CONSUMER OPERATED SERVICES (COS)
FIDELITY REPORT

Date: April 1, 2015

To: Suzanne Legander, CEO

From: Georgia Harris, MAEd
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        ADHS Fidelity Reviewers

Method

On February 24, 2015, Georgia Harris and Karen Voyer-Caravona (Fidelity Reviewers) completed a review of S.T.A.R. - West - 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 in operation in Maricopa County, Arizona for over twenty years, but whose 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 (S.E.L.F.F. – Survivors Educating Loving Friends and Family) in 2009, forming the current entity. S.T.A.R. has three locations in the Phoenix area: East, West and Central. In February 2015, S.T.A.R. opened the Job Skills Center in central Phoenix, which is open to all members interested in employment and currently emphasizes food service and culinary arts. The focus for this review was the S.T.A.R. West location, which operates at 605 North Central Avenue in Avondale, Arizona.

The individuals served through this agency are referred to as "citizens," but for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used. In addition, throughout this COS report, the term "people with lived experience" will be used to reference self-identified people with lived experience of recovery.

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

- Tour of the Center's facility;
- Interview with the Chief Executive Officer and the Chief Clinical Officer;
- Review of the Center's key documentation, including organizational documents, Articles of Incorporation, polices, annual

reports, training materials, job descriptions, etc;

- Group interviews with supervisory staff: the Area Manager, the Site Manager and two Assistant Site Managers;
- Group interviews with nonsupervisory staff: the Lead Recovery Support Specialist, three Recovery Support Specialists, and the Young Adult Program Director; and
- Group interviews with five participating program members.

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

Summary & Key Recommendations

S.T.A.R. - West benefits from a committed team of staff and volunteers, who readily identify as people with the shared experience of serious mental illness (SMI) and/or co-occurring disorders and are dedicated to supporting members in their journey toward recovery.   Members described the Center as a place where they have found acceptance, understanding, friendship, hope and inspiration for recovery. Staff believe in the capacity of all members to succeed in attaining their goals and their ability to contribute to the Center and the larger community. Staff should make focused efforts in helping members find their voice, strengths, and develop skills as potential agents of change.

The agency demonstrates strengths in the following program areas:
- Staff: S.T.A.R. - West has a dedicated staff who identify as people with the lived experience of an SMI or co-occurring disorder and articulate a shared commitment to the recovery philosophy. All staff expressed the belief that members can develop skills and competencies that empower them to advocate for themselves and others, enjoy satisfying relationships, and make valuable contributions to both the agency but the outside community through volunteering, education and work.
- Peer Driven Organization: Approximately 95% of employees and volunteers at S.T.A.R., including agency leadership and the Board of Directors, are people with the lived experience of recovery from an SMI and/or co-occurring disorder. Staff strongly identify with the challenges and societal stigmatization experienced by many of the S.T.A.R. membership. They describe their roles as providing hope, guidance, peer support and a model of recovery as an ongoing process. Most staff said the members give as much as they receive and provide them inspiration in their own recovery journeys.
- Peer Empowerment and Accountability: Staff and membership place a high priority on peer empowerment and personal

accountability for making choices and the consequences of decisions. Members appreciate rules clearly communicated throughout the Center that guide appropriate behavior and create a physically and emotionally safe environment. Members also value the opportunity to earn rewards in the form of S.T.A.R. Dollars and to be responsible for running the Center through volunteering at various levels of the agency, including the Board of Directors.

The following are some areas that will benefit from focused quality improvement:
- Perception that problem solving and peer advocacy emanates from staff: While staff clearly described ways that members make a contribution to their recovery, interviewed members appeared to see help and support as primarily coming from staff. Most members interviewed had difficulty articulating how and when they have contributed to each other's recovery or the successes of the Center. Likewise, members appear to be only passively engaged in direct peer advocacy efforts in the larger community that raise awareness of the philosophy of recovery from SMI and co-occurring disorders.
- Outreach to participants: Member outreach appears to occur primarily in the building. It is unclear what outreach efforts are made outside of the Center to keep members informed about current activities and events and engaged in issues relevant to the member movement or larger peer community. The addition of interactive elements to the agency website and social media platforms could be useful in effort to outreach current and potential members, empower members in sharing their recovery story, advocate and raise consciousness, and provide new options for job readiness and formal skills practice.
- Accessibility: Areas inside the S.T.A.R. - West Center, such as staff offices, bathrooms, and the reception area were somewhat congested or difficult to maneuver and could present challenges to individuals who use walkers or wheelchairs. The Center does not provide accommodations for individuals who are deaf or hard of hearing such as TDD or Braille. It is recommended that long-range planning address these accessibility issues for improvement in the future.

