CONSUMER OPERATED SERVICES (COS)
FIDELITY REPORT

Date: November 18, 2014

To: Suzanne Legander, CEO

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        ADHS Fidelity Reviewers

Method

On October 6, 2014, Georgia Harris and Karen Voyer-Caravona (Fidelity Reviewers) completed a review of the Central location of Stand Together and Recover Centers, Inc. (S.T.A.R.), a Consumer Operated Service Program (COSP). This review is intended to provide specific feedback in the development of your agency's services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

Stand Together and Recover Centers, Inc. (S.T.A.R.) has been operating in Maricopa County, Arizona for over 20 years; its history dates back to 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. This group merged with another peer support group in 2009 (S.E.L.F.F. – Survivors Educating Loving Friends and Family), forming the current entity. Presently, S.T.A.R. has three locations in the Phoenix area: East, West and Central. In October 2014, S.T.A.R. launched a job skills center in central Phoenix. At the time of review, S.T.A.R. estimated serving daily approximately 950 members in long-term recovery from serious mental illness (SMI) across its four service sites. This review focused on the central location (S.T.A.R. Central).

S.T.A.R. Central is located at 2502 East Washington Street in Phoenix, Arizona. This location is in close proximity to city bus routes and the Valley Metro light rail system. The S.T.A.R. Central location is open six days a week. This location is equipped with multiple classrooms, a kitchen, showers and laundry equipment for member use, food/clothing share, an exercise room, dining facilities, library/quiet room, lounge areas and an art room. The layout is accommodating for those with physical disabilities (i.e. hallways and bathrooms). Members enjoy two meals a day; as well as their choice of groups, social activities, outings, health and skills programming. The S.T.A.R. membership embraces diversity on multiple levels, including: racial, ethnic, gender identification, and age. Members can be described as anyone who is interested in "focusing on their recovery".

The individuals served through the agency are referred to as "members." The report will also use the phrase "person with a lived experience," in relation to other individuals connected with the agency in some capacity who may not also be members of the program (e.g., staff, individuals on the board) but may be in recovery from mental illness.

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

- Tour of the center's facility, including observations of the classrooms, offices, group rooms, lounges, art studio, dining hall and reception hall.
- Interview with the Chief Executive Officer.
- Review of the center's key documentation, including organizational documents, Articles of Incorporation, policies, board of director minutes, training materials, job descriptions etc.
- Focus group with three supervisory staff (Chief Clinical Officer, Area Manager and Site Manager).
- Focus group with ten nonsupervisory staff.
- Focus group with eleven 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 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:

- Over 90% of the Board of Directors identify as persons with lived experience.
- All the administrators, and over 80% of the staff members, identify as persons with lived experience.
- Self-identified peers have control of the agency's operating budget.
- The agency is responsive to the needs and preferences of its members.
- Both the staff and members agree that the grievance policy is clearly defined and understood. Members participate in quarterly satisfaction surveys; monitoring provided by Arizona State University.
- Regularly scheduled opportunities for members and agency leadership to connect with other COSPs.
- The center is located on a major bus route and is in close proximity to a light rail station. The majority of center membership resides within or nearby the center's zip code. Transportation accommodations are made for members who are unable to use local transportation to the center.
- Members and staff both report feeling physically and emotionally safe at the center. Members and staff are equally aware of the program policies/standards and can recite the implications of violated rules.
- The physical environment of the center is attractive and adaptive to demands of the wide-ranging list of classes, groups and programs.

The furnishings are comfortable; the members appear to be relaxed.

- Members expressed a sense of community and belonging at the center. Many members report decreased isolation since attending.
- Members report positive experiences that have helped them make positive change in their lives (i.e. social groups, leisure activities, etc.).
- Members are encouraged to take responsibility for their choices. Staff encourages members to use social problem solving techniques when faced with personal decisions.
- Members and staff are able to articulate, implement and embrace the principles of recovery.
- Multiple formal and informal peer support mechanisms/groups exist as options and opportunities for the members.
- Formal crisis prevention includes targeted groups for members, staff trained in de-escalation techniques, and referrals to outside programming at another COSP.
- STAR programming includes a Young Adult Program and staff to reach individuals ages 18 – 25, many of whom are transitioning out of the foster care system and have a weak social support network.

