

CONSUMER OPERATED SERVICES (COS) FIDELITY REPORT

Date: April 21, 2017

To: Suzanne Legander, CEO

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AHCCCS Fidelity Reviewers

Method

On March 22, 2017, T.J. Eggsware and Karen Voyer-Caravona completed a review of the Stand Together and Recover Centers, Inc. (S.T.A.R.) West - a Consumer Operated Services Program (COSP). This review is intended to provide specific feedback in the development of your agency's services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

S.T.A.R. was formed when four individuals discharged from an inpatient setting began providing support education and companionship to others after discharge from a psychiatric unit. In 1987, (S.O.O.N. – Survivors On Our Own), became the first peer recovery agency for behavioral health recipients in Arizona. In 2009, S.O.O.N. and another peer support group (S.E.L.F.F. - Survivors Educating Loving Friends and Family) merged to form S.T.A.R., which now operates three centers in Maricopa County, located in Mesa, Phoenix (original location), Avondale, as well as a Life Skills Center that serves all three.

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

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

- Tour of the S.T.A.R. West facility, including observations of meeting rooms and posted materials;
- Group interview with five nonsupervisory staff;
- Group interview with two supervisory staff – the Site Manager (SM) and Life Skills Program Manager;
- Group interview with four program members;
- Group interview with the Chief Executive Officer (CEO) and the Chief Clinical Officer (CCO); and,
- Review of the center's key documentation, including: Board of Directors meeting minutes, organizational documents, program flyers, calendars, the agency website, some group and activity materials, job descriptions, *member handbook*, and training materials.

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

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- Consumer Staff: The majority of staff self-identify as people with a lived experience.
- Planning Input: Members affirmed that S.T.A.R. members have a significant voice in agency planning, specific center activities, and program policies and rules.
- Linkage 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.
- Crisis Prevention: Staff receive training in crisis prevention. Avenues exist to provide members with formal, structured groups and programs in crisis prevention. Members reported that involvement in the program helped to prevent or cope with crisis situations stemming from isolation, loss, and traumatic events.

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

- Artistic Expression: Increase the planned artistic activities, and seek to expand access to additional mediums (e.g., pottery). Consider training current staff, hiring staff experienced in the area, or engaging members to co-facilitate activities with staff in mediums where they have experience.
- Consciousness raising: S.T.A.R. should make efforts to ensure members have an active role in implementing consciousness raising activities in the larger community, including increased opportunities to share their stories. Consider using social media platforms and collaborating with other peer run agencies to increase opportunities for members to contribute to the community.
- Job Readiness Activities: Encourage members to attend job readiness activities, and consider adding or training additional staff to facilitate job readiness activities. For example, other than accessing social media, it does not appear members take full advantage of computers at the West center. Having staff at the center that can provide one-on-one and group activities targeted at various job skills, which may result in increased utilization of those existing center resources.
- Outreach to Participants: Review with members their methods of preferred contact, and consider expanding outreach platforms such as social media, posting current projected calendars on the agency website in addition to outing calendars, which could also 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 Board of Directors consists of ten members: seven who self-identify as persons in recovery, two family members of persons in recovery, and one Psychiatrist. Board members are elected, interviewed and voted on by the Board of Directors, with the goal of unanimous, or near unanimous consensus. Consideration is made for individuals with specific skills such as experience in finance, behavioral health, or grant writing. Three board members are liaisons, one from each center, who are elected to two year terms by members of their respective centers.	<ul style="list-style-type: none"> Recruit qualified members to fill the vacant positions on the Board of Directors with a composition goal of 90% or more being individuals with a lived experience.
1.1.2	Consumer Staff	1-5 (5)	S.T.A.R. leadership reports that the majority of staff self-identify as people with lived experience. Of 69 total staff at the agency, the four who do not self-identify as people with lived experience are family members of individuals in recovery.	
1.1.3	Hiring Decisions	1-4 (4)	Hiring preference is given to those who self-identify as a person with lived experience. Agency bylaws state the CEO is responsible for hiring and firing. The CEO hires leadership, but otherwise, the CEO does not hire without input from center staff and members. Members and staff conduct panel interviews, and members can also interact with potential new hires in the lobby before interviews. Staff seeks input from members who feel grieved by interactions with staff, which can lead to corrective action, or termination.	
1.1.4	Budget Control	1-4 (4)	Member input into the budget occurs after factoring non-discretionary items (e.g., utilities). Members and center staff discuss needs, vision	