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 is comprised of 10 members. According to leadership, six individuals with lived experience serve on the Board, three of whom represent each of the S.T.A.R. locations and are nominated and elected by S.T.A.R. members. Two Board members are self-identified as family members of recipients of mental health services. Two members, including a psychiatrist, represent the community.	• Continue to recruit for qualified candidates with lived experiences in recovery from mental illness as member of the Board of Directors.
1.1.2	Consumer Staff	1-5 5	Across the entire organization, approximately 93% of the 65 member staff self-identify as people with lived experience. Lived experience may be defined as living with an SMI, co-occurring disorder, general mental health issues or those individuals receiving mental health services through the Veteran's Administration or the private system. The remaining staff are family members of people with lived experience.	
1.1.3	Hiring Decisions	1-5 4	Agency leadership all identify as people with lived experience. S.T.A.R. advertises for new employees, but staff report the agency hires and promotes from within and gives preference to persons with lived experience. The CEO is responsible for hiring decisions. The Board of Directors is responsible for hiring the CEO and has the authority to terminate this relationship.	• Involve members in key hiring decisions such as interview panels or final candidate selection groups (see Participatory Leadership in *The Evidence* of the SAMHSA toolkit). Opportunities for members to engage in shared decision making will increase their ownership and accountability for the Center, and potentially their identity as agents of change.
1.1.4	Budget Control	1-4 4	Budgets are developed in keeping with the number of members served, the Center's operating costs, and the cost of each program. Members are asked to give input on programming	

			preferences, priorities, and make choices so that the budget balances. Staff reported that members recently decided they were spending too much on ice, for example. Member Councils and staff are asked to identify unmet needs and desired services and resources. Requests are submitted to the agency finance subcommittee, which prioritizes those items in alignment with the five-year plan. The finance subcommittee, which includes a S.T.A.R. – West member, finalizes the budget and presents it to the Board of Directors for a vote and/or modification.	
1.1.5	Volunteer Opportunities	1-5 5	Members have numerous opportunities to volunteer and contribute to running the Center and the larger agency. At the Center, members can serve as an Ambassador, orienting new members to the program. Members can also serve as peer mentors. They can work part-time through Freedom to Work, without losing health benefits, or volunteer in the clothes and food share rooms. Members can serve on the West Member Council and on the Board of Directors as the Member Liaison. S.T.A.R. hires from within, and members can work full-time and still use services after their scheduled hours.	
			1.2 Participant Responsiveness	
1.2.1	Planning Input	1-5 5	Members can provide input on programming, services, and policies and procedures any time by talking one-on-one to staff or their Member Liaison, at monthly member meetings, through the suggestion box, or the member survey. One staff person stated he encourages members to take ownership of their groups by asking for their input and priorities for what they wish to focus on for the day. Staff also reported that due to member concerns that suggestions might be overlooked, all suggestions are now read out loud at member monthly meetings, so that staff are	

			accountable for a response. Minutes from previous meetings are posted, so that members who were unable to attend can give input.	
1.2.2	Member Dissatisfaction/ Grievance Response	1-5 5	S.T.A.R. has a written grievance process (page 17 of the Member Handbook), and members are walked through the process when they have a complaint or feel that they are not being treated fairly. The grievance policy has an appeals process that ultimately goes to the RBHA or the Arizona Department of Behavioral Health Services (BHS) if the matter is not resolved. Besides the grievance policy, members can express dissatisfaction through the quarterly satisfaction survey, monitored by Arizona State University.	
			1.3 Linkage to Other Supports	
1.3.1	Linkage with Traditional Mental Health Services	1-5 4	S.T.A.R. is strongly linked to the Regional Behavioral Health Authority (RBHA) system. The vast majority of members are referred by RBHA contracted mental health clinics and reimbursement requires a current Individual Service Plan (ISP) that identifies peer support services. Staff report that they request staffings with the clinical team when there is a medical emergency, a level one violation of the disruptive behavior policy, or some other incident that requires clinical intervention. Staff visit clinical teams to advocate for members' needs and increase team knowledge about peer support services and S.T.A.R. Case Managers are also invited to Family Night. Terros, a primary and mental health treatment provider, offers a substance abuse group for members weekly on Tuesday mornings. S.T.A.R. - West staff report, however, that the mental health system does not reciprocate involvement equally. They report little input was sought from members with respect to changes in	• Continue outreach and engagement efforts with traditional mental health service providers to ensure that clinical and in-patient teams understand and utilize the full value of peer support recovery services. • The RBHA, Provider Network Organizations (PNO) and COSPs should consider collaborating in finding solutions to the timely completion and sharing of member ISPs in order to avoid unnecessary disruption in peer support recovery services.