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

Structure
- Devise mechanisms that will increase involvement of membership in hiring. Consider possibly creating an interview panel; final candidate selection group; voting, etc. See Participatory Leadership in *The Evidence* of the SAMHSA toolkit. A participatory, nonhierarchical/ shared leadership structure "provides for a fluidity and permeability of power within the organization among management, staff, and members" (SAMHSA, p.10). Involving members in key decision making will help increase their sense of ownership and responsibility to the center, while potentially increasing their interest and participation in other civic responsibilities in the larger community.
- Explore options that will help members find intrinsic value in volunteer opportunities. Increase emphasis on rewarding strengths and contributory behaviors when establishing a consequence for member behaviors. Lasting changes in behavior is rarely a result of punitive, disciplinary action.
- Explore methods for increasing member volunteering in the community. Though opportunities have been provided, the emphasis on participation external opportunities is minimal in comparison to internal volunteering options. *Empowerment through social action* is a key feature of the Consumer-Operated Services model.
- Establish more opportunities for members to have the final approval in key decision making. One suggestion would be to present a few board-approved options to the membership for a final vote. This type of system embraces a participatory, nonhierarchical/ shared leadership structure.

Linkage to other supports
- Explore options for creating linkages with community groups that are non-clinical/social service-based in nature (i.e. faith-based, entertainment, leisure, educational, civic, etc.) In expanding these relationships, the members will have access to resources that can increase opportunities to participate in their communities.

Environment
- Establish operating hours that accommodate the expressed needs of the members (i.e. holiday/ evening hours). Expanding center hours

will provide flexibility for those members whose access to the center is limited by other daily activities (i.e. employment). Expanded hours also allow members to avoid crisis situations, relapse, etc. by having a place to go when experiencing struggle at any time of the day.

- In the member handbook, consider replacing restrictions with increased emphasis on suitable behaviors. Consider replacing the restriction about access to staff offices with a description of the open-door policy.
- De-emphasize the use of clinical interventions and consider using peer-based outreach strategies to engage members who are lacking in participation. Members participate in COSP's to receive peer-based supports that are flexible, adaptive, and responsive to their needs and preferences.
- Consider implementing service delivery timeframes that are based on individual needs.

Accessibility
- Consider options for expanding accessibility for those who are hearing or visually impaired (i.e. TTD, braille, larger-print signage, etc.).

Belief System
- Review the *Peer Principle* from *The Evidence* in the SAMHSA toolkit. Members and staff engage in a reciprocal relationship, based on equal sharing of lived experiences. Coach and encourage staff members to identify aspects of their recovery story that could be integrated into support interactions, group sessions, curricula, and other activities.
- Consider developing alternative platforms for staff and members to share their stories with one another (i.e. a "Survivors Social" or recovery recognition day/award/etc.).
- Consider options for adding faith-based community connections/directory/groups for the members who desire this type of support for their recovery.

Telling our Stories
- Create regular opportunities in larger community for telling stories as means of advocacy/public awareness such as speakers' bureau, participation in public forums, or providing public comment.
- Consider developing partnerships with arts organizations for opportunities to bring stories to public attention in the form of art exhibits, music, poetry, theater, or spoken word events.
- Consider options for displaying more member-created art throughout the building. This can be used as a bridge to educate other members and the larger community about mental illness, recovery, and hope.
- Explore how the center website and social media could provide member-driven opportunities for sharing stories of recovery and hope.

Education
- Inform participants of the array of job readiness activities available. Job readiness activities are not merely for those actively looking for employment, but can improve member readiness for independent living, volunteering, and many other positive experiences.
- Consider options for obtaining established, formal curriculum for groups offered to members. An established curriculum has measurable goals and objectives. Learning goals and objectives can help to ensure the effectiveness of a group; members are able to track their personal achievements and growth.
- Educate participants about the importance and benefits of both giving and receiving supports to peers. Continually look for opportunities during groups or daily interactions where staff-to-member interventions can be replaced with member-to-member interventions.

<u>Advocacy</u>
- Explore opportunities to expand and enhance outreach efforts to engage at least 75% of program participants in formal advocacy activities.
- Consider opportunities to increase member-to-member outreach to those who have not attended in a while (i.e. phone calls, monthly emails, etc.).
- Consider options for using social media platforms (Blogger, Facebook, Ning, Twitter) both as an outreach tool to membership and as a member-driven vehicle for peer advocacy efforts.
- Consider options for adding interactive elements for members on the agency website, as well as a richer array of links that members can use for self-advocacy such as DB101, the Valley Metro trip planner, and the City of Phoenix Housing Department.