			for the center, and then submit a prioritized list to leadership for review, which is presented to the Board of Directors. Based on available funding, the program can address all or targeted items based on member preference. In the prior year, the lighting was improved and new furniture was obtained, as a result of this process. Members submit requests for center items (e.g., for hygiene and food share), field trips, off site events, etc. Many staff have credit cards to use on outings or for items at the program, and the majority of people authorized to sign checks on behalf of the program are persons with a lived experience; others are family members of people in recovery.	
1.1.5	Volunteer Opportunities	1-5 (5)	Members complete chores at the center to earn S.T.A.R. dollars that are transferable for program benefits. Per report of members and staff, members see the S.T.A.R. dollars as an incentive. Some chores are set aside for members with mobility or physical limitations. Chores and group involvement are required to have a hot lunch or dinner (rather than peanut butter and jelly sandwiches available for anyone who attends the center). So, as a result, many members complete chores. Members also volunteer in other activities including: facilitating tours with potential new members or visitors, assisting with wrapping lunch meals to be used for dinner, serving on the member council, working at the front desk or as a board liaison, cleaning the kitchen, and assisting new members to the program. Also, about five members have co-facilitated groups.	<ul style="list-style-type: none"> Continue to gauge the preference of members regarding whether the completion of chores and a group should be tied to other program incentives. Consider revisiting this area on a recurring basis (e.g., quarterly, annually) during member meetings so that members can voice their preference through voting.
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5 (5)	Member and staff reported that members provide feedback using the suggestion box, member council meetings, and during one-on-one contact with staff or council liaisons. The suggestion box submissions are reviewed and discussed during	<ul style="list-style-type: none"> Ensure members are informed in advance of items to be presented for vote at the monthly meeting so that members have an opportunity to reflect on and discuss the topic with other

			the monthly member council, and they vote on which to present to the CCO and Site Manager. All members vote on topics that impact all locations, such as requiring members to use S.T.A.R. dollars to launder their clothing at the center. Members requested to improve the lighting at the center, and members provided input to develop the <i>member handbook</i> and program rules.	members prior to casting their vote.
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 (5)	Members have formal and informal ways to indicate dissatisfaction with the program, such as bringing concerns directly to staff at the center, or to the CEO. Staff reports they have an <i>open door policy</i> . Issues can be raised at member meetings, during lunch, morning meetings, or anonymously using a toll free hotline operated by a third party. Complaint procedures, and forms in English and Spanish are available on the agency website. The agency grievance process is outlined in the <i>member handbook</i> . Members can take grievances directly to the Regional Behavioral Health Authority (RBHA), with staff assisting members in the process. S.T.A.R. partners with Arizona State University (ASU) to complete quarterly surveys used to develop an outcomes report.	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 (5)	Per report, members are not forced or coerced to follow through with referrals to traditional mental health services in order to participate in S.T.A.R. Staff report they have collaborative relationships with nearby clinics, and staff at some group home settings. Staff report frequent interactions with traditional mental health services, including: staff meetings with clinic staff for co-served members, visits and presentations at clinics, educating clinic staff about YAP, CM visits to the center, employing a dedicated coordinator for individuals discharging from psychiatric inpatient settings,	