			transcription contracts, which proved disruptive to the agency and membership for a few weeks. While staff begin outreach to members for ISP renewals 30 days prior to expiration, they report the clinics are slow to follow through with providing current ISPs, sometimes resulting in interruption of S.T.A.R. services.	
1.3.2	Linkage with Other COSPs	1-5 5	Staff report linkages with two COSPs. The Center for Health Empowerment Education Employment Recovery Services (CHEEERS) brings their suicide prevention group Journey of Hope to the Center. Members can also utilize Hope's Door, a peer-to-peer crisis diversion and recover program, at Recovery Empowerment Network (REN). In the last year, staff and members from the various COSPs have participated together in a camping trip and a kickball tournament; photographs of both events were posted on the bulletin board in the dining area.	
1.3.3	Linkage with Other Service Agencies	1-5 3	Staff report that representatives from other service agencies such as Social Security have visited the Center to give presentations. S.T.A.R. has a Peer Discharge Care Coordinator who interfaces with clinical and outpatient teams, families, primary care physicians, other support networks and members to help members transition back into the community after discharge from the hospital. Olive Garden and New to You provide donations to the food and clothes closets.	• Continue efforts to foster relationships with gatekeepers at local service agencies. Direct contacts with these agencies may generate linkages in information and opportunities for members. Possible opportunities may exist through Meals on Wheels, Area Agency on Aging, the Alzheimer's Association, Valley Metro and the City of Phoenix.
**Domain 2** **Environment**
**2.1 Accessibility**
2.1.1	Local Proximity	1-4 3	The S.T.A.R. - West Center is located in Avondale, a suburban community west of Central Phoenix, characterized by commercial and residential	• S.T.A.R. - West can do little to affect proximity, which appears to be a reflection of the larger development pattern that has been allowed to

			development dispersed widely along high capacity/high speed streets and roads. The area is linked by narrow sidewalks that start and stop suddenly and sometimes are interrupted by placement of utility boxes and fire hydrants, posing challenges to individuals in wheelchairs or motorized scooters. While the Center is located next to a residential neighborhood, the development is low-density and most members do not live within walking distance to the Center. S.T.A.R. - West has a van that will pick up and return members who live within a 10 mile radius of the Center during days of operation. All the Recovery Support Specialists (RSS) are responsible for transporting members. Staff also take members to the Job Skills Center or other S.T.A.R. locations for their activities.	occur through Maricopa County for many decades. S.T.A.R. should plan on continuing their efforts to transport members to and from the Center for the foreseeable future. • S.T.A.R. administration, staff and members may wish to consider participating in current discussions respecting the renewal of funding streams supporting enhancements to public transportation services and infrastructure, including the long-range plan to bring light rail services to the Avondale area along the I-10 corridor west of downtown Phoenix. Current discussion on the issue presents a unique opportunity for S.T.A.R. to collaborate with other organizations (i.e. Valley Metro, Phoenix Revitalization Corporation, and Friends of Public Transit), in advocating for member and larger community needs.
2.1.2	Access	1-5 3	Parking at the Center is quite limited, but members interviewed report few of them drive. Avondale's development is geared toward the automobile rather than walking or public transit, although a small circulator bus services the area periodically during the day. Members can get to the Center through ComTrans, cab service (using vouchers arranged through their clinic) or use the Center's free van service.	• See recommendation for Local Proximity, Item 2.1.1.
2.1.3	Hours	1-5 3	S.T.A.R. - West operates Monday through Friday, 7:30 a.m. – 3:30 p.m. The Center is open on Saturdays, 7 a.m. – 3 p.m. The Center is closed on Sundays and most holidays, as is the case with the other S.T.A.R. locations. S.T.A.R. is conducting a trial run of evening hours at their EAST location in Mesa, which is open to members from all locations, and staff will provide transportation. Staff report they are interested in evening hours for West but currently do not have enough staff	• Continue with efforts to expand operating hours that accommodate the expressed needs of the members (i.e. holiday/evening hours). Expanded hours will provide flexibility for members whose access to the Center is limited by other daily activities. Expanded hours also help members to avoid crisis situations, relapse, etc. by having a place to go when experiencing emergencies or emotional distress.