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 5	There is one Board of Directors for all S.T.A.R. locations. The Board is comprised of eleven members; representatives from each S.T.A.R. location are nominated and elected by the S.T.A.R. members. According to the agency leadership, all but three Board members are people with lived experience, two are family members, and one is a community member.	• Consider identifying and recognizing Board members on the agency website. This will reinforce to the community, the center's identity as a peer run program; promoting to current/future members, as well as the general public, the capacity of peers to make choices and manage their own needs; and serves to de-stigmatize mental illness and co-occurring disorders.
1.1.2	Consumer Staff	1-5 5	Agency leadership indicated that there is a total of 76 staff. All but three are people with lived experience; two are family members and one is not a person with lived experience. All administrators identify as people with lived experience.	
1.1.3	Hiring Decisions	1-4 4	The agency leadership (including the CEO) identify as people with lived experience. S.T.A.R. does advertise for new employees, however, preference is given to those who identify as persons with lived experience. When asked how appropriate candidates are selected, agency leadership stated, "We also make sure they are far enough in their own recovery, that they are able to give back". Both the CEO and staff indicated that the CEO is responsible for all hiring and firing decisions.	• Devise mechanisms that will increase involvement of members in hiring decisions. Consider possibly developing an interview panel; final candidate selection group; voting, etc. See Participatory Leadership in *The Evidence* of the SAMHSA toolkit. A participatory, nonhierarchical/ shared leadership structure "provides for a fluidity and permeability of power within the organization among management, staff, and members" (SAMHSA, p.10). Involving members in key decision making will help increase their sense of ownership and responsibility to the center, while potentially increasing their interest and participation in other civic responsibilities in

			the larger community.	
1.1.4	Budget Control	1-4 4	Member councils and staff are asked to identify unmet needs and/or areas that are in need resources/services. These requests are submitted to the finance subcommittee; which prioritizes those items, aligning them with the 5-year plan. All requests are reviewed with the finance subcommittee; finalized, and presented to Board of Directors for voting/modification.	
1.1.5	Volunteer Opportunities	1-5 4	S.T.A.R. serves a free breakfast to all members. To qualify for lunch, members are expected to volunteer to complete one chore and attend a group. The member handbook indicates that members who sign up for chores and do not complete them will incur disciplinary action (I.e. will not be allowed to eat lunch for two days). Staff and members stated that members "do not want handouts", and "enjoy earning S.T.A.R. dollars" that they can use for other agency benefits. Center staff and members readily identify the many volunteer opportunities within the center. However, few external opportunities were mentioned.	• Explore options that will help members find intrinsic value in volunteer opportunities. Increase emphasis on rewarding strengths and contributory behaviors when establishing a consequence for member behaviors. Lasting changes in behavior is rarely a result of punitive, disciplinary action. • Explore methods for increasing member volunteering in the community. Though opportunities have been provided, the emphasis on participation external opportunities is minimal in comparison to internal volunteering options. *Empowerment through social action* is a key feature of the Consumer-Operated Services model.
1.2 Participant Responsiveness				
1.2.1	Planning Input	1-5 3	The members have multiple avenues for member input. Members can use the suggestion boxes, speak with individual staff, discuss concerns in their groups, speak directly to leadership or anonymously use the board liaison hotline. Though outlets for member input were present, it was often stated by interview participants that the center administration has the final say on all	• Establish more opportunities for members to have the final approval in key decision making. One suggestion would be to present a few board-approved options to the membership for a final vote. This type of system embraces a participatory, nonhierarchical/ shared leadership structure.

			matters. When planning decisions were discussed with staff (supervisory/non-supervisory), both groups clearly indicated that all member suggestions are taken to the administrators and the board for discussion. Priority is given to suggestions that are in alignment with the agency five-year plan. It was unclear if at times changes are implemented by the administration without prior communication to the staff and/or members. In one instance, administrative level staff were aware of an upcoming change in center hours; however, this change was not yet communicated to the center staff and members. This key decision is one that will be embraced by members; however, there is no indication that members were involved in the decision to execute this change.	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	The grievance policy is made available to all members via the *member handbook.* Both the staff and members agree that the policy is clearly defined and understood. S.T.A.R. also provides opportunities to express dissatisfaction through a quarterly satisfaction survey, with monitoring provided by Arizona State University. Participants can also take grievances or complaints directly to the Regional Behavioral Health Authority (RBHA).	
1.3 Linkage to Other Supports				
1.3.1	Linkage with Traditional Mental Health Services	1-5 4	S.T.A.R. receives referrals from the local clinics and the psychiatric urgent care (UPC) for people being discharged from the hospital. Leadership and staff agreed that some treatment teams allow member services to be interrupted due to lack of appropriate information in referral packets (i.e. lack of an updated Individualized Service Plan-ISP/Assessment/ At Risk Crisis Plan, etc.). Staff stated they begin outreach to members for renewal approximately thirty days prior to the ISP expiring; however, this effort is not always	• It is recommended that S.T.A.R. continue their outreach and engagement efforts with traditional mental health service providers. The need for direction/assistance from the RBHA cannot be determined at this time.