			staff co-facilitated at an inpatient facility, and by providing meals at an intensive day program.	
1.3.2	Linkage with Other COSPs	1-5 (5)	Staff reported collaborative efforts with other COSPs, encompassing: sharing resources, sharing of S.T.A.R. vans, sharing of S.T.A.R. space for graduations, kickball tournament, some members are involved in activities at S.T.A.R. and other COSPs, working with the peer and family coalition, and partnering with staff at a new COSP to provide guidance and mentorship as they build their program. The program partnered with Veterans Affairs (VA) for center members and staff to attend a WRAP certification class.	
1.3.3	Linkage with Other Service Agencies	1-5 (5)	S.T.A.R. staff reported frequent interactions with community partners and agencies, including: VA, ASU, shelters, Focus Employment Services, housing programs, other health plans outside of the RBHA, nutrition classes at the center facilitated by the University of Arizona, National Alliance on Mental Illness (NAMI), local fire and police departments, AZ Department of transportation, a local church, AZ council, etc.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 (3)	The S.T.A.R. West center is in a suburban community with commercial and residential development in Avondale, AZ. Staff reported some members live in the area near the center; others live a distance from the center and are transported to the West location if they want to attend an activity. The center is located near some members, but others travel more than ten miles, or need to go to other locations to access certain supports. Transportation is provided between program centers, and if there is an evening event, staff transport members home.	<ul style="list-style-type: none"> Continue efforts to arrange transportation for members to the center, and to expand on the services offered at the West location, making commuting to other centers for programming less of a necessity.

2.1.2	Access	1-5 (5)	The center is near two bus line routes, with access to a neighborhood shuttle service, and there is a sidewalk and bike path directly in front of the center. The agency shuttle can transport members who live within a ten mile radius; some are within walking distance, and some ride bikes. Staff can arrange transportation through an agency, or rely on clinic staff to provide members with bus tickets, or arrange for cabs and other comparable transport.	
2.1.3	Hours	1-5 (5)	The listed hours on the agency website are Monday – Thursday 7:30 a.m. to 7:30 p.m. (staff reported hours through 6:30 p.m.); Friday 7:30 a.m. to 3:30 p.m.; and Saturday 7:30 a.m. to 2:00 p.m. The bulk of activities occur before lunch; one member reported that after lunch attendance “isn’t as good” since “things are dying down.” Staff reported some members spend the entire day at the center, and others attend in the evening. The program is closed for all federal holidays, but is open the day before and after those holidays, except for Sundays.	<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)	Services are free of charge to members per staff report. A token economy is in place, and members use their earned S.T.A.R. dollars for some activities (e.g., some outings, laundry) or resources through the agency (e.g., food and clothing share). Members are required to complete a chore and attend a group to qualify for lunch and/or dinner, but the members voiced agreement with the hot meal 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.	<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)	The center building is accessible, but some improvements can be imagined. The center has no electronic device for text communication over a telephone line, though staff report they can	<ul style="list-style-type: none"> S.T.A.R. may have little opportunity to impact the structure or layout of some aspects of the building without a change in center location.

			<p>assist members making phone calls. The building is equipped with an automatic door opening function, but some of the walkways between tables in a large common area, and the hallway leading to the laundry area are narrow and could be challenging to an individual in a wheelchair. However, some chores are available to accommodate members with physical disabilities, and there is a wheelchair van to transport members to events. Staff tries to organize outings with consideration for individuals with physical disabilities. The center currently serves a small number of members with visual impairments; staff provides assistance to members with reading or writing worksheets during groups, and the center has one large text computer terminal.</p>	<p>However, continue to find ways to maximize the use of the existing space to accommodate individuals with a wide array of physical disabilities, and review options for a teletypewriter (TTY), or similar system.</p>
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 (5)	<p>Participation is voluntary for most members, but the Board of Directors liaison is expected to attend at least 15 hours at the center. Staff reported that going to the center can be a big step in recovery for some members, and that they encourage, but do not mandate, members to attend groups, outings, or chores. Staff and members report members voted to keep the requirement to attend at least one group and complete one chore per day to receive a hot meal. Staff reported the chores give members opportunities to invest and contribute to the program. Staff reported when the chores were separate from the meal incentive, if members did not complete the chores, staff would need to complete them or only certain members would complete them, which frustrated those members.</p>	<ul style="list-style-type: none"> Continue to gauge member input regarding the chore and group requirement to obtain a hot meal, to ensure the environment remains open and free of coercion. Explore options to transition chores to fully voluntary activities separate from other program functions, if that is the desire of the members.
2.2.2	Program Rules	1-5 (5)	<p>Members reported feeling safe, by means of rules at the center and during groups (posted in meeting rooms). The <i>member handbook</i> outlines</p>	

