

CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

Date: April 21, 2017

To: Suzanne Legander, CEO

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AHCCCS Fidelity Reviewers

Method

On March 20, 2017, Thomas Eggsware and Karen Voyer-Caravona completed a review of Stand Together and Recover Center (S.T.A.R.) East - a Consumer Operated Services Program (COSP). This review is intended to provide specific feedback in the development of your agency's services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

S.T.A.R. 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, and S.T.A.R. also operates 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 that term will be used throughout the report. In addition, throughout this COS report, the term "people with lived experience" will be used to reference self-identified people with a lived experience of recovery.

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

- Tour of the center's facility, including the reception area, meeting rooms, kitchen and dining area, recreational/fitness area, art room and patio/community garden;
- Group interview with the Chief Executive Officer (CEO) and Chief Clinical Officer (CCO);
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, polices, annual reports, training materials, job descriptions etc.;
- Group interview with three supervisory staff, two Assistant Site Managers and the Special Programs Coordinator;
- Group interview with five nonsupervisory staff, four Rehabilitation Support Specialists (RSS) and the Job Skills Manager; and
- Group interview with five participating program members.

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:

- Consumer staff: The majority of staff self-identify as people with a lived experience.
- Linkages with other agencies: Staff report frequent and reciprocal coordination with traditional mental health service providers, other COSPs, social service, and community agencies. The agency also has some activities targeted to certain demographic groups, such as a Young Adult Program (YAP) and veterans.
- Empowerment: Members report that since participating in the S.T.A.R. East program, they have made positive changes in their lives, increased their social engagement within and outside of S.T.A.R., improved their physical health, effectively used coping and stress management skills, and participated in creative expressive activities. Members reported contributing to the functioning of the center and to the recovery of other members.
- Crisis Prevention: Staff at S.T.A.R. East have received training in crisis prevention and provide members with formal, structured groups and programs in crisis prevention. Members reported that staff recognize when they may be approaching crisis and describe them as effective in helping reduce suicidal ideation and gestures and avoid psychiatric hospitalizations. Likewise, members reported that they recognize signs of distress, regularly provide informal support to each other, and know when to seek staff for further intervention.

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

- Physical environment: Monitor congestion in narrow hallways to ensure safety and accessibility for existing membership; long range planning efforts should explore possible solutions to eliminate congestion and the limitations it may place on members with physical disabilities.
- Spiritual growth: Consider periodic peer group supervision focused on respecting the range of spiritual beliefs (including lack of belief) found among members and their role in recovery in the search for meaning and purpose.
- Consciousness raising: S.T.A.R. should make efforts to ensure members hold an active role in implementing consciousness raising activities in the larger community, possibly through social media platforms and collaborations with other peer run agencies. Creating alliances and partnerships with the arts community may yield opportunities for members to learn to use creative arts (e.g., painting, photography, sculpture, performance, spoken word) to raise consciousness about the member movement (a.k.a The Peer Movement) within the general public.
- Job readiness activities: Provide more job readiness activities and support at the S.T.A.R. East center to increase their reach for those members who cannot, or do not want, to travel to the Life Skills Center.

- Outreach of participants: Review with members their methods of preferred contact, and consider expanding on outreach platforms such as social media, posting current projected calendars on the agency website in addition to outing calendars, and establishing procedures to inform members of changes to activities in advance (not only posted at the center).

FIDELITY ASSESSMENT/ COMMON INGREDIENTS TOOL (FACIT)

Ingredient #	Ingredient	Rating	Rating Rationale	Recommendations
Domain 1 Structure				
1.1 Consumer Operated				
1.1.1	Board Participation	1-5 4	The S.T.A.R. Board of Directors (BOD) consists of ten board members: seven who self-identify as people with lived experience, two family members of people in recovery, and one Psychiatrist. Each S.T.A.R. center is represented on the Board by one Member Liaison, who is a full-voting board member. The Member Liaison is appointed by the members of each center for a two-year term. Consideration is given to individuals with a particularly needed skill-set such as finance, behavioral health, or grant writing.	<ul style="list-style-type: none"> Recruit qualified members to fill vacant positions on the Board of Directors with a composition goal of 90% or more being individuals with a lived experience.
1.1.2	Consumer Staff	1-5 5	According to the CEO and the CCO, across the organization all but 65 of S.T.A.R.'s 69 employees are people with the lived experience of SMI and/or a co-occurring disorder. Of those four employees, all have a family member who is a peer. The CEO identifies as both a peer and a family member of a peer.	
1.1.3	Hiring Decisions	1-4 4	The BOD is responsible for hiring and termination of the CEO position; the CEO hires all leadership staff positions. Site Managers at each S.T.A.R. location hire staff at the center level; Member Liaisons are involved in interviewing for open positions at the center, with hiring preference given to people with lived experience. Recovery Support Specialists (RSS) should self-identify as people with lived experience. Members also have input into center hiring decisions by interacting	