			to be open at night.	
2.1.4	Cost	1-5 5	All services and programs are free to individuals enrolled in the RBHA system. The Center offers breakfast to all members. Lunch is provided to members who participate in a group and a daily chore. If members choose or are not able to participate in group and a chore, they are free to makes themselves peanut butter and jelly sandwiches with items stored in the member refrigerator. Members earn S.T.A.R. Dollars for completing a chore (no more than two), which can be used to pay for outings and items in the food or clothes share.	
2.1.5	Accessibility	1-4 2	The S.T.A.R. - West program is housed in an older building with a fairly open floor plan. Some of the hallways in the office area and leading to one of the restrooms, however, are narrow and could be challenging to an individual in a wheelchair. The reception area, while containing comfortable furniture, is somewhat cramped and congested and could be difficult to maneuver for a person in a wheelchair or who uses a walker. In consideration of people with disabilities, the program had a curb cut made into a piece of concrete to allow wheelchair access to the outside smoking area. The reviewers did not see a path leading to easy access to the park situated behind the building. Some members complained that they are not able to go on Saturday outings due to the S.T.A.R. van not accommodating wheelchairs and walkers. The Center provides one large text computer terminal. The Center does not have TDD services for the deaf or hearing impaired. The language	• It is recommended that long-range planning for S.T.A.R. - West address solutions for removing congestion and improving physical accessibility for members to staff offices and restrooms, providing S.T.A.R. van service that accommodates wheelchairs, and offer TDD services or Braille to members who are deaf or hearing impaired.

			line is available for members who require interpretation services.	
**2.2 Safety**
2.2.1	Lack of Coerciveness	1-5 3	Staff spoke of the value S.T.A.R. - West places on respect, free choice and self-termination. Members can participate in groups at their own pace and comfort level. Staff appear to encourage group participation as a starting point toward ownership of recovery. Members are rewarded with lunch and S.T.A.R. Dollars for recovery group and chore participation but are not threatened with program termination, warnings or threats to contact the CM. While members interviewed perceive lunch and S.T.A.R. earned rewards rather than handouts, it is possible that some members might experience the practice as exclusionary or coercive. Because S.T.A.R. funding is provided through the RBHA system, members must be connected to a clinic and have a current ISP in order to receive services.	• Consider strategies for creating a safe forum for soliciting member feedback and recommendations about how members experience the requirement tying lunch and S.T.A.R Dollars to group and chore participation. • S.T.A.R. - West should continue efforts to gather completed and signed ISPs from clinics before they expire, a factor creating an external (system-based) source of coercion.
2.2.2	Program Rules	1-5 3	S.T.A.R. has various sets of rules and behavioral expectations designed to promote physical and emotional safety for all members and staff: the Disruption Policy, the contraband policy, a dress code, and a hygiene policy are all thoroughly described in the Member Handbook, which is located at the reception desk and given to each member upon program entry. The disruption policy and *The Ten Group Rules* are posted in throughout the building as a reminder of appropriate group participation. Members understand and can discuss the implications of violating program rules. The Member Handbook also describes policies and procedures by which members can appeal decisions made against them	• It is recommended that S.T.A.R. – West develop a process by which members can thoughtfully explore how program rules were created, how they currently serve the membership in their recovery, and what, if any, changes or revisions can or should be made to most effectively meet the needs of members. Such a process may enhance members' experience of S.T.A.R. as a self-governing community with rules created by and for them.

			with respect to rules violations. Members report that staff enforce the rules about receiving free lunch and appear to appreciate the philosophy of personal empowerment and accountability behind it. Staff reported that the disruption policy and the group rules were developed by the CEO and COO. It is not clear to what extent past or current members at S.T.A.R. – West have shaped or can shape program rules.	
2.3 Informal Setting				
2.3.1	Physical Environment	1-4 3	Although the S.T.A.R. – West building and furnishings are reasonably comfortable, staff expressed their belief that West "gets the short end of the stick" respecting the program's physical environment. Staff reported that there has been some sort of delay in the site getting previously promised new interior flooring to cover the concrete floors. Staff and members report that the building needs more space and an exterior sign.	• In the short term, it is recommended that S.T.A.R. administration clarify for staff and members any existing barriers to completing the upgrade to the floor. • Long range and strategic planning should include identification of goals and objectives for decreasing the perception of inequity that may exist between the physical environment provided at S.T.A.R. - West and the other S.T.A.R. locations.
2.3.2	Social Environment	1-5 5	Staff members relate to members with warmth, respect, concern and genuine caring. Staff interviewed said they identify with members on a personal level through their shared experience of SMI and/or a co-occurring disorder. Staff expressed a profound belief in the importance to their recovery of giving back by providing understanding, support, guidance, and being models of what recovery looks like. On the day of the review, most staff wore blue S.T.A.R. logo polo shirts; it was not clear if this was the norm or to distinguish them from members for the reviewers.	• It is recommended that the use of staff shirts and uniforms be minimized as they potentially create a marked difference between staff and members.

