CONSUMER-OPERATED SERVICES
FIDELITY REPORT

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Introduction

The Arizona Health Care Cost Containment System has contracted with the Western Interstate Commission for Higher Education Behavioral Health Program to conduct fidelity reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Consumer-Operated Services Fidelity Assessment Common Ingredients Tool (FACIT). Consumer-Operated Services (COS) is an evidence-based practice (EBP).

Method

On August 26 – 27, 2025, Fidelity Specialists completed a review of the **Stand Together and Recover Centers, Inc. (S.T.A.R)** - a Consumer-Operated Services program. This review is intended to provide specific feedback in the development of your agency's services in an effort to improve the overall quality of behavioral health services in Maricopa County.

S.T.A.R. operates three centers in Maricopa County which are located in Mesa (East), Phoenix (Central), and Avondale (West). This is a combined review of all three centers. In May 2024, the long-standing Chief Executive Officer (CEO) of S.T.A.R. retired. A successor was hired but served only briefly in the role. At the time of the review, S.T.A.R. was engaged in the search for a permanent CEO. In the interim, the Director of Operations and the Director of Administration were jointly overseeing the responsibilities of the CEO position. The individuals served through this program are referred to as members. Additionally, for the purpose of this report and all COS reviews, the term "member" refers to an individual with *lived/living* personal psychiatric care experience which aligns with the EBP definition.

This review was conducted remotely, using videoconferencing to interview staff and members.

During the fidelity review, reviewers participated in the following activities:

- Review and discussion with staff of a pre-recorded tour and a brief, live virtual tour of all three centers with two Site Managers, an Assistant Manager, and a Life Skills Manager and Trainer.

- Group interview via videoconference with the Director of Operations and the Director of Administration.
- Group interview via videoconference with five (5) supervisory staff: three Site Managers, an Assistant Site Manager, and the Life Skills Manager and Trainer.
- Group interview via videoconference with six (6) non-supervisory staff: two Engagement and Enrollment Specialists, the Lead Recovery Support Specialist, and three Recovery Support Specialists.
- Group interview via videoconference with six (6) participating program members from all three centers.
- Closeout discussion with the Director of Operations, Director of Administration, and representative(s) from AHCCCS and from the contractor with a Regional Behavioral Health Agreement (RBHA).
- Review of key documentation provided by S.T.A.R. including the organizational chart, job descriptions, program brochures, program presentations, outing calendars, calendar with group themes for the day, volunteer opportunities slide, *Memorandum of Understanding , S.T.A.R. Participant Agreement-Informed Consent,* Outreach Process policy, Member Meeting Agendas, Emergency and Safety Standards policy, Employee Conduct policy, Mission/Vision/Values statement, Board of Directors Meeting Minutes, Employee Policy and Procedures Manual, blank *Daily Review* form, member demographics list, and financial documents.

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 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 45-item scale evaluates the program across 6 domains: Structure, Environment, Belief Systems, Peer Support, Education, and Advocacy. The items are rated on a 1-4 or 1-5 point scale, which ranges from 1 (meaning *not implemented*) to 4 or 5 (meaning *fully implemented*, with little room for improvement, depending on the item).

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

Summary and Key Recommendations

The agency demonstrated strengths in the following program areas:

- Volunteer Opportunities: S.T.A.R. offers an extensive number of volunteer opportunities both internally and externally for members to give back to the program and the community.
- Planning Input: There are multiple avenues for members to provide input into the program planning, and S.T.A.R. displays a significant commitment to implementing member-recommended changes.
- Hours: S.T.A.R. has expanded program hours since the previous review (October 2023). The updated hours now include weekend activities at the Central location and Wednesday evening activities at both the East and West locations to better accommodate member preferences.

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

- Accessibility: Consider options to provide adequate space and automatic door openers when planning for long-term improvements at the centers. Prioritize repair of the West automatic door opener.

- Job Readiness Activities: Increase member participation in employment-focused activities to 75-100% by expanding structured job-readiness activities. Consider incorporating real-world practice, group exercises, and feedback on workplace skills such as performance, punctuality, and teamwork. Promoting and normalizing these job readiness activities as part of recovery have the potential to engage more members and reinforce the value of developing employable skills.
- Outreach to Participants: Enhance social media platforms to provide accurate and up-to-date information about the centers' services and activities for members and the broader community.

Ingredient #	Ingredient	Rating	Rating Rationale	Recommendations
Domain 1 Structure				
1.1 Consumer Operated				
1.1.1	Board Participation	1 - 5 4	The S.T.A.R. Board of Directors (BOD) is comprised of eight members with seven (88%) that self-identify as peers with lived or living psychiatric experience. The BOD meets quarterly in person, and over 51% of officers are peers. Each center elects a Member Liaison to serve on the BOD.	• Ideally, composition of the BOD is such that 90-100% of directors and all officers have personal psychiatric care experience or psychiatric recovery to guarantee the peer perspective is represented.
1.1.2	Consumer Staff	1 – 5 5	At the time of the review, S.T.A.R. had 53 staff employed. Interviews indicated that all staff self-identify as peers with lived or living psychiatric experiences. It was noted that some staff may categorize their peer experience as related to substance use or having a family member with mental illness or substance use. Although it was reported that 100% of staff are persons with lived/living psychiatric experience, the agency supports a broader definition of peer than that used by the EBP. Some job descriptions specify a preference for staff who self-identify as a peer and/or have a history of mental health, behavioral health, or substance use challenges. Peer Support Certification is preferred for most positions, and staff who are not certified at the time of hire are trained and certified through S.T.A.R.	