			with candidates in the center lobby prior to the interview. The CEO has the ultimate responsibility to give final approval for all hires. S.T.A.R. Human Resources staff use standard industry pay scales to determine salary.	
1.1.4	Budget Control	1-4 4	<p>Member feedback in the development of the discretionary budget is obtained at monthly member meetings, the suggestion box, and direct report to staff. The CCO meets with the management at the center to discuss needs and priorities, ranked in order of importance by members. For example, in the last year at S.T.A.R. East, new lighting and carpet cleaning were identified as priorities and budgeted for accordingly, along with field trips and new activities. These requests are reviewed by the CEO, the CCO, and the Chief Financial Officer (CFO). 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, including salaries.</p> <p>S.T.A.R. authorizes six staff to sign checks up to certain dollar amounts, including the CCO, the BOD Treasurer, the Corporate Compliance Officer and the CEO.</p> <p>The CEO is authorized to sign existing contracts; contracts for new services must be approved first by the BOD to ensure that they fit within the agency's mission.</p>	
1.1.5	Volunteer Opportunities	1-5 5	Staff and members said volunteering demonstrates pride in membership and the center's culture of giving back to the S.T.A.R. community. Members can earn S.T.A.R. dollars as an incentive to participate in housekeeping chores around the center. Daily morning and evening	

			chores (along with the attendance of a group) are tied to receiving a hot lunch and dinner. Chores are available to accommodate members with physical disabilities. Other volunteer opportunities include: conducting tours for new and prospective members, and other visitors; co-facilitation of groups; or help in the center's community garden. In addition, members with food handlers' cards can volunteer to assist in the kitchen. Some members volunteer using existing skills; one member with an engineering background fixes old vacuum cleaners which are auctioned off to other members using their S.T.A.R. dollars. One member reported she is looking forward to staff arranging more volunteer opportunities in the community.	
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5 5	<p>Members elect the five-seat Member Council of the center. One council member is a liaison that represents the East center on the BOD. The Member Council convenes monthly right before the monthly member meeting.</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 the agency supports an open door policy by which members can provide input to staff at all levels. Members can provide input directly to staff either in group or during one on one discussion, take suggestions to the Member Liaison, and directly to the CEO or CCO. Results of BOD decisions are also reviewed at the member meeting.</p>	
1.2.2	Member Dissatisfaction/	1-5	The center has a written grievance policy that can be found in the Member Handbook, as well as	

	Grievance Response	5	<p>posted at various locations within the center, including at the front desk. Complaint procedures and forms are found on the agency website in both English and Spanish. Members can file grievances with any staff member at any level, including the staff with which they have a grievance. Members can file grievances with the “Whistle Blower’s Hotline”; 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 to the Regional Behavioral Health Authority (RBHA), and ultimately to Arizona Health Care Cost Containment System (AHCCCS).</p> <p>Staff reported that members also rate their satisfaction with the S.T.A.R. program through participation in a survey conducted by Arizona State University. The survey is conducted at program intake and then at three month intervals; a copy of the last annual survey report was provided to the reviewers.</p>	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 5	<p>Staff interviewed reported frequent collaboration and reciprocal cooperation between S.T.A.R. East and clinical teams. Said one staff member, “We like to stay on one page, so we are all doing the best we can with the member and they feel supported.” Staff said they each have between three – five contacts with clinical teams each day. S.T.A.R. staff said Case Managers come by for agency tours and to have lunch with their members. Staff said they contact Case Managers when issues of concern occur such as disciplinary actions, changes in behavior, or when members report concerns related to medications, suicidal ideation, or loss of housing. Staff also reported they participate with member staffings when</p>	