2.3.3	Sense of Community	1-4 4	Multiple members interviewed enthusiastically stated that S.T.A.R. "saved my life". Members report they find others who have faced common experiences in the community, with their families and within the mental health system. They reported decreased isolation through finding friendship, acceptance and a place to feel at ease and be themselves around others who share similar symptoms. One member stated that she met her husband of many years at S.T.A.R. Members said they now have opportunities to participate in community activities due to field trips and outings. Fun Bunch and the Young Adult Program (YAP) both offer opportunities for members to engage in activities outside the Center such as bowling, movies, and trips to the zoo.	
2.4 Reasonable Accommodation				
2.4.1	Timeframes	1-4 3	Staff reported that there is no timed treatment plan within the Center. Members can attend the program as long as they wish and work at their own pace. Staff reported that the only timeframe issue is that of receipt of the annual Individual Service Plan (ISP), which is required for continued participation. Staff begin outreach efforts to receive an updated plan, which cites participation in peer support programs, 30 days in advance of the ISP expiration date.	• S.T.A.R. - West should continue outreach efforts to receive necessary member documentation.
Domain 3 **Belief Systems**				
3.1 Peer Principle				
3.1	Peer Principle	1-4 4	Self-disclosure is very common among S.T.A.R. – West staff, who described their sharing as intentional and in service of member needs at that moment. Staff report care in sharing positive recovery stories, rather than stories of despair. When disclosing stories of their challenges, staff	

			try to focus on how it relates to what the member is experiencing and concerned with at that time in order to convey empathy and decrease the member's sense of isolation. All staff reported a strong connection to the members, and most stated that members provide them with similar inspiration, support and understanding, which helps them in their own recovery. One staff member said that members also urged her to take a turn with the affirmation mirror exercise. Some members reported that they did not share their experiences of disability with one another. One member explained that they "didn't like to focus on the past" but that "we definitely relate to one another."	
3.2 Helper Principle				
3.2	Helper Principle	1-4 2	Members interviewed expressed positive experiences of being supported by other members and staff at S.T.A.R., as well as how that support has helped them to make positive changes in their lives. However, when asked about how they contribute to the recovery of others at S.T.A.R. - West, members identified few specifics. One member said, "I'm sure that we have (helped others with their recovery), but we don't always know that we have."	• Consider focused strategies for helping members identify themselves as not only recipients of support and assistance, but also as positive influencers, problem solvers and agents of change who directly contribute to the recovery of others. Such strategies could be utilized in current structured programming and activities such as Healthy Boundaries, Positive Affirmations, and Self-Esteem Groups, and more spontaneously in activities such as Art and Crafts, outings, one-on-ones, and weekly periods set aside for member recognition of achievement.
3.3 Empowerment				
3.3.1	Personal Empowerment	1-5 5	All members interviewed agreed that being involved in S.T.A.R. - West recovery programs and activities has helped them make positive changes in their lives. Members said the Center provided them with structure. One member said that S.T.A.R. was like a job that gave him a reason to	

			get out of bed in the morning and engage in the community rather than isolating himself. Another member said that the program provided her with opportunities to develop skills that made it possible for her to return to school. Still another member said that he was able to return to work due to his participation.	
3.3.2	Personal Accountability	1-5 4	Both staff and members stressed the importance of personal accountability as central to both their recovery and S.T.A.R. – West's culture. Members gain from the Center what they are willing to put in. Staff described their role in doing this through helping members find resources, identifying options and encouraging choices. Staff strive to avoid doing for members what they are capable of doing for themselves. Staff said that when members need help performing unaccustomed tasks such as self-advocacy, they step in with coaching and modeling behavior for the member. Staff also discussed being accountable to themselves for not losing sight of their own ongoing process of recovery, which is necessary to assist other members. Members discuss personal accountability in terms of following program rules and attending groups and activities as opposed to personal empowerment derived from making choices, participating in decision-making, and being an agent of change.	• See Recommendation for Item 3.2
3.3.3	Group Empowerment	1-4 3	Members express positive feelings about being a part of a group where people are valued, respected, supported, and provided opportunities to participate in the Center and in community activities. They can contribute to running the Center through chores and take advantage of volunteer opportunities, such as serving as a Peer Lead or Ambassador; submitting ideas to the	• See Recommendation for Item 3.2.