			the disruption policy procedure – for all of the centers, as well as YAP and Fun Bunch. Per report of staff and members, program and group rules were developed with member input. Members are expected to complete a daily log for each day they participate in the program, and the log is required to receive S.T.A.R. dollars.	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 (4)	The lighting at the center was upgraded and new furniture was purchased during the previous year to improve the physical environment of the center. There are meeting rooms, a kitchen area, an art space, a private meeting room, a congregate area, and a reading nook.	
2.3.2	Social Environment	1-5 (5)	Staff reported they seek to make members feel accepted in a setting free from judgement by providing encouragement and support. Members reported the center is a safe space to interact with others, to reduce isolation, and to fill their day with meaning and purpose. Staff and members conveyed a sense of comradery through their shared experience, with staff modeling and supporting recovery journeys.	
2.3.3	Sense of Community	1-4 (4)	Members voiced there is a sense of community and belonging at their center, and confirmed staff try to bring program members together. One member reported they were asked by staff to buddy for the day with someone who was having a difficult transition into the program. Members reported they take it upon themselves to welcome new members. Members reported they tended to isolate prior to joining; now they are fully engaged in activities, and relationships they have cultivated at the center carry over into other aspects of their lives. Staff reported that some members use social networking platforms to communicate with each other, and that the	

			YAP program has a group page where members can connect, and where staff can post events.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 (4)	Members attend the program as long as they wish, working at their own pace. Each member's utilization of services is tracked to show how often people participate in the program; staff reported the expectation is to see members taper down utilization over time. Some members utilize services for six months or less, while others utilize services for years. It appears the expected reduced utilization over time is not a mandate imposed on members, and there was no other evidence of staff imposed timeframes.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1-4 (4)	Staff and members asserted that staff shares their lived experience with members when it may be a benefit, more frequently in one-on-one contact, but also in group situations. Members and staff conveyed the sharing helps to forge trust. Staff reported that part of the interview process for potential new staff includes asking when it would be appropriate to use disclosure, and what they would share with members. Staff tends not to share stories of personal trauma.	
3.2 Helper Principle				
3.2	Helper Principle	1-4 (4)	Members reported opportunities to assist others at the program. One member interviewed shared a story of supporting a member through a difficult time, assisting to alleviate a crisis situation. One member reported supporting another member (who struggles keeping track of time) with prompts before groups or activities. Staff reported an <i>open door</i> policy, and that engaging members	

			in center activities can help to alleviate stressors.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 (5)	All members and staff reported that their participation at the center has helped them to make positive changes in their lives, promoting their sense of purpose. Members reported decreased symptoms, isolation and hospitalization. They also reported receiving support to develop and utilize coping skills, maintain sobriety, to quit smoking, and to engage in physical activity. One member attributed his participation in S.T.A.R to working with his Psychiatrist to decrease his number of medications.	
3.3.2	Personal Accountability	1-5 (5)	Members reported that program involvement fosters accountability, responsibility, self-awareness, independence, increased self-esteem, and development of life skills. Staff and members referenced the disruption policy outlined in the <i>member handbook</i> . Members confirmed they feel S.T.A.R. dollars are a form of accountability; they must engage in the program activities and chores to take full advantage of program incentives. The option was presented for members to complete chores, or to hire an outside cleaning company, which would lead to decreased program activities due to resources spent on care of the center taking away from the budget. Members voted to keep the chores (and group participation) as a requirement for certain incentives. Some activities require members to go to the center to sign up to participate, such as movies or outings.	
3.3.3	Group Empowerment	1-4 (4)	Members cited many opportunities to contribute to the program, including: participating in the member council, volunteering, facilitating tours of the center, and co-facilitating groups at the center. Staff reported some started as members	