			<p>issues arise and go to clinics to present on S.T.A.R. services on a regular basis.</p> <p>S.T.A.R. has co-located Discharge Care Coordination staff at the Urgent Psychiatric Care Center (UPC) to provide peer support and assist with after-care coordination.</p>	
1.3.2	Linkage with Other COSPs	1-5 5	S.T.A.R. continues to participate with the other COSPs in yearly bowling and kickball tournaments, as well as sharing agency vans and facility space for graduation ceremonies. S.T.A.R. partners with the Veterans Administration (VA) to provide peer support to veterans. S.T.A.R. is also sponsoring a new peer and family organization by providing guidance and mentoring to the CEO to begin operations.	
1.3.3	Linkage with Other Service Agencies	1-5 5	Linkages with other service agencies included Arizona State University's Center for Applied Behavioral Health Policy for the annual member satisfaction survey, University of Arizona for nutrition education groups, employment service providers, Valley cities/towns for resource fairs, area churches and the National Alliance for Mental Illness (NAMI). S.T.A.R. also opens its meeting room space for meetings and trainings. S.T.A.R. partnered with Hickman Farms and Gregory's Farmers Market to assist members in meeting healthy eating and nutrition goals.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 3	S.T.A.R. East is located within a major population cluster, although many members attend who live considerable distances outside the East Valley. The center is located near some members, but others travel more than ten miles or need to go to other locations for access to certain supports.	<ul style="list-style-type: none"> Outside of long range planning efforts, the center may have limited ability to impact this item. Continue efforts to arrange transportation for members to the center.

			Some members live within a 10-mile radius and S.T.A.R. provides them with in-house transportation to and from their homes. For those living outside that catchment area, clinical teams will provide bus passes to attend the center or members will arrive by way of RBHA contracted transportation providers. Some members also drive their own vehicle to the center.	
2.1.2	Access	1-5 5	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 multiple public transportation routes, the Mesa Circulator, and is fairly close to a newly extended light rail station that staff report is used by members.	
2.1.3	Hours	1-5 4	<p>S.T.A.R. East operates over 40 hours per week, including evening and weekends. Hours were extended beyond traditional business hours per member request. Hours of operation Monday through Thursday are 7:30 AM – 6:30 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. The center is closed on federal holidays.</p> <p>The center appears to load programming more heavily in the morning. Some members complained that many groups of interest were scheduled at the same time, and that members left after lunch since there was less programming. However, staff reported that members voted this year to close the centers at 6:30 PM. Members can still receive over-the-phone support until 7:30 PM; calls after that hour are referred to the crisis lines.</p>	<ul style="list-style-type: none"> Consider adding groups or activities in the afternoon to balance the daily events. Adding events to existing hours of operation may allow flexibility for members whose access is limited by other daily activities (e.g., morning jobs) to participate.

2.1.4	Cost	1-5 5	<p>All center based services at S.T.A.R. are free to members enrolled in the Regional Behavioral Health Authority (RBHA) and those participating insurance. According to the agency website, the full day program is also free for veterans that are funded through the Phoenix Veterans Administration. Most members, and all members interviewed, are enrolled in the RBHA. Staff and members interviewed value “earning” privileges such as outings, the laundry and the food/clothes share, and this is reflected in S.T.A.R.’s token economy system, S.T.A.R. dollars. There is no financial cost for prepared meals; it was reported to the reviewers that members have repeatedly voted to continue a 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. Members interviewed said that they support this policy. Per the agency website, the agency can also serve self-pay members, but during interviews staff did not indicate if any current members self-pay.</p>	<ul style="list-style-type: none"> • Explore opportunities to reduce or eliminate program costs to any members who self-pay for services.
2.1.5	Accessibility	1-4 3	<p>The center has multiple ramps within the facility and outside at the patio and smoking areas for those with physical limitations. The hallways within the structure are narrow and the reviewers observed congestions in those areas, particularly for members using mobility devices; in some cases members had to step into open doorways in order to allow those coming in the opposite direction to pass.</p> <p>The center has a computer with enlarged font and resolution optimized for members who are visually impaired. Staff said that Relay is provided for a staff member with a hearing impairment and that, while the service has not been requested by any current members, it could be provided if</p>	<ul style="list-style-type: none"> • While the agency many have limited means to respond to hallway congestion at present, consider ways to maximize accessibility within the structure of the building during future long-range planning efforts. • Consider staggering group start times or make some hallways one directional to decrease or avoid congestion.