			suggestion box; participating in the monthly member meetings; and serving on the Member Council. Members are recognized regularly through such honors as Peer of the Month or Volunteer of the Month. While members can easily identify opportunities available for them to contribute to the Center, they appeared to be less able to verbalize how they have contributed to S.T.A.R. - West or the peer community. Members possibly see themselves more as recipients of support and help rather than drivers of programing, services, or positive change.	
			3.4 Choice	
3.4	Choice	1-5 4	Members can choose among an array of recovery groups, including offerings such as Wellness Recovery Action Plan (WRAP), Peer-Pressure, Art and Crafts, Meditation, Stress Management and Music Appreciation. Outings include trips to the YMCA, bowling, and Walking Group. Choice of group is based individual member recovery goals, and groups provided are generated from member suggestions. If a desired group is not offered at the S.T.A.R. - West location but is offered at the East or Central site, members can attend groups at those locations. Members report that sometimes choice of activities is constricted due to insufficient staff, such as with the availability of Arts and Crafts. Staff report that groups are driven by member needs, interests and goals. One RSS stated that he tries to make groups as relevant to members as possible by encouraging them to decide the agenda each day and providing options. A "Theme Day" was initiated at member request. Staff also reported that they are working toward greater	• It is recommended that S.T.A.R. create a process by which members can take a direct role in co-facilitating groups and activities.

			use of members as group facilitators and co-facilitators.	
3.5 Recovery				
3.5	Recovery	1-4 4	S.T.A.R.'s mission statement describes its commitment to recovery and empowerment. It is printed within the first few pages of the Member Handbook and displayed on bulletin boards within the Center. Staff articulated a strong and shared philosophy of recovery as an ongoing process that accepts periods of acute symptoms and/or relapse that can be overcome with hope, support, and the development of knowledge, skills and resources. Staff reported feeling inspired in their own recovery by members and express pride in their roles as S.T.A.R. employees. Members said S.T.A.R. - West was their first experience of feeling accepted and meeting others who were living productively with an SMI and/or co-occurring disorder.	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1-4 3	Staff report that member spirituality is supported "vaguely" and that discussion of religion is avoided per their cultural competency training. Members can talk about going to church or praying as part of how they cope, but staff do not seek details. Members can bring Bibles to the Center, listen to religious music, or talk among themselves about religion, but staff do not lead organized groups on the topic. Staff said Alcoholics Anonymous and Double Trouble groups have a spiritual component that acknowledges those needs. Staff said that Meditation group, Arts and Crafts, Open Studio and Music Appreciation all offer opportunities for members to pray, reflect, or express their spirituality appropriately.	• Consider options for adding faith-based community connections/directory/groups for members who desire this level of support in their recovery. • Consider offering Meditation group at least three times weekly in order to provide members with an opportunity for quiet prayer or reflection.

			Members interviewed appeared to understand the guidelines on spiritual expression. One member said that talking about religion "causes a lot of friction . . . some people get weird." Members reported the decision was made by staff because "it has been tried many times and never worked . . . two people got into it the other day." Another member said, "We try to be nondenominational."	
Domain 4 **Peer Support**				
4.1 Peer Support				
4.1.1	Formal Peer Support	1-5 5	Numerous formal peer support and recovery groups are held at the Center, and members are welcome to travel to the East and Central locations if a group at those locations meets a particular need. Groups include Wellness Recovery Action Plan (WRAP), Meditation, Positive Affirmation, Self-Esteem, Coping, Controlling Your Anxiety and Recognizing Symptoms. Groups are offered in the morning and afternoon. High member participation in the lunch program suggests high participation in formal peer support activities.	
4.1.2	Informal Peer Support	1-4 3	Staff spoke with pride in the ability and willingness of members to effectively provide one another with informal peer support. Staff said that member to member peer support happens regularly, often spontaneously in group, in the smoking area and over lunch. Members, however, may be less cognizant of their own ability to support recovery in others. Members appeared to perceive themselves as the recipients of support and help that emanates from staff. Though members describe the S.T.A.R. - West environment as supportive, accepting, helpful, and respectful, they do not readily identify each	• See Recommendation for Helper's Principle, Item 3.2.