			and were eventually hired as staff. Members affirmed that through participation in the program, they believe positive change in the mental health care system is possible.	
3.4 Choice				
3.4	Choice	1-5 (4)	<p>Staff reported they try to offer at least two activity options during all hours of operation. Depending on staff availability, groups or activities focus on: sobriety, coping skills or symptom management, life skills, physical activity, outings, as well as Fun Bunch, and access to YAP if within the target age range. Art and computer areas are open daily. Members and staff confirmed that before lunch more activities occur, attributed to most members returning home after lunch. However, an afternoon and night program is offered, usually with open art studio, a group, open discussion, and/or an outing.</p> <p>Members report they participate at their own pace. However, to take full advantage of the program incentives (e.g., some outings, use of washer and dryer, hot meal), there was some expectation of participation, but members could attend just to socialize, with no obligations to participate. They added that if there is a person just coming to socialize, the issue might be submitted by other members to the suggestion box for member council or to management for discussion, and eventually staff may reach out to the member's CM to inform them that S.T.A.R. may not be the program best suited for the member; staff want members participating in the center. One member posited they were not sure how effective it was for members to just hang out rather than attend groups and participate in the center. Members clarified that staff encourage members to participate or pay attention in</p>	<ul style="list-style-type: none"> • Ensure the expectation to participate to earn program incentives is based on member preference. Consider revisiting this area on a recurring basis (e.g., quarterly, annually) during member meetings so that members can voice their preference through voting. • Ensure members are not forced to submit daily logs.

			<p>groups, but are not demanding. New members are exempt from the chore and group expectation on their first day, and they can participate in their first food and clothing share for free (i.e., no S.T.A.R. dollar cost).</p> <p>Members reported increased pressure to submit daily logs, leading to a reduction in membership, attributed to some members who have difficulties writing, or who felt awkward about wording the daily logs. Members reported they did not implement the use of the daily log, but that it was implemented by administration and helps with billing. They were told the daily logs are one avenue for members to see changes since administrators track them for trends in participation.</p>	
3.5 Recovery				
3.5	Recovery	1-4 (4)	<p>Staff and members affirmed that recovery is a process, and people are at different stages in their journeys. Staff reported they didn't believe the organization defined recovery, but that each person has their own definition and story. Members described recovery in terms of stability, and gaining more control over symptoms. Members reported some members of the program gained employment at the agency. The mission statement describing the recovery oriented approach of the center is listed on the agency website and handbook.</p>	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 (3)	<p>Staff and members confirmed that a weekly group occurs on the topic of spirituality, but outside of that group, members reported staff did not really want discussions of spirituality. Members reported they would feel comfortable expressing their spirituality during the group, but not</p>	<ul style="list-style-type: none"> Staff should continue to create a safe environment for members to feel comfortable sharing their beliefs, expressing spirituality, exploring meaning and purpose, etc.