			requested. 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.	
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 5	Staff interviewed reported members are free to engage at their own 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 said they can decline groups and activities without fear of negative evaluation. While acknowledging the “one group/one chore” rule for receiving the daily, center-prepared meal, both members and staff said that they like the policy. Members interviewed said that the policy encourages commitment to recovery and <i>giving back</i> rather than using the center as a “drop-in” center. Members also said that it was explained to them that member ownership of chores allowed the center financial freedom to provide more activities and outings. Members are free to bring their own food for meal time or make peanut butter and jelly sandwiches with staples provided by the center.	
2.2.2	Program Rules	1-5 5	The Member Handbook outlines program expectations, including: operations and appropriate interpersonal behavior, dress code, hygiene, group rules and contraband. Per report, members voted on group rules and the member handbook. Members help one another follow rules with reminders and prompts. Members can alert staff if further intervention is required, and staff usually speaks with the member privately to resolve the problem behavior. According to staff, rule additions or changes can	<ul style="list-style-type: none"> Continue to gauge member input regarding the chore and group requirement to obtain a hot meal. Consider revisiting this area on a recurring basis (e.g., quarterly, annually) during member meetings so that members can voice their preference through voting.

			<p>be offered at any time, through the suggestion box, in groups, or directly through the Member Liaison or other staff. For example, while S.T.A.R. East staff suggested that only water be allowed in group rooms after the carpets were cleaned, members voted instead that drinks were only allowed in group rooms if they were in lidded containers. Members interviewed, however, appeared to view rules as staff driven and subject to frequent change, with enforcement varying with staff. While members agreed with the one group/one chore rule for receiving a hot meal, it was not clear that members interviewed knew they had an option to discontinue. Though staff reported that members recently voted for its continuation, only one member interviewed remembered the rule being subject to member vote.</p> <p>Members universally viewed programs rules as supporting their emotional and physical safety. Members discussed the Disruption Policy, and one member noted that an incident of physical aggression was dealt with quickly and satisfactorily by staff. However, in another example members reported that recently the center was on lockdown because of drug related contraband and that everyone's belongings were searched. Members said they could not refuse the search, and that searches were agreed to at program entry.</p>	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 3	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 has created an attractive	<ul style="list-style-type: none"> 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

			shaded patio, with separate smoking areas, and a backyard that includes a community garden. While most of the rooms are spacious, 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.	to ensure the success of any long range planning efforts.
2.3.2	Social Environment	1-5 5	Staff said they strive to make S.T.A.R. East a place where members feel accepted, supported, and encouraged. Interactions between members and staff were observed to be warm and friendly. Members interviewed described S.T.A.R. East community as a positive social environment that “feels like family”, has decreased their patterns of isolating behaviors, and led to overall improvements in their well-being and quality of life. Staff are accessible and interaction with members is prioritized. Members said that staff monitor and check in with them to offer a listening ear or assistance if they notice a change in presentation or level of engagement.	
2.3.3	Sense of Community	1-4 4	Members and staff interviewed describe a community of peers, and value the support they receive and provide to one another in their recovery journeys. One member discussed how observing the accomplishments of member and staff peers motivated her to challenge herself to successfully regain physical strength and improved mobility while also increasing her social confidence outside of S.T.A.R. Staff described kinship with members, with one staff person saying “we are all in the same boat”. Staff said they encourage members to look toward each other for support and solutions in order to increase their independence. Staff said members exchange phone numbers and emails, and meet each other in the community for coffee, hiking,	

			and other social activities.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 4	<p>Staff said that member choice is respected at S.T.A.R. East. Members participate at their own pace because “recovery is individual and unique”. Staff said they let them know what is available and that members gravitate to what they like. When staff observe that a person is not engaged, they check in to learn more about their interests and needs. Some members attend only for the socialization, although engagement is always offered. S.T.A.R. works with members at program entry to create service plans used to help get to know the members, their strengths, and what they want to work on. Service plans are updated annually and shared with clinics.</p> <p>S.T.A.R. membership is time unlimited, although staff report after two or three years they often see members move on. It was unclear if this referred to an observed pattern or trend, or an expectation that members leave the program after the attainment of recovery goals. However, all staff interviewed were people with the lived experience of recovery and most described it as an ongoing and nonlinear process.</p>	
Domain 3				
Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 4	Staff interviewed reported, and members attested, that staff share their recovery stories with members and that this is an expectation at their time of hire, with a high value placed on the shared journey of recovery. Staff said telling their story should benefit the member, be based on member needs, be supportive in nature, and	