			reciprocated with action from the treatment team.	
1.3.2	Linkage with Other COSPs	1-5 5	Agency leader reports that the leaders of the local COSPs meet monthly for coffee. This monthly meeting creates an opportunity to provide support and resources to one another. Recently, three of the COSPs attended a three-day camping trip to Heber, Arizona, to which, 120 people attended. The agency leader also reported recent kick-ball and bowling events with COSs. S.T.A.R. members also have access to the *Hope's Door* program at another COSP – Recovery Empowerment Network (REN).	
1.3.3	Linkage with Other Service Agencies	1-5 3	Agency leadership reports working towards building new and strengthening existing relationships with other service agencies. S.T.A.R. will assist members with Housing and Urban and Urban Development (HUD) and Supplemental Security Insurance (SSI) questions, food pantry lists, etc., as needed; however, no enduring connection or access to service agency representatives exists. In a newer partnership with UPC, S.T.A.R. is providing peer support to inpatient members. The agency has implemented health and wellness programming and is forming relationships with physical health companies for future expansion. At this time, S.T.A.R.'s effort in development of these relationships with other service agencies is not reciprocated.	• Continue effort to engage local services agencies. • Explore options for creating linkages with community groups that are non-clinical/social service-based in nature (i.e. faith-based, entertainment, leisure, educational, civic, etc.) In expanding these relationships, the members will have access to resources that can increase opportunities to participate in their communities.
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1-4 4	Agency staff report approximately 75% of members live within two miles of the location.	
2.1.2	Access	1-5 5	The S.T.A.R. Central location is positioned immediately behind a local bus stop and approximately an eighth of a mile from the light	

			rail station. Routes have sidewalks, some bus shelters and retail shopping. The center also has ample parking spaces, as well as several bike parking racks. S.T.A.R uses its own vans and the local Comtrans/Discount Cab service to transport members who live outside of the immediate vicinity.	
2.1.3	Hours	1-5 3	The center is open over 40 hours a week; however, there are no evening or holiday hours. Hours of operation are 7:30am-3:30pm Monday through Friday and 7:00am -3:00pm on Saturdays. Members expressed their need for longer hours. One member stated, "I would come seven days if they were open." Agency leadership expressed that there will be changes to the hours of operation in the near future.	• Establish operating hours that accommodate the expressed needs of the members (i.e. holiday/ evening hours). Expanding center hours will provide flexibility for those members whose access to the center is limited by other daily activities (i.e. employment). Expanded hours also allow members to avoid crisis situations, relapse, etc. by having a place to go when experiencing emergencies or emotional distress at any time of the day.
2.1.4	Cost	1-5 5	All services at S.T.A.R. are free of charge to members. Members use their earned S.T.A.R. dollars for food/clothing share, trips, and other agency activities. There is no cost for meals, however, members are required to complete a chore and attend a group to qualify for lunch.	• See recommendation for 1.1.5. *Volunteer Opportunities*.
2.1.5	Accessibility	1-4 3	S.T.A.R. Central relocated to its present location in April 2014. A newly built structure, it has universal design elements throughout. The hallways can accommodate two wheelchairs and the bathrooms are wheelchair accessible. The building has an elevator for travel to the second floor. Though well designed for those with mobility concerns, the center does not have any accommodations for the hearing or visually impaired.	• Consider options for expanding accessibility for those who are hearing or visually impaired (i.e. TTD, braille, larger-print signage, etc.).
2.2 Safety				
2.2.1	Lack of Coerciveness	1-5 4	Many members felt S.T.A.R. Central was an easy-going, friendly environment. Members were	• See recommendation for 1.1.5. *Volunteer Opportunities*.

			satisfied with the availability of groups and diversity of group topics. S.T.A.R.'s group policies allow members to participate at their own comfort level. Members and staff were familiar and supportive of the rules. S.T.A.R. groups do not require any particular level of participation; however, lack of attendance for 6 months will result in termination from the program. Also, participation in group is a requirement for a meal at lunch. New members "have one week to learn the rules of S.T.A.R. prior to disciplinary action".	
2.2.2	Program Rules	1-5 5	Members and staff both report feeling physically and emotionally safe at the center. Members and staff are equally aware of the program policies/standards and can recite the implications of violated rules (i.e. The Disruption Policy). All staff and members were able to locate a copy of the policy in group rooms and throughout the center. Also, the member handbook documents all of the safety policies most pertinent to members (i.e. contraband, disruption, group rules, etc.).	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 4	The S.T.A.R. Central location is a newly acquired building. The members enjoy the spacious design and comfortable furnishings. There are a variety of rooms which accommodate the center's activity/group schedule. There is a lounge area and a pool table in the main foyer. There is also computer room, library and exercise room. The art room is spacious and accommodating to different mediums. The staff offices seemed equally comfortable to the member areas. The members appear relaxed and at ease with each other.	