			necessarily in other settings. Staff and members confirmed that no one was allowed to proselytize, but can comment about participating in church, with private expressions of spirituality (e.g., praying to self before eating) allowable. Staff reported that in addition to the spirituality group, the program offers meditation group, a quiet room if they want to practice their own spirituality or pray in private, and opportunities for self-expression during the daily morning meeting when announcements occur. Staff report they plan celebrations open to all beliefs, don't focus on any specific religious preference, accommodate special religious meals, and are confident that members feel comfortable discussing their spiritual beliefs. An internet resource is available if members want to explore spiritual opportunities in their communities.	
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 (5)	Staff estimated that 90% or more of members receive formal peer support through daily groups, and topics include: stigma, self-advocacy, sobriety, meditation, positive affirmations, coping skills, self-harm, and coping with stress. Weekly activities include: nutrition and food handlers, cooking class, and setting personal goals. The agency offers an intensive recovery group monthly, with a focus topic each month (e.g. anger management) that about four to six center members attended. Other activities include peer support groups, and cardiopulmonary resuscitation (CPR).	
4.1.2	Informal Peer Support	1-4 (4)	Members reported there are avenues to provide and receive informal peer support. Staff reported all members have participated in informal peer	

			support activities, and cited opportunities such as: open discussions, Fun In Recovery, socializing at the center or using the video game system, field trips, playing card games, interactive outdoor activities, group physical activities, watching and discussing movies with recovery elements, and one-on-one discussions with staff.	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1-5 (4)	Members and staff reported stories are shared in formal and informal ways at the center, including: a group on recovery stories, creative writing, one-on-ones with staff, events with family, meditation, journaling, spirituality, member meetings, Whole Health Action Meeting (WHAM), and men’s talk. A member story was posted on the wall in the center, and some members share their story when they give tours at the center. About five to seven West members attended an activity where they were guided on how to write their own recovery story. The agency is partnering with AHCCCS on a project to develop a book to be published on recovery stories, but it was not clear if members had other opportunities to share their stories in the larger community.	<ul style="list-style-type: none"> • Increase avenues for members to share their stories and experiences in the larger community, including exploring creative opportunities.
4.2.1	Artistic Expression	1-5 (3)	Between three and eight members participated in a recurring art show where they had the opportunity to sell their crafts. Expressive art opportunities occasionally occur (e.g., drum circle). Some member artwork is displayed in the center, and there is a room set aside for artistic endeavors. Many of the activities at the center appear to be craft based, with somewhat limited mediums such as beads, craft, yarns, friendship bracelets, and to a lesser extent, ceramics – no one is trained to use the kiln per report. Moreover, the center has no staff trained to facilitate artistic expression; the art space is left	<ul style="list-style-type: none"> • Increase artistic expression opportunities, and offer access to a variety of mediums. Training current staff, or hiring staff experienced in the area to facilitate activities may benefit members. Until that time, explore whether members can volunteer to facilitate activities if they have experience or wish to explore available mediums or forms of expressive art.

			open to use, but no formal activities regularly occur. It was reported art groups with more structure were offered when there was an instructor. Other groups have supplementary artistic activities. It was reported that journaling was encouraged; some members participated in a monthly activity where they had the opportunity to write their own recovery story (i.e., Butterfly Experience). Previously, there was a poetry group that ended when a staff member left the agency.	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 (4)	Information about events in the community is posted on an events board. Members appear to have opportunities to attend, but limited opportunities to contribute during events. Members and staff reported they attended the NAMI walk (most recent public event), a candlelight vigil, a VA Stand Down, and other yearly events (e.g., at a theater where recovery stories are shared). Members recalled a speaker that came in to the center to talk about how to share your story. Members reported that participation in the program has led some to feel more confident contributing to the larger community, such as volunteering at church, and possibly doing a recovery class in that setting. The surveys completed through ASU offer an opportunity for members to provide feedback on the program. Staff reported members have visited the legislature, and called or wrote letters to their representatives with topics including healthcare reform. One member from the center became a speaker for NAMI, and another does presentations for the Bipolar Bears group.	<ul style="list-style-type: none"> Expand member involvement in planning and implementation of advocacy efforts where they can contribute at their comfort level. Working with members to identify matters meaningful to them may increase their sense of contribution to their communities.
4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1-4 (4)	Members reported that involvement in the program helped to prevent or cope with crisis	