			focused on how “we have struggled but come out on the other side”.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 4	<p>Most staff described being a helper to members as the most rewarding aspect of their job. Some staff said that their employment at S.T.A.R. had been among the most fulfilling of their lives.</p> <p>Members reported that they are encouraged to act as helpers as well, through listening to and supporting each other both informally and formally, in groups and individually, but also through leadership and volunteer roles. As “Member Ambassadors”, members help orient new members to S.T.A.R. East, its culture and program rules, as well as encourage participation and provide introductions to other members. Members said that staff may prompt members with similar experiences to provide support to others.</p>	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 5	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, such as described feeling hopeful about their ability to attain education and work goals. Several members shared that since joining S.T.A.R. they are less isolated, have broadened their social network, increased their activity level, taken steps to improve their physical health, experienced less suicidal ideation, and developed improved coping skills to avoid psychiatric hospitalizations.	
3.3.2	Personal Accountability	1-5 5	Members reported that they are not pressured to take advice from either staff or other members but encouraged to make their own choices. Members discussed understanding that program rules are in place to hold themselves and each	

			other accountable. When those rules are violated, staff were described as doing a “good job” of addressing those issues privately in one on ones. Staff interviewed shared how working with the members motivates them to continue working on their own recovery. Said one staff member, “Everything I say to members I have to put into practice myself.”	
3.3.3	Group Empowerment	1-4 4	Members interviewed expressed a sense of pride at being a member of S.T.A.R. East, and see themselves as making a contribution to the center through volunteering, supporting each other, and co-facilitating groups. One member interviewed said she speaks proudly of the S.T.A.R. program to her social network. Another member stated an intention to seek peer support certification for herself.	
3.4 Choice				
3.4	Choice	1-5 4	<p>At program entry, members identify general areas of interest on their service plans but each day they choose the groups and activities in which they participate. Members identified groups such as Self-Advocacy, Arts and Crafts, Grief and Loss, and Gardening as groups they choose to participate in. Young adults between the ages of 18 – 25 years can participate in center-based groups and outings through the Young Adult Program (YAP), and any member can sign up for outings provided during the week or evenings through the Fun Bunch. If members would like to attend a group at one of the other S.T.A.R. centers, the S.T.A.R. van can transport between centers.</p> <p>Members said that more groups were scheduled before lunch than in the afternoon, and some expressed frustration that groups they valued</p>	<ul style="list-style-type: none"> • Consider scheduling options for popular groups such as expanding group selection in the afternoon so that members have multiple opportunities to attend all groups that are important to their recovery. • Strive to maintain a consistent group schedule that is up-to-date across various media platforms so that members can confidently plan their transportation to the center accordingly.

			<p>were often scheduled at the same time. Members also said that frequent, unannounced changes in the daily schedule made it difficult to plan for groups of interest.</p> <p>While members and staff interviewed said that members have the right to decline to participate in activities, they also expressed agreement that participation is encouraged as evidence that the person is committed to recovery rather than using the program as a drop-in center or the source of a meal.</p>	
3.5 Recovery				
3.5	Recovery	1-4 4	<p>According to the Member Handbook, S.T.A.R.'s mission is "To empower adults diagnosed with a mental illness living within Maricopa County by providing peer-run support services to promote personal recovery through socialization, education and self advocacy." Staff and members interviewed described recovery as individualized and on-going. Members discussed finding peace, happiness, and enhanced self esteem, along with opportunities to socialize with others, and the ability to regain autonomy through building skills that lead to employment. One member noted that members are recognized at each monthly member meeting for their progress toward recovery with awards which are determined by staff: Member of the Month, Progress of the Month, and Volunteer of the Month.</p>	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 3	<p>S.T.A.R. East offers a spirituality group which was described as popular and well-attended. Staff said that the group provides a forum for members to discuss spiritual beliefs and practices that have been helpful to them. Members have discussed the use of prayer or meditation to help them cope</p>	<ul style="list-style-type: none"> • Consider periodic peer group supervision focused on respecting the range of spiritual beliefs (including lack of belief) found among members and their role in recovery and search for meaning and purpose. • Technical assistance in this area may be advised.

