participation in groups and activities is voluntary.	
<b>3.5 Recovery</b>				
3.5	Recovery	1-4 4	Members interviewed all articulated that S.T.A.R. East offers them a clear vision of hope. Members report achieving goals they had previously believed were lost to them such as a stronger marriage, returning to work, improved physical mobility, and greater social integration in the larger community. Members report being continually inspired by one another and by staff who have lived similar struggles with SMI and/or co-occurring disorders and are now models of what recovery can look like. One staff interviewed described his job as very motivating to his recovery and "the reason I get up in the morning."	
<b>3.6 Spiritual Growth</b>				
3.6	Spiritual Growth	1-4 4	Many members interviewed identified their spirituality as a central component of their recovery journey and said they feel comfortable discussing their beliefs. The center offers a Spirituality group that staff and members described as popular and well attended. Members said that the group and discussions about spirituality in general do not focus on specific religions or involve proselytizing but "explore opinions and meaning together." A member	

			explained, “I don’t think it is pushed on you, but staff let us know that your spirituality can help you in your health.” Another said, “S.T.A.R. welcomes and encourages us to tap into our higher power. We listen to each other’s stories. Staff share, but don’t suggest.”	
<b>Domain 4 Peer Support</b>				
<b>4.1 Peer Support</b>				
4.1.1	Formal Peer Support	1-5 5	Staff reported that out of approximately 90 members, 60 are active, with daily attendance averaging 41 members. Staff and members describe formal peer support occurring in groups constantly, at a rate of about 95%. Members identified both the Men’s and Women’s groups, along with Sharing Your Recovery Story, as especially valued groups for formal peer support. S.T.A.R. East provided several large binders with marked sections for each group containing evidence of supporting curricula and materials for facilitating groups.	
4.1.2	Informal Peer Support	1-4 4	Staff and members interviewed said that informal peer support occurs daily on a continual basis, whether it is on the patio, over lunch, or in small groups sharing coffee. Said one staff member, “Members are good about seeking peer support.” Members interviewed cited the receiving and offering of peer support as essential to their recovery. Staff estimated that about 99% - 100% of members participate in informal peer support daily.	
<b>4.2 Telling Our Stories</b>				
4.2	Telling Our Stories	1-5 4	Members have the opportunity to share their experiences of distress and recovery in a number of ways at S.T.A.R. East through groups such as Sharing Your Recovery Story, Men’s and Women’s groups, Grief and Loss, Spirituality and	<ul style="list-style-type: none"> <li>Continue to seek out opportunities outside the program for members to share their stories in the community regularly. Consider creative opportunities such as a member-run newsletter, a blog page on the S.T.A.R. website, social media</li> </ul>

			Overcoming Loneliness. Members said that hearing the stories of others who have struggled with and overcome similar situations such as loss of relationships, addiction, frequent psychiatric hospitalizations, and stigma gives them hope that they can make positive changes in their lives. While ample evidence was found that members benefited from telling their stories within the S.T.A.R. community, the reviewers saw limited evidence (i.e., Chandler Police Department Mental Health Fair and the upcoming Academy Theater Art and Craft Show) indicating that members are sharing their experiences in the larger community.	pages, and forums within the creative community such as Spoken Word events, improvisational theater, and community art making activities.
4.2.1	Artistic Expression	1-5 5	Instructional art is provided daily, facilitated by a member and a staff member whose recovery has been advanced by his own focused artistic expression. Along with drawing and painting, the art room includes materials for art making using a range of media, including wood, ceramics, and metal for three dimensional expression. Examples of member art can be found displayed prominently throughout the center, along the hallways and in the meeting rooms. All the S.T.A.R. centers have partnered with the Academy Theater to hold an art and craft show in April featuring the work of S.T.A.R. members with sales returned to the respective S.T.A.R. member/artist.	
<b>4.3 Consciousness Raising</b>				
4.3	Consciousness Raising	1-4 3	S.T.A.R. connects members to advocacy and awareness activities in the community, primarily through such events as the National Alliance on Mental Illness (NAMI) Walk, the Candlelight Vigil, and S.T.A.R.'s Day at the Capitol. S.T.A.R. also participated in the Chandler Police Department Mental Health Fair, and members will display their art at the Academy Theater Art and Craft Show scheduled for April. While members interviewed	<ul style="list-style-type: none"> <li>It is recommended that S.T.A.R. make efforts to ensure that members have an active voice in consciousness raising activities in the larger community, such as letters to the newspaper editor, speaking at public meetings about issues relevant to the peer community, and representing the peer community on municipal advisory boards or commissions. The agency might also consider expanding members' roles</li> </ul>