			other as providers of peer support.	
**4.2 Telling Our Stories**
4.2	Telling Our Stories	1-5 4	S.T.A.R. - West members have regular opportunities to share their story, including a group called Telling Your Story, in which members learn to tell their story in five minutes as might be called for when speaking publically. Neither staff nor members described instances where members have told their stories in public forums or through media for the purposes of advocacy or raising community awareness about recovery from SMI and/or co-occurring disorders.	• Investigate creating regular opportunities in the larger community for telling stories as a means of advocacy and raising public awareness about recovery such as speakers bureau, participation in public forums, and writing commentary or letters to the editor for print and social media. • Consider partnerships with arts organizations for opportunities to bring stories of recovery to public attention in the form of art exhibits, performance, or spoken word.
4.2.1	Artistic Expression	1-5 4	Member art is displayed throughout the building and reflects the use of art as both a leisure activity and as a tool for sharing feeling, experiences and concerns. Members can engage in creative, self-expression in Arts and Crafts group and Open Studio, both of which are provided twice a week. Members see high value in the space provided for art expression and reported that they would like for the art room to be open and available every day. Staff recognize the importance of creative expressive materials in recovery. One Recovery Support Specialist (RSS) said that she made a creative art journal for a member to use for venting her feelings and concerns. While music appreciation is provided once weekly, such programming is largely a cognitive activity rather than creative-expressive in nature.	• It is recommended that staff and members consider multi-media channels for expression such as digital photography; writing such as haiku, poetry; creative movement; spoken word; and theatre.
**4.3 Consciousness Raising**
4.3	Consciousness Raising	1-4 3	Members attend the NAMI Walk and Day at the Capitol, a visit to the Arizona State Legislature. Members did not report speaking to the	• Consider opportunities to educate members on ways they can actively participate in the Peer Movement, such as collaborating with other

			legislators but said they watched as the CEO did so. Members said they also learn about activities in the member movement through announcements in the monthly member meeting. While members do not see themselves as uniquely ill or disabled, most did not describe active involvement in the community and described the S.T.A.R. community as their primary social environment.	COSPs to train members to participate in a speakers bureau or working with members to manage tabling events at a Community Connections Fair. • Explore opportunities for members to write letters to the editor focused on issues pertinent to the member movement, as well as utilize social media platform for purposes of network building, advocacy and raising community awareness of COSPs, the principles of recovery, and the contributions of people living with an SMI and/or other disabilities.
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. Staff can use the crisis line and contact Case Managers and/or local police when necessary. Numerous formal opportunities for crisis prevention are provided through Wellness Recovery Action Plan (WRAP), Meditation, Coping Skills, Controlling Your Anxiety, Recognizing Symptoms, and Advocacy groups. The Center for Health Empowerment Education Employment Recovery Services (CHEEERS) provides a suicide prevention group, Journey of Hope, at the Center. Members also have access to Hope's Door, the crisis prevention program offered through Recovery Empowerment Network (REN).	
4.4.2	Informal Crisis Prevention	1-4 2	Staff and members agree that members can request one-on-ones with staff for informal crisis prevention. Staff also note that members can and do talk to one another. Although members report they talk to each other, members appear to view staff as the primary source of informal crisis prevention and did not talk about specific instances when they provided this level of support to others at S.T.A.R. Members said the crisis and	• See Recommendation for Helper's Principle, Item 3.2.

			warm line numbers are posted in the reception area. Members have been advised not to call 911 at the Center but to alert staff who will decide the course of action.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1-4 2	Some members interviewed identified other members they look toward for peer mentoring and learning but most discussed turning to staff for mentoring and advice.	• See Recommendation for Helper Principle, Item 3.2.
Domain 5 **Education**				
5.1 Self Management/ Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1-5 4	Leadership reports that 70%-80% of members participate in at least one formal problem-solving group per week. This appears to be consistent with the high level of participation in lunch served at the Center but cannot be verified. Formally structured, problem solving groups include Wellness Recovery Action Plan, Coping Skills, Coping with Depression and Controlling Your Anxiety Groups. Staff report they use curriculum modeled after those obtained from SAMHSA, such as WRAP. It is not clear what other SAMHSA resource materials are being used, however. Members report they find these groups helpful in dealing with symptoms, managing conflict and crisis and avoiding hospitalization.	• Continue efforts to implement established, formal curriculum for groups offered to members.
5.1.2	Receiving Informal Problem-Solving Support	1-5 5	Several members interviewed reported that S.T.A.R. – West "saved my life". All said that they receive support, listening, empathy, and useful feedback from staff and peers who have experienced similar symptoms and life challenges.	
5.1.3	Providing Informal Problem Solving Support	1-5 3	While members recognize their capacity to provide emotional support and understanding to each other, they appear to view support in problem-solving as primarily emanating from staff. Most members interviewed could not	• Coach and encourage all members to identify aspects of their recovery story, emphasizing successes in problem solving and self and/or peer advocacy that could be integrated into support interactions, group sessions, curricula,