			<p>with stress or aid in pain management. Staff said they don't give opinions on spiritual practices but only provide general statements that spirituality has been helpful in their recovery. Staff said that meditation groups are also offered as an outlet for their spirituality or an option for members to engage in quiet reflection. Staff said that members are discouraged from engaging in proselytizing or making judgments about beliefs and practices of specific religions.</p> <p>Members had mixed responses to how spirituality is addressed at S.T.A.R. East. One member said that some staff share too much of their own religious view points. Another member expressed feeling shut out by other members for being deeply religious.</p>	
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**Domain 4
Peer Support**

4.1 Peer Support

4.1.1	Formal Peer Support	1-5 5	<p>Members interviewed spoke highly of the level of support and encouragement provided by staff in groups and during one-on-one meetings. Weekly group options are posted on large white boards in two locations in the center and on the S.T.A.R. website. The list of group options seen by the reviewers showed over 20 distinct formal peer support groups listed for the week. Among those options were Building Trust, Making Friends, Dealing with Depression, Men's Talk, Self-Esteem, and Your Life, Your Choice. It was not clear to the reviewers, however, if all the groups listed were actually offered; both staff and members noted that the "more accurate" daily calendar is posted in the center lobby and reflects alterations to the schedule due to such factors as changes in staff schedules for vacation or illness.</p>	<ul style="list-style-type: none"> • Efforts should be made to provide predictability with regard to scheduled groups and activities so that members can feel confident that the support services will be provided on the days and times that they expect.
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4.1.2	Informal Peer Support	1-4 4	<p>Staff and members interviewed agreed that informal peer support occurs multiple times daily both individually and within small groups at S.T.A.R. East. This may occur over meals, at the patio or smoking area, or during conversations that occur over walks around the community. Staff said members frequently check in with one another if they notice that a peer is showing signs of distress, a change in mood, or uncharacteristic behavior. Staff and members said that staff will also connect a member who is struggling with an issue with another member who has successfully overcome a similar situation. Members described informal peer support at S.T.A.R. East as very important to their recovery, and in reducing their sense of isolation.</p>	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 4	<p>Members can tell their stories of struggle and recovery through many avenues at S.T.A.R. East. Members tell their stories formally with staff during one on ones they can request at any time or with other members and staff during scheduled groups such as Spirituality, Better Days, Telling Your Story, or Women’s Talk. Informally, member share their stories throughout the day, often over coffee or in the smoking area one on one or in groups. Members can ask to share their stories before lunch or at the monthly member meeting. Although members reported interest in telling their stories in the community to decision makers, they did not relate instances when they have done so or had been offered opportunities to participate in this form of advocacy or public education. Staff, however, said that the agency is partnering with AHCCCS on a project to publish a book on recovery stories. Additionally, seven – 11 S.T.A.R. East members participated in an activity</p>	<ul style="list-style-type: none"> • 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 pages, and forums within the creative community such as Spoken Word events, improvisational theater, and community art making activities.

			where they were guided in the process of writing and talking to others about their recovery story.	
4.2.1	Artistic Expression	1-5 5	<p>Telling stories can happen symbolically through art making in the open studio, instructional art and the arts and crafts group. The art group is facilitated by an RSS who started at S.T.A.R. East as a member and found art making to be a critical vehicle in his recovery process. Members interviewed said the art groups are very popular and meaningful to them. Member art is displayed prominently throughout the building. Members reported that the agency holds a quarterly art show that is open to the community; the purpose of the event appears to be for selling crafts rather than sharing recovery stories with the community.</p> <p>The agency contracts with a peer who facilitates an activity to help members tell their story in written form for publication. Members said that the journaling group is available for expression in written form, although some noted that the group often relies heavily on printed worksheets which take away from actual journaling.</p>	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 3	<p>S.T.A.R. staff reported the members continue to be a presence at events such as National Alliance on Mental Illness (NAMI) Walk, the Candlelight Vigil, and S.T.A.R.'s Day at the Capitol, as well as resource fairs in Chandler, Gilbert, and Mesa. In the last year, it was reported that staff took approximately 18 members to a rally at the State Capitol opposing the repeal of the Patient Protection and Affordable Care Act, as well as a peer run conference. The extent to which they participate rather than witness consciousness raising outside the agency was unclear. Some members interviewed voiced concern about how</p>	<ul style="list-style-type: none"> • It is recommended that S.T.A.R. review its consciousness raising efforts to ensure that members have an active voice in activities in the larger community, such as letters to the newspaper editor, speaking at public meetings about issues relevant to the peer community, expanding their role at S.T.A.R.'s Day at the Capitol, and representing the peer community on municipal advisory boards or commissions. Consider combining S.T.A.R. member efforts with those of other COSPs for a unified advocacy voice of peers. • Consider building alliances within the arts