2.3.2	Social Environment	1-5 3	The staff embrace their roles as Peer Support Specialists (PSS) at the center. Many staff view their job as a mentoring opportunity. Staff were asked to describe the available leadership opportunities for members. Staff stated that members are allowed to co-facilitate groups with a PSS, but a member must be certified as a PSS to facilitate a group on their own. Staff spoke of "holding [members] accountable for their decisions" on their recovery journey. Staff are viewed as the first line of defense in resolving conflict and member concerns. While leadership often spoke of their "open-door policy" with participants, the general center rules state, "No member is allowed in any office unless requested by the office holder. The member must get permission from the staff prior to going in any staff office" (p.10).	• Consider creating clear pathways to volunteering at the center that will allow members to experience leadership roles in activities they feel connected to. This may help members develop interest in leadership and employment pathways more readily. • In the member handbook, consider replacing restrictions with increased emphasis on suitable behaviors. Concerning the issue of staff offices, consider replacing the restriction, with a description of the open-door policy.
2.3.3	Sense of Community	1-4 4	Members expressed a sense of community and belonging at their center. Ambassadors are assigned to members when they first join the program, to help them acclimate to the center. The center provides multiple opportunities to socialize through groups and Fun Bunch activities. Multiple members described isolating themselves prior to coming to the center; now they are fully-engaged in activities. One member stated, "This is the closest family I ever had."	
**2.4 Reasonable Accommodation**			
2.4.1	Timeframes	1-4 2	The center has some expectation of participation in center activities. The clinical team will be called if participation is lacking for an extended period of time. If a participant does not engage in 6 months, their membership is terminated. There is no daily requirement for participation. Members can use the services at S.T.A.R. for as long as they like.	• De-emphasize the use of the clinical interventions and consider using peer-based outreach strategies to engage members who are lacking in participation. Members participate in COSPs to receive peer-based supports that are flexible and adaptive. • Consider implementing service timeframes that are based on individual needs.

Domain 3 **Belief Systems**				
3.1 Peer Principle				
3.1	Peer Principle	1-4 3	Self disclosure is common but not universal among staff members. When asked about self-disclosure, staff members at all levels were able to articulate the limits to disclosure at the center. When asked about the parameters around disclosure, the agency leader stated, "All disclosure should have a purpose." Another staff member stated "We don't share war stories" but share general experiences with the members in a one-on-one setting. Staff members did not readily articulate the benefits of self-disclosure to members. Some staff members stated that they never self-disclose. There appears to be a higher expectation for staff to restrict disclosure to members, than the reverse. This may be a reflection of what appears to be a clear distinction or boundary in place between staff and membership. Sharing stories is part of peer support training and individuals are encouraged to share their stories to the extent to which they feel comfortable. Peer Support Specialists state that disclosure should focus on the needs of the member rather than those of the staff person, and they report making this clear to any member who expresses interest in becoming a PSS. Aside from PSS training and particular group modules, not many pathways for disclosure were observed.	• Review the *Peer Principle* from *The Evidence* in the SAMHSA toolkit. Members and staff engage in a reciprocal relationship, based on equal sharing of lived experiences. Coach and encourage staff members to identify aspects of their recovery story that could be integrated into group session, curriculum, etc. • Consider developing alternative platforms for staff and members to share their stories with one another (i.e. a "Survivors Social" or recovery recognition day/award/etc., the display of member art).
3.2 Helper Principle				
3.2	Helper Principle	1-4 3	S.T.A.R. members report having opportunities to help their fellow peers. One member stated that she sat with a new person who seemed lonely during a meal. When asked who the members felt they could rely on for advice in the member group, the members mentioned a few key	• Consider options for team building and leadership development for center members (See recommendation for 2.3.2.). Building confidence in one's own ability to achieve milestones may result in an increased desire to assist other peers with

			members that they viewed as leaders. Members are able to have one-on-one discussions with staff members upon request.	their concerns. • Identify ways for members and staff to engage in a reciprocal relationship, based on equal sharing of lived experiences. Coach and encourage staff members to identify aspects of their recovery story that could be integrated into support interactions, group sessions, curricula, etc. and other activities.
			3.3 Empowerment	
3.3.1	Personal Empowerment	1-5 5	The members had very positive feedback regarding their experiences at S.T.A.R. Several members described the importance placed on socializing and relationship building as opposed to isolation. One member stated that the program helps not only to improve social connections with other members, but also to increase interest in trying new activities in the community.	
3.3.2	Personal Accountability	1-5 5	Participants are encouraged to acknowledge the consequences of their choices. When asked about keeping members accountable, staff stated, "We are not allowed to give advice. We reflect the issue back to the member so they can figure it out." Staff and members were able to articulate the behaviors that constitute violations of the disruption policy. Participants have numerous opportunities to voice their opinion in developing programming that meets their needs through participation in the member council meetings, the Positivity Jar, the suggestion box, and one-on-one conversations with staff.	
3.3.3	Group Empowerment	1-4 3	The members have the member council and other mechanisms to help members give feedback to the program administrators regarding the effectiveness of the services. Many of the members feel integrated into the culture of the center. However, only a portion of the members discussed their involvement with the center	• See recommendation for *Social Environment* 2.3.2