			appeared to be transmitters of consciousness raising activities within the S.T.A.R. community, it was unclear the extent to which they participate rather than witness consciousness raising outside the agency.	at S.T.A.R.'s Day at the Capitol and with other peer run agencies to provide community education on SMI and co-occurring disorders, the diversity of populations who experience it, the resources available or needed for those individuals and families affected, and the contributions made by those in recovery.
<b>4.4 Crisis Prevention</b>				
4.4.1	Formal Crisis Prevention	1-4 4	S.T.A.R.'s weekly calendar consists of multiple groups designed to help members use and develop effective crisis prevention strategies. "Every one of those groups is helping people get closer to their goals . . . and helps them stay out of crisis." Groups such as ANTs, Depression, Spirituality, Stress Management and Recovery Action Planning are held multiple times per week, and some are based on identified best practices through the Substance Abuse Mental Health Services Administration (SAMHSA). Staff said that they are constantly monitoring and checking in with members whose presentation appears changed in some way so that they can get ahead of crisis before it emerges. Staff focus on verbal de-escalation of disruptive or potentially dangerous behaviors, and encourage use of identified coping skills so that everyone feels safe.	
4.4.2	Informal Crisis Prevention	1-4 4	Staff and members clearly articulated the importance of peer practices in helping members avoid and manage crisis. Members credit skill building groups as essential in helping them use and model coping skills and problem solving that help them manage emotional distress and problem situations. Members have been directed to notify staff if another member appears to be at risk for self-harm or harm to others. Both staff and members reported an instance in which a member notified staff that another member was	

			in a potential crisis. Staff engaged the member, who was indeed experiencing crisis; the clinical team was alerted and the member was subsequently hospitalized.	
<b>4.5 Peer Mentoring and Teaching</b>				
4.5	Peer Mentoring and Teaching	1-4 4	Members interviewed were able to identify other members they viewed as inspiring role models or mentors. Likewise, they view themselves as having that same capacity because they recognize the progress they have made toward their recovery. Members verbalized pride in their own and other member's contributions to S.T.A.R. East, including those who co-facilitate groups and serve on the Member Council and BOD. Staff also said that they are regularly inspired by the positive changes and growth demonstrated by members.	
<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	Formerly structured problem-solving groups include Grief and Loss, Relationships, Addiction, Action Planning, Recovery Lifestyles, Building Self-Esteem, Budgeting, Stress Management, and Self-Advocacy. Staff have compiled several binders, tabbed for each group offered, with resource materials and curricula to support group facilitation and learning. Members interviewed report finding the groups so valuable in increasing their knowledge and skills that they voted this past year to increase group times from 30 to 45 minutes. One member said, "Groups help us build a tool box of coping skills; now it only takes me a day or two to pull myself out of depression." Staff report high group participation, with approximately 38 (93%) of an average daily attendance of 41 who participate in two – four	

			groups each day.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	Staff reported that at any given time and on a daily basis, members can be found receiving informal problem-solving support, either one-on-one or in small groups. Staff said that almost 100% of members will be recipients of some form of informal problem-solving support. All members interviewed expressed having received problem-solving support from peers.	
5.1.3	Providing Informal Problem Solving Support	1-5 5	Staff reported that most members have provided informal problem-solving support to other members either individually or in small groups. All members interviewed expressed pride in being able to offer problem-solving support, and described it as a core program value. One member stated, "People always ask if I can help them; I help everybody. I keep things confidential."	
<b>5.2 Education/Skills Training and Practice</b>				
5.2.1	Formal Practice Skills	1-5 5	Staff and members said that all S.T.A.R. East groups and outings are designed to provide members with formal opportunities to practice skills, especially interpersonal/social skills, self-advocacy, setting boundaries, and coping skills. They said that virtually all active members participate regularly in formal practice skills. One member described the center's most recent weekend camping trip as "intensive and informative . . . after three days, you walk away strengthened and empowered . . . we get to take what we learned back to the other members."	
5.2.2	Job Readiness Activities	1-5 4	Approximately, 63% (38 of 60 active members) are engaged in job readiness activities. S.T.A.R. East members can engage in indirect job readiness activities through such groups as Independent Living Skills, Budgeting, Cooking	<ul style="list-style-type: none"> <li>• Continue efforts to encourage members to attend training at the Life Skills Center and participate in job readiness activities at the East location.</li> <li>• Ensure that RSSs are familiar with how to access</li> </ul>