			<p>recent policy shifts at the federal level will affect their health insurance coverage and other benefits. While S.T.A.R. keeps members updated on proposed changes to health care policy in on-on-one conversations, some members said they are not provided options for communicating ideas and concerns to larger community decision makers. One member said, “I would like a group on what our rights are, so we are aware and can organize.” Another member mentioned that previous resource groups were discontinued. A member also discussed wanting to participate in a lobbying day to talk with representatives of local government to “advocate for ourselves that mental health services are needed . . . so we can say we need [Medicaid] funding.”</p>	<p>community as natural allies in using the creative/expressive arts to tell personal stories of struggle and recovery that can educate, shape public opinion, and expand conversations to include those previously excluded.</p>
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 4	<p>Reviewers were told that staff receives a two-day Applied Suicide Intervention Skills Training (ASIST), as well as training in Suicide Alertness for Everyone (safeTALK). Additionally, three S.T.A.R. agency staff are certified in Whole Health Action Management (WHAM) and members can go to any of the three S.T.A.R. centers for that class. S.T.A.R.’s group offerings consist of multiple groups designed to help members use and develop effective crisis prevention strategies. Groups such as Grief and Loss, Meditation, Spirituality, Stress Management, and Cognitive Thinking are held multiple times per week. Staff are encouraged to be readily available for one on ones and to check in with members who appear to be isolating and demonstrate a change in their usual presentation. Members interviewed said that groups have helped them learn to identify crisis triggers and avoid situations that lead to self-harm.</p>	

4.4.2	Informal Crisis Prevention	1-4 4	<p>Members check in with others who appear distressed and will seek out staff if the concern is beyond the support they can provide. They are also encouraged to call members who have not been attending to inquire as to their well being and support needs. One member said that “S.T.A.R. East provides a good support system; when you come here and start making friends, you can text one of your friends, and their lives are parallel to mine . . . that’s a lot of what has helped me.” Several members said that the support received at S.T.A.R. East has helped them reduce or eliminate incidences of suicidal ideation, psychiatric hospitalization, and calls to the crisis line.</p>	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 4	<p>Peer mentoring and teaching at S.T.A.R. occurs between staff and members, and staff to staff, and member to member. Staff interviewed said they mentor each other with open communication up and down the chain of command. One staff member remarked about mentoring that occurs seeing other staff helping members. Another staff member identified the Site Manager as a significant mentor and someone with whom he shared his recovery story and received feedback.</p> <p>All members interviewed agreed that they had received mentoring and teaching from other members. Members identified several specific members as mentors, including the Board Liaison. Members said that mentoring begins the first day at S.T.A.R. when staff ask older members to shadow and orient new members to the program. Several reported that this helped them to overcome regular patterns of isolating and to feel</p>	

			comfortable forming connections with others.	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 4	<p>Staff reported that the majority of active members participate in problem solving activities daily at S.T.A.R. East or at the Life Skills Center. Staff said that most of the program involves problem solving, whether it is related to affect regulation (Anger Management group), interpersonal skills (Conflict Resolution group), or independent living skills (Money Management group).</p> <p>All members interviewed reported having benefitted from the many opportunities at S.T.A.R. to learn new problem solving strategies and skills, but some reported there were staff who frequently arrived late for groups, appeared unprepared, relying heavily on handouts on topics with only a superficial knowledge of the contents, and without offering real-life applications. One member said the topic of forgiveness had been presented as an imperative (i.e., “you need to forgive”) rather than as an exploration of the reasons why one might choose to forgive.</p>	<ul style="list-style-type: none"> Ensuring staff are on time and prepared to discuss practical application of material may result in increased member participation in formally structured problem-solving activities the program has in place.
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	Staff said that nearly all active members are recipients of some form of informal problem-solving support. All members interviewed expressed having received problem-solving support from peers, in one-to-one conversations or small groups. One member said that receiving support from other members who share her diagnosis has made her feel less alone.	
5.1.3	Providing Informal Problem Solving	1-5 5	Staff and members interviewed said that most members have provided informal problem-solving support to other members either individually or in	