			identify specific instances in which they provided problem-solving support to another member.	and other activities.
**5.2 Education/Skills Training and Practice**
5.2.1	Formal Practice Skills	1-5 4	Staff report that about 80% of members participate in formal practice skills through such activities as Controlling Your Anxiety, Coping with Changes, Stress Management, Recognizing Your Strengths, and Pursuing Education and Career groups. Two members interviewed stated that S.T.A.R. - West participation increased their confidence to return to school and obtain employment. Another member described the program's structure and his participation in volunteer activities as "like a job" and "gives me a reason to get out of bed in the morning."	• It is recommended that S.T.A.R. – West create a mechanism for gathering and maintaining multiple data sets supporting activities for formal practice skills. Such data could be used for the purposes of self-evaluation, to support billing, and to promote the program through demonstration of the agency's effectiveness.
5.2.2	Job Readiness Activities	1-5 3	The Site Manager has an educational background in vocational rehabilitation and prioritizes job readiness activities. The S.T.A.R. - West Center offers a new group called Pursuing Education and Career to help members with how to pursue those services and how their life skills tie into career goals. Staff also assist with GED and resume writing. The S.T.A.R. Job Skills Center began operations in early February, and staff now transport members there to work on obtaining food handler cards, "dress for success", and resume writing. Staff said that the Job Skills Center will soon open a café with paid job opportunities for members and face-to-face training. Exact numbers of participants at the Job Skills Center could not be established for this review. Staff report younger members are more engaged in these offerings.	• Continue to encourage members to attend training at the Job Skills Center. Consider having the instructors provide smaller job skills sessions at the S.T.A.R. - West location for members who may not be willing to travel to another location for services.
**Domain 6** **Advocacy**
**6.1 Self Advocacy**

6.1.1	Formal Self Advocacy Activities	1-5 4	Members participate in formal advocacy activities inside and outside of the Center. Advocacy classes and WRAP (action planning) are offered regularly at the Center. Members are taught how to effectively call their clinical teams when they need assistance. Members can request additional assistance in advocacy activities from the S.T.A.R. - West team through a request form. Though classes and advocacy 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 more program participants in formal advocacy activities. • Develop strategies to help members learn to identify and take ownership of their own successes and capacity to take action as problem-solvers, self-advocates, and the drivers of positive change.
6.2 Peer Advocacy				
6.2	Peer Advocacy	1-5 4	Staff reported that they advocate for members, but that members also advocate for one another. Staff described how a member had taken a new member under her wing and had given her a tour of the neighborhood and was later recognized as Member of the Month. One staff member said that she encourages member-to-member advocacy by connecting members needing assistance with other members who have successfully dealt with similar issues. Members interviewed, however, could not identify specific instances of members helping members and appear to identify staff as those who drive advocacy efforts.	• See Recommendation for Helper's Principle, Item 3.2, and Providing Informal Problem Solving Support, Item 5.1.3. • S.T.A.R. - West members may benefit from the creation of a comprehensive resource guide, similar to the one available to members in the computer lab of the S.T.A.R. - East location.
6.2.1	Outreach to Participants	1-5 2	Most of the Center's outreach to participants occurs within the building itself. There were flyers and brochures located at the receptionist desk. Group listings are posted on large white boards in multiple classrooms; the finalized daily schedule is posted in the lobby. The Center has sign-up sheets for volunteering/chores within the program. Calendars are posted for Fun Bunch and the Young Adult Program (YAP). 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 recently (i.e. phone calls, monthly emails, etc.). • If feasible, consider the addition of an intercom system by which members can be alerted of S.T.A.R. groups and reminders of upcoming events.

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 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	3
2.1.2 Access	1-5	3
2.1.3 Hours	1-5	3
2.1.4 Cost	1-5	5
2.1.5 Reasonable Accommodation	1-4	2

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

	Rating Range	Score
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	2
4.5 Peer Mentoring and Teaching	1-4	2
Domain 5: Education	**Rating Range**	**Score**
5.1.1 Formally Structured Activities	1-5	4
5.1.2 Receiving Informal Support	1-5	5
5.1.3 Providing Informal Support	1-5	3
5.2.1 Formal Skills Practice	1-5	4
5.2.2 Job Readiness Activities	1-5	3
Domain 6: Advocacy	**Rating Range**	**Score**
6.1.1 Formal Self Advocacy	1-5	4
6.1.2 Peer Advocacy	1-5	4
6.2.1 Outreach to Participants	1-5	2
Total Score	**166**	
Total Possible Score	**208**	