			beyond their participation in groups. Members repeatedly described the center as providing them "structure"; members made little reference to making choices, or being presented with opportunities to shape the center or their own lives.	
**3.4 Choice**
3.4	Choice	1-5 4	The center has an extensive group calendar; multiple groups/activities are offered on a daily basis. Members are allowed to participate in groups at their level of comfort. Nutrition, walking, current events, living skills, Wii games are a few of the groups hosted by the center. Though many offerings exist, it is not clear the extent to which a member could shape the direction of the activities. Staff expressed that members can help in the co-facilitation of groups but staff "will guide that and provide feedback". One group of members has started their own exercise group, but it is not clear how members are involved in the development, implementation and facilitation of regularly scheduled groups. Participants may choose not to participate in groups; however, lack of participation in groups makes them ineligible for lunch.	• See recommendation for *Social Environment* 2.3.2
**3.5 Recovery**
3.5	Recovery	1-4 4	The philosophy of recovery was mentioned and embraced by both staff and members of S.T.A.R. Recovery is identified as "the reason why [I] come to work" by staff members. Participants discussed the personal growth they have experienced, including the ways they have created structure and balance in their lives by attending the center's programming. The S.T.A.R. mission statement describes their commitment to recovery and empowerment.	
**3.6 Spiritual Growth**

3.6	Spiritual Growth	1-4 3	Discussions regarding spiritual beliefs are member driven at S.T.A.R. Staff indicated that spirituality is built into one of the groups but, "We don't touch on religion. Some want to share because it is a big part of the recovery. I have to redirect them because I don't want to affect someone." Members and staff are able to define the center rules regarding disclosure of one's religious affiliations. Most of the members interviewed were comfortable with the disclosure rules; however, one member stated that the center was less receptive to these conversations than at other COSPs.	• Consider options for adding faith-based community connections/directory/groups for the members who desire this level of support in their recovery.
			Domain 4 **Peer Support**	
			4.1 Peer Support	
4.1.1	Formal Peer Support	1-5 5	S.T.A.R. provides formal peer support programming through groups, the hospital wraparound services team for patients at UPC, and the peer support (PSS) training program. Also, new members are assigned an Ambassador to assist them while acclimating to the new center. Documentation of the formal peer support mechanisms was provided.	
4.1.2	Informal Peer Support	1-4 3	Members and staff were able to discuss instances where informal peer support is taking place at the center. A group of members have formed their own exercise group and are keeping each other accountable for their participation. During the member interview, one member discussed taking the initiative to interact with another member who was sitting alone.	
			4.2 Telling Our Stories	

4.2	Telling Our Stories	1-5 4	Members have opportunities to share their stories as it relates to the groups they are attending. Some curriculum (i.e. PSS training) requires members to share their stories with one another. Members are welcome to share their stories on an individual basis and as indicated by staff (i.e. invite to a community function). The catering department does a reception for the public defender's office annually. Some members receive opportunities to speak at that event.	• Create regular opportunities in larger community for telling stories as means of advocacy/public awareness such as speakers' bureau, participation in public forums, or providing public comment. • Consider developing partnership with arts organizations for opportunities to bring stories to public attention in the form of art exhibits, or spoken word events.
4.2.1	Artistic Expression	1-5 4	S.TA.R. members enjoy a spacious art room. Members are able to choose between multiple mediums for their projects. Members are able to sell their items after completion. Member art has been used as a method of engagement to members who appear to be withdrawn. Though members are engaging in art projects, telling *our stories* is missed as a regular part of instruction. Agency staff referred to a few instances where members used their art in this way; however, the art of most members was craft-based rather than healing-centered. Also, member art appeared to be displayed primarily in the art room; little member art could be found anywhere else in the center.	• Consider options for displaying more of art throughout the building and sharing stories. This can be used as a bridge to educate other members, and the larger community about mental illness, recovery and hope. • Consider developing partnerships with arts organizations for opportunities to bring stories to public attention in the form of art exhibits, music, poetry, theater, or spoken word events.
4.3 Consciousness Raising				
4.3	Consciousness Raising	1-4 3	Agency leadership described the opportunities given to members to contribute to the larger community. "We regularly have education, guest speakers, NAMI events, NAMI meetings, some participated in MyFEST." S.T.A.R. will also forward pertinent emails and articles, or discuss them in the current events group. Though connections are being made to external groups, when asked about the *Peer Movement*, none of the members could recall hearing about it. Members were able to verify their willingness to participate in S.T.A.R.	• Consider opportunities to educate members on the *Peer Movement* more explicitly. Provide literature, pamphlets, and help members to establish the connection(s) between their activities and their contribution to the movement.