			<p>Classes, and Money Management. Five to six members are engaged at the Life Skills Center (formerly known as the Job Skills Center) in classes relevant to food service positions. Staff said that ten members have taken classes for earning their food handlers card. Approximately 8 people take cooking classes at the East center. Three people are taking GED classes. Between five and seven people volunteer with administrative support, and another five to six work in the gardening group. Additionally, groups are available on basic computer skills and how to set up an email account, job interviewing skills, cashier services, and how to complete a job application. The Life Skills Center offers DB 101 once a week so that members understand how work might affect disability or other benefits.</p> <p>Two members interviewed reported that they have developed skills that have helped them return to school and/or gain employment.</p>	<p>and use the DB 101 website to support members with questions about how work might affect benefits.</p>
<b>Domain 6 Advocacy</b>				
<b>6.1 Self Advocacy</b>				
6.1.1	Formal Self Advocacy Activities	1-5  5	<p>Staff and members view most, if not all, S.T.A.R. programs, groups, and activities as opportunities for members to develop self-advocacy, from the Self-Advocacy group to Voices and Visions group. Staff said that members have a voice in every decision, such as expanding the center hours and recently voting to retain the one group/one chore rule for receiving S.T.A.R. Dollars. Two members interviewed discussed how being allowed to make choices, including a seemingly small choice such as how close to sit to other group members, empowered them to set needed boundaries with family and friends and take steps to return to</p>	

			work in order to help support her family. Members verbalized a clear sense that they direct the services they receive at S.T.A.R. and used those skills to feel more comfortable integrating into the larger community.	
<b>6.2 Peer Advocacy</b>				
6.2	Peer Advocacy	1-5 5	Members interviewed all readily identify as peer advocates, who are ready to give back to the S.T.A.R. community through peer-to-peer problem solving. This begins immediately for new members, with a buddy system in which a current member orients a new member to the program, showing them the ropes, explaining rules, expectations and options for participation. Members said that they offer suggestions rather than tell others what to do, and support others in the process of coming to their own solutions. Peer advocacy was viewed as contributing to their own recovery. Additionally, members reported learning about peer advocacy through such activities as NAMI sponsored events and S.T.A.R. Day at the Capitol.	<ul style="list-style-type: none"> <li>Consider expanding opportunities for members to advocate for peer concerns in the larger community. Multiple sources expressed concerns around changes in policies at the county and state levels that are affecting the quality of their services. This and other concerns could develop into potential opportunities for center members to advocate for the rights and desires for persons with lived experience everywhere. See also recommendation Item 4.3, Consciousness Raising.</li> </ul>
6.2.1	Outreach to Participants	1-5 3	<p>Approximately 90 members are enrolled at S.T.A.R. East, although not all those members regularly attend. Staff said that 30 members may be on outreach at any given time. Staff said they might do three outreaches in six months. If there is no contact with the member in six months and the clinic does not respond, staff will deactivate the member from the roster, although services can be restarted at any time. It is not clear whether or not S.T.A.R. has a written outreach strategy for keeping members engaged.</p> <p>To keep members at the center informed of what is going on, the center uses an intercom system to announce upcoming groups throughout the</p>	<ul style="list-style-type: none"> <li>If not already in place, the agency should develop a written outreach plan to implement when members appear to be disengaging from the center without explanation.</li> <li>Consider options for using social media platforms (e.g., Facebook, Twitter) as an outreach tool to membership.</li> <li>Consider opportunities to increase member-to-member outreach to those who have not attended in a while. (e.g., phone calls, monthly emails).</li> </ul>



			<p>center. Flyers, calendars, and brochures are located at the receptionist desk and on a number of bulletin boards that are hanging in the hallways. Group listings are posted on large dry-erase boards in multiple classrooms and the dining area; the finalized daily schedule is posted in the lobby. The center has sign-up sheets for volunteering for chores at the center. There was no evidence of multi-media or social media promotion of the program or activities.</p>	
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## FACIT SCORE SHEET

Domain	Rating Range	Score
<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	4
1.3.2 Linkage to Other Consumer Operated Services Program (COSPs)	1-5	4
1.3.3 Linkage with Other Services Agencies	1-5	5
<b>Domain 2: Environment</b>		
2.1.1 Local Proximity	1-4	3
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	3
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	5
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	4

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
<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>197</b>	
<b>Total Possible Score</b>		<b>208</b>	