			situations stemming from isolation, loss, and traumatic events. Planned and formal activities include: staff trained in Applied Suicide Intervention Skills Training (ASIST), groups on meditation, coping skills, recovery action planning, posttraumatic stress disorder, identifying triggers, and Suicide Alertness for Everyone (safeTALK). Members can attend peer certification, CPR, first aid, and non-violent crisis intervention. One element of a group is identifying who members can contact, if needed, during crisis. Members were aware of the county crisis and warm line numbers, and magnets with the numbers are available.	
4.4.2	Informal Crisis Prevention	1-4 (4)	Members reported that opportunities exist to assist others with informal crisis prevention, and to receive support through interactions with staff and other members. Staff and members maintain privacy of what is discussed in group or one-on-one contact, and report providing assistance to address situations ranging from members at risk for losing housing and members expressing self-harm plans. For some issues, having someone to talk to was identified as valuable. Staff reported that members interacting at the center can lead to identification of potential crisis, and members may help each other, or inform staff of issues. Members reported when someone has a crisis, staff meets with the person in a private quiet room, can help the person make contact with their CM, can drive members to their clinic, or rarely, the hospital.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 (4)	All members and staff interviewed reported that there are others at the program that they look up to, and from whom they can receive guidance and support. For example, one member was mentored	

			by a former council participant as the member transitioned into a role on the council.	
Domain 5 Education				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 (5)	Members reported activities are offered focused on self advocacy, identifying and coping with triggers, and how to access resources. An action planning class is offered, based on Wellness Recovery Action Plan (WRAP). Other activities focus on: stress or anger management, dealing with voices, stress and trauma, healthy relationships, coping skills, making friends, automatic negative thoughts (A.N.T.S.), ending stigma, independent living skills, resilience, self-advocacy, and benefit resources such as Disability Benefits 101 (DB101) and Social Security. Staff reported most members participated in multiple formal problem-solving activities.	
5.1.2	Receiving Informal Problem-Solving Support	1-5 (5)	All members affirmed that they received informal problem-solving support. Support is provided in group settings, through information sharing with other members, or during outings. The program offers members avenues to identify their own needs and make sure that those needs are addressed.	
5.1.3	Providing Informal Problem Solving Support	1-5 (5)	All members affirmed that they provide informal problem-solving support. Said one member, "We all pick each other up." Members and staff asserted that they were able to have honest conversations with each other to discuss problems and solutions.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	1-5 (5)	Members cited opportunities to participate in formal skills through contributing to the community, such as picking up litter and maintaining the area near the center. Staff	

			<p>reported members can learn about nutrition and health through visits to the YMCA, nature walks, and health fair. Staff from a local farm visited the center, showed how to prepare an omelet, discussed nutrition, and healthy ways of preparing eggs to reduce calories. S.T.A.R. partnered with a farmers market where members can use S.T.A.R. issued credit in addition to their own money for fresh fruits and vegetables. Staff noted outings where members can enhance socialization skills, practice or learn about etiquette in certain settings, and improve communication skills. Center related activities that some members contributed to include: panel interviews with potential new-hires, assisting in the kitchen cleanup and food packing, assisting with food and clothing share programs, and visiting a homeless veteran’s camp to provide support. It was also estimated that at least 20 members have facilitated center tours.</p>	
5.2.2	Job Readiness Activities	1-5 (3)	<p>Staff estimated about 35% of members from the West center are involved in job readiness activities. Staff also estimate that about 30 – 40% of members identify as being retired from competitive employment, or don’t want to return to the workforce. West staff can assist with activities such as developing a resume or setting up email accounts, but the Life Skills Center staff usually works with members interested in employment. Members reported they can participate in job readiness activities, primarily at the Life Skills Center, and staff confirmed a small number of West members receive services there, such as: a general educational development (GED) workshop, computer skills, resume writing, and job searches. However, some staff reported they know members who wanted to go to the Life Skills Center, located in Central Phoenix, but have not.</p>	<ul style="list-style-type: none"> Increasing job readiness activities at the West center may be beneficial to members who cannot, or do not want, to travel to the Life Skills Center.