			activities, but few recognized their connection to the larger peer community.	
			4.4 Crisis Prevention	
4.4.1	Formal Crisis Prevention	1-4 4	Staff are trained to recognize and respond to risk factors and at-risk behaviors associated with crisis. In case of emergency, staff will use crisis lines and contacting case managers and/or the local police when necessary. Members can engage in multiple crisis prevention programs at the center. *Action Planning* is the S.T.A.R. version of *Wellness Recovery Action Planning*, *Symptom Management, and Anger Management* are a few of the classes available. Members also have access to a program called *Hope's Door,* through another COSP- Recovery Empowerment Network (REN).	
4.4.2	Informal Crisis Prevention	1-4 3	Staff members indicated that the main source of informal crisis prevention occurred as a one-on-one meeting with staff. These unscheduled meetings give members the opportunity to discuss their needs and concerns with a trusted source. It was unclear what other informal crisis prevention techniques were used.	• Explore additional practices for crisis prevention and educate participants, so that they have multiple ways to deal with potential crises. • Educate participants about the importance and benefits of both giving and receiving supports to peers. Continually look for opportunities during groups or daily interactions where staff-to-member interventions can be replaced with member-to-member interventions. • See recommendations for *Timeframes* in 2.4.1.
			4.5 Peer Mentoring and Teaching	
4.5	Peer Mentoring and Teaching	1-4 3	Members spoke of both S.T.A.R staff and other members who they rely on for support. Staff felt empowered and equipped to help members in need. However, members gravitated to the staff and key members in the center for advice and mentoring.	• See recommendations for the *Helper Principle* in 3.2.

<table>
<tr><td colspan="5" align="center">Domain 5
Education</td></tr>
<tr><td colspan="5" align="center">5.1 Self Management/ Problem Solving Strategies</td></tr>
<tr>
<td>5.1.1</td>
<td>Formally Structured Problem-Solving Activities</td>
<td>1-5
3</td>
<td>The center offers an Action Planning class which is identical to the Wellness Recovery Action Plan (WRAP). This program focuses on symptom management and crisis prevention. There are other classes on the schedule, such as Emotions and Anger Management that focus on everyday solutions to member concerns. Though the groups have great attendance numbers, instructors feel they need more assistance in obtaining established, formal curriculum for these courses.</td>
<td>• Consider options for obtaining established, formal curriculum for groups offered to members. Established curriculum can help to ensure the effectiveness of a group and help members to achieve course objectives.</td>
</tr>
<tr>
<td>5.1.2</td>
<td>Receiving Informal Problem-Solving Support</td>
<td>1-5
4</td>
<td>Member interviews indicated that members gravitated to the staff and key members in the center for informal problem-solving support. Members expressed their appreciation for opportunities to have "real talks" with those identified individuals.</td>
<td>• Educate participants about the importance and benefits of both giving and receiving supports to peers. Continually look for opportunities during groups or daily interactions where staff interventions can be replaced with member interventions.</td>
</tr>
<tr>
<td>5.1.3</td>
<td>Providing Informal Problem Solving Support</td>
<td>1-5
2</td>
<td>Member interviews indicated that a smaller number of individuals viewed themselves as "problem solvers" as compared to those receiving the support. Most members spoke of the opportunities they have received rather than what they were able to provide to others.</td>
<td>• Coach and encourage staff members to identify aspects of their recovery story that could be integrated into support interactions, group sessions, curricula, and other activities.
• See recommendations on Receiving Informal Problem-Solving Support in 5.1.2.</td>
</tr>
<tr><td colspan="5" align="center">5.2 Education/Skills Training and Practice</td></tr>
<tr>
<td>5.2.1</td>
<td>Formal Practice Skills</td>
<td>1-5
3</td>
<td>The Center offers daily on- and off-site activities to provide opportunities for practicing social skills in the community. Groups are offered daily. Group topics range from healthy habits to money management. Though there are established groups, there is little evidence that members are receiving targeted skills training in these sessions. The offsite skills center is newly established; it is unclear the number of members from this center that participate in its services. Staff indicated that</td>
<td>• Establish measureable objectives in the independent living/ communication/ skill development classes to evaluate their effectiveness in improving social skills.</td>
</tr>
</table>