	Support		small groups. Staff said members are encouraged to engage one another on this level.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	1-5 5	<p>Through various site-based groups, community outings, and peer support, members reported they have learned skills that have increased their participation in the larger community. Most members talked about how the program had decreased their tendency to isolate. One member reported improvements in managing social anxiety during community outings. Members also spoke of feeling less fearful socializing outside of S.T.A.R., becoming involved in activities with people from church or seeking out new people with whom they shared interests.</p> <p>One member interviewed noted that she wished S.T.A.R. staff would ask her to discuss her specific recovery goals, explaining that in the Weekend Planning group they only quickly check in with members about what they are doing over the weekend. The member said she would prefer actual skill building to help her manage emotional discomfort when she is away from S.T.A.R.</p>	<ul style="list-style-type: none"> • Ensure that skill building groups and activities provide prompts or opportunities for member to practice skills to manage their concerns when identified. Consider periodic shadowing by Site Manager or Assistant Site Manager for on-going staff training in this area.
5.2.2	Job Readiness Activities	1-5 3	<p>Although S.T.A.R. East has a computer area with several desktops available for member use, and a full sized professional kitchen, staff and members interviewed said that most job readiness activities occur at the Life Skills Center. Job readiness activities available at the Life Skills Center include the Culinary Arts Program (CAP), GED classes, computer training, assistance with resume building and on-line job applications, and presentations about employment services provided by external providers. Staff interviewed said that the Life Skills Coordinator had helped a now employed member with the process of</p>	<ul style="list-style-type: none"> • Expand options for job readiness activities available at the East location. Having more job readiness activities at the East center may benefit members who cannot, or do not want, to travel to the Life Skills Center. Shifting job readiness activities to the center may offer more opportunities for members to participate or share their experiences in job readiness activities with other members.

			deciding what type of work she wanted and the steps required to find the job. Members reported attending the Life Skills Center to obtain a food handlers card, take cooking classes, and participate in computer classes. Members reported training for peer support certification could be obtained through programs at several other peer run agencies. Staff said that approximately 10% - 15% of members from S.T.A.R. East have received services from the Life Skills Center in the last year.	
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 5	Staff said that groups such as Conflict Resolution and Self-Advocacy provide formal self advocacy. One staff reported supporting member self-advocacy efforts recently by assisting a member in communicating housing needs to her Case Manager, which resulted in the submission of a housing application to the RBHA. Staff said they discuss self-advocacy as “taking the driver’s seat in their recovery”, to be persistent, and how to manage frustration so that they can communicate their needs effectively. Members interviewed said they believed that S.T.A.R. East provides groups and one-to-one support that aid them in gaining self-advocacy skills. One member said he was more assertive about communicating his needs. Another member said that S.T.A.R. supports members in communicating with their Case Managers, while another said she has learned to advocate for herself rather than through her Case Manager.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5	S.T.A.R. staff and members interviewed consider themselves peer advocates. Staff said they see	

		5	members encourage each other on a daily basis both in formal settings and informally, often while chatting in the patio area. One member said she would help any of her peers at S.T.A.R., and is planning on pursuing specialized peer support training in medical settings. Another demonstrates her commitment to peer advocacy by co-facilitating a group at the center.	
6.2.1	Outreach to Participants	1-5 3	Group outing activity calendars for the YAP, Fun Bunch and center are posted on the agency website. Group listings are posted throughout the building, but some members reported that they were subject to change without advance notice and that the finalized daily schedule is posted in the lobby. There was no evidence of multi-media or social media promotion of the program or activities, although staff said members do use social media platforms. Staff reported that they outreach when members miss days that they regularly attend, and include Case Managers and other members in their outreach efforts. Members are placed on inactive status if they have not participated in six months.	<ul style="list-style-type: none"> • Consider options for using social media platforms (e.g., Facebook, Twitter) as an outreach tool to membership. • 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. • See Recommendation 4.1.1, Formal Peer Support. Members might ignore calendars that do not reflect actual schedules.

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	3
2.1.2 Access	1-5	5
2.1.3 Hours	1-5	4
2.1.4 Cost	1-5	5
2.1.5 Accessibility	1-4	3

2.2.1	Lack of Coerciveness	1-5	5
2.2.2	Program Rules	1-5	5
2.3.1	Physical Environment	1-4	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
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	4
3.5	Recovery	1-4	4
3.6	Spiritual Growth	1-4	3
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	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
Domain 5: Education		Rating Range	Score
5.1.1	Formally Structured Activities	1-5	4
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	3
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	3
Total Score		194	
Total Possible Score		208	