			Due to the distance and travel time they may miss other West activities. A staff member from the Life Skills Center provides services at the West center weekly, and works with approximately 8 – 12 members in groups, and one-on-one. About ten to 15 people a week participate in food handler’s card activities; ten to 12 people from the West center participate in a cooking class, and a small number work on resumes monthly.	
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 (5)	<p>Staff estimated that most members (75% or higher) have participated in self-advocacy training or informal peer to peer self-advocacy, as it was a common facet of recovery. Members can request additional, one-on-one personal advocacy assistance by completing a special service request form. Staff reported some members have obtained employment and received support to secure housing, including assistance to move into the setting of their preference. Staff cited an example of one member who learned how to interact with their doctor through role play.</p> <p>All members reported that involvement in the program led them to be more assertive to ensure their needs are met. Examples include: arranging transportation, interactions with family, voicing input to their service plan, or selecting services during discussions with CMs and Psychiatrists. Members receive information about benefits through resources such as DB101, and a benefit specialist who provides information about benefit programs. Members suggested that having a benefits specialist at each center would be advantageous Some members requested</p>	<ul style="list-style-type: none"> Consider increasing center staff and member educative opportunities regarding accessing benefits, how to apply for social service programs, etc. if it is not feasible to have a dedicated benefits specialist at the center.

			additional information regarding benefit programs in the ASU surveys.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5 (5)	Information on peer advocacy activities are posted by members and staff on bulletin boards at the center. Members receive information on community events such as the NAMI walk and candlelight vigil. Members can also request additional assistance from staff to accompany them on appointments in the community through a request form. There is evidence that members advocate, assist, and provide mutual support and encouragement. Members reported developing skills and confidence expressing themselves, and advocating for themselves due to skills gained through activities at the center.	
6.2.1	Outreach to Participants	1-5 (3)	Community outing calendars are posted on the agency website for the center, Fun Bunch and YAP. The projected weekly group activities schedule posted in the center is updated about every two months but is subject to change, so a daily schedule is posted. If the schedule changes, members may not be informed until they arrive at the center, and those who do not regularly attend activities may not have updated information on events. Members and staff reported outreach occurs when members miss days they usually attend program activities; they are inactive after six months of not participating.	<ul style="list-style-type: none"> • Consider using social media platforms to outreach members and to inform members of planned activities, new outings, cancelled or adjustments to scheduled activities, etc. • Explore opportunities to increase member-to-member outreach to those who have not attended in a while, or ways to update disengaged members about new program activities that may be of interest.

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		
	Rating Range	Score
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	4
2.3.2	Social Environment	1-5	5
2.3.3	Sense of Community	1-4	4
2.4.1	Timeframes	1-4	4
Domain 3: Belief Systems		Rating Range	Score
3.1	Peer Principle	1-4	4
3.2	Helper's Principle	1-4	4
3.3.1	Personal Empowerment	1-5	5
3.3.2	Personal Accountability	1-5	5
3.3.3	Group Empowerment	1-4	4
3.4	Choice	1-5	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	3

4.3	Consciousness Raising	1-4	4
4.4.1	Formal Crisis Prevention	1-4	4
4.4.2	Informal Crisis Prevention	1-4	4
4.5	Peer Mentoring and Teaching	1-4	4
Domain 5: Education		Rating Range	Score
5.1.1	Formally Structured Activities	1-5	5
5.1.2	Receiving Informal Support	1-5	5
5.1.3	Providing Informal Support	1-5	5
5.2.1	Formal Skills Practice	1-5	5
5.2.2	Job Readiness Activities	1-5	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		196	
Total Possible Score		208	