			employment readiness skills are worked on upon request of the member.	
5.2.2	Job Readiness Activities	1-5 2	With the recent acquisition of the job skills training center, it is unclear the number of members from the central location who participate in job readiness activities. The center offers a weekly computer skills class. When asked about job readiness activities, staff indicated that these activities (i.e. resume writing, GED) are done in a one-on-one setting. Staff said, "we just don't have the numbers [to run a resume writing group]". One staff said, "most of them [members] can't work, so we focus on getting from day to day." Independent living skills are the primary focus.	• Inform participants of the array of job readiness activities available. Job readiness activities are not merely for those actively looking for employment, but can improve member readiness for independent living, volunteering, and many other positive experiences. • Consider options for obtaining established, formal curriculum for groups offered to members. An established curriculum has measurable goals and objectives. Learning goals and objectives can help to ensure the effectiveness of a group; members are able to track their personal achievements and growth.
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1-5 3	The center offers a self-advocacy group on a weekly basis. Members are taught how to effectively call their medical and clinical teams when they need assistance from traditional mental health/physical health providers. Members participate in the *Action Planning* group, as well as other self-management groups. One staff stated, "When paperwork expires, we teach them to advocate for their services with clinical team." Some members receive individual assistance with benefit from entitlement agencies. Though these services are being offered, the number of members participating in these activities, in a formal way, is unclear.	• Explore opportunities to expand and enhance outreach efforts to engage at least 75% of program participants in formal advocacy activities.
6.2 Peer Advocacy				

6.2	Peer Advocacy	1-5 3	Staff state that members receive calendar posts about the upcoming events: NAMI walk, the candlelight vigil, the day at the Capital, etc. Members receive individual support from staff for issues involving landlords, treatment teams, etc. There is little evidence that members frequently assist other members in efforts to advocate for needs and concerns.	• Coach and encourage staff members to identify aspects of their recovery story that could be integrated into support interactions, group sessions, curricula, and other activities. • It is recommended that Leadership, staff and members collaborate to investigate developing a member focused component to the website that includes links to resources that members can use for self and peer advocacy such as DB 101 and Healthcare.gov.
6.2.1	Outreach to Participants	1-5 3	Staff state that members receive calendar posts about the upcoming events: NAMI walk, candlelight vigil, day at the capital, etc. There were flyers and brochures located at the receptionist desk. Group listings are posted on large white boards in the dining area and printed on fliers. The center has sign-up sheets for volunteering/chores within the program. There was no evidence of multi-media or social media promotion of the program or activities.	• Consider options for using social media platforms (Blogger, Facebook, Ning, Twitter) as an outreach tool to membership. • Consider options for adding interactive elements for members on the agency website, as well as a richer array of links that members can use for self-advocacy such as DB101, the Valley Metro trip planner, and the City of Phoenix Housing Department. • Consider opportunities to increase member-to-member outreach to those who have not attended in a while. (i.e. phone calls, monthly emails, etc.)
Total Score:	**166**			

FACIT SCORE SHEET

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

	Rating Range	Score
2.1.5 Reasonable Accommodation	1-4	3
2.2.1 Lack of Coerciveness	1-5	4
2.2.2 Program Rules	1-5	5
2.3.1 Physical Environment	1-4	4
2.3.2 Social Environment	1-5	3
2.3.3 Sense of Community	1-4	4
2.4.1 Timeframes	1-4	2
Domain 3: Belief Systems	**Rating Range**	**Score**
3.1 Peer Principle	1-4	3
3.2 Helper's Principle	1-4	3
3.3.1 Personal Empowerment	1-5	5
3.3.2 Personal Accountability	1-5	5
3.3.3 Group Empowerment	1-4	3
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	3

	Rating Range	Score
4.2 Telling Our Stories	1-5	4
4.2.1 Artistic Expression	1-5	4
4.3 Consciousness Raising	1-4	3
4.4.1 Formal Crisis Prevention	1-4	4
4.4.2 Informal Crisis Prevention	1-4	3
4.5 Peer Mentoring and Teaching	1-4	3
Domain 5: Education	Rating Range	Score
5.1.1 Formally Structured Activities	1-5	3
5.1.2 Receiving Informal Support	1-5	4
5.1.3 Providing Informal Support	1-5	2
5.2.1 Formal Skills Practice	1-5	3
5.2.2 Job Readiness Activities	1-5	2
Domain 6: Advocacy	Rating Range	Score
6.1.1 Formal Self Advocacy	1-5	3
6.1.2 Peer Advocacy	1-5	3
6.2.1 Outreach to Participants	1-5	3
Total Score	**166**	
Total Possible	**208**	