1.1.3	Hiring Decisions	1 – 4 4	Based on staff interviews, hiring decisions are made by staff and members. One to two center members typically join interviews with prospective employees, actively participating by asking questions or taking notes to provide insight. Feedback from members is considered and influences hiring outcomes.	
1.1.4	Budget Control	1 - 4 4	Per interviews, the BOD in combination with program administration develops the budget for the overall program. Center members provide input for new activities and outings requested for each specific site. The suggestions are then provided to: Member Liaisons, who sit on the BOD; the Member Council, who are elected by membership; or Site Managers, who then discuss them during BOD meetings. Members interviewed stated leadership is transparent about the budget and financial issues. Final budget decisions are made by executive leadership who are also peers.	
1.1.5	Volunteer Opportunities	1 - 5 5	Staff and members reported many internal and external volunteer opportunities such as completing tasks around the centers, co-facilitating groups, serving on the BOD or the Member Council, as well as volunteering with nonprofit organizations. Members with a food handlers' card may also assist in the kitchen with preparing and serving meals for the centers. Members that volunteer earn S.T.A.R. dollars which can be used for off-site activities and obtaining items from the clothing closet and food pantry. Staff estimated 98% of members	

			participate in volunteer activities. There is a history of members becoming staff at the agency.	
1.2 Participant Responsive				
1.2.1	Planning Input	1 – 5 5	S.T.A.R. solicits input from members via *Daily Review* forms, quarterly satisfaction surveys, "Have Your Voice Heard" forms, monthly Member Meetings, reviewing ideas from the suggestion box, during groups, one-to-one meetings between staff and members, involvement on the BOD, and the Member Council. Members reported not all suggestions are approved; however, leadership seeks to compromise and grant requests when feasible.	
1.2.2	Member Dissatisfaction / Grievance Response	1 - 5 5	Reviewers were not provided a copy of the Member Grievance Procedure or Member Handbook; however, the *S.T.A.R. Participant Agreement-Informed Consent* form signed by all members upon intake references the policy being contained in the Member Handbook. Staff reported the Member Grievance Procedure is posted around the centers, and it was also visible during virtual tours. Staff will assist members in completing and filing grievances. Staff have an open-door policy and encourage members to approach them with any concerns or issues. Members reported the ability to utilize any of the numerous informal grievance options such as discussion during Member Meetings, surveys, and suggestion boxes.	
1.3 Linkage to Other Supports				

1.3.1	Linkage with Traditional Mental Health Services	1 – 5 5	S.T.A.R. has linkages with traditional mental health services including hospitals, outpatient behavioral health clinics, and substance use treatment facilities. Staff reported participating in quarterly presentations for recruitment of new members with clinics. S.T.A.R. sends monthly summaries to clinical teams to report on programming involvement for all members. Members are provided with referrals to establish care at outpatient behavioral health clinics, and referrals are sent out through an electronic platform for other services which S.T.A.R. does not have the capacity to provide. S.T.A.R. also offers a 90-day Peer Discharge Care Coordination Program providing wraparound support to individuals recently discharged from psychiatric hospitals. The Peer Coordinator staff collaborates with the individual, inpatient team, clinical team, Primary Care Physician, family, and support network to coordinate care post-discharge.	
1.3.2	Linkage with Other COSPs	1 – 5 5	Staff reported linkages with other COS programs via monthly provider network or AHCCCS calls where resources, events, and information are shared. Annual kickball and bowling tournaments create opportunities for members to interact with other COS agencies.	
1.3.3	Linkage with Other Service Agencies	1 – 5 5	Staff described connections with numerous other service agencies including local police and fire departments, the City of Avondale, the National Alliance on Mental Illness (NAMI), the Peer and Family Career Academy, Stand Down events for Veterans, and various sober and transitional living programs.	

			Reviewers received a *Memorandum of Understanding* between S.T.A.R. and Social Spin, a community laundry service agency, to provide peer support services at the Social Spin Phoenix and Mesa locations on Wednesdays from April 2025 – March 2026.	
Domain 2 Environment				
2.1 Accessibility				
2.1.1	Local Proximity	1 – 4 4	There are three S.T.A.R. locations in Maricopa County: Mesa, Phoenix, and Avondale. There are dense populations in each of the three areas, and the centers are conveniently located to most members.	
2.1.2	Access	1 – 5 5	The program offers members transportation to the centers within a travel distance of 12 miles from each center. Right Ride or Veyo transport is offered to members that live beyond the agency's service area, and S.T.A.R. staff have access to a scheduling portal to facilitate those trips. Members can also arrange transportation through their clinics. Additionally, the program maintains wheelchair-accessible vans at each location to assist members with mobility limitations to participate in center and community activities. A bus route is near each center, and light rail stations are close to the East and Central locations. For members that drive, parking is available at all locations. Members have flexible access to services through the option to attend any center and to participate via a hybrid (in-person or virtual) schedule.	

2.1.3	Hours	1 – 5 5	According to staff and member interviews, all S.T.A.R. locations are open Monday through Friday, 7:30 a.m. to 3:30 p.m. East and West locations offer extended evening hours on Wednesdays, and Central is open on weekends. Both East and West locations have sign-up sheets for members interested in transportation to Central and post signs directing members there on weekends. Hours listed on activity calendars and the S.T.A.R. website varied from staff and member reports.	
2.1.4	Cost	1 – 5 5	Per staff interviews, members of S.T.A.R. that are enrolled with AHCCCS Complete Care Plans have no monetary costs for services, including activities, meals, and community outings. There is a sliding scale fee structure in place for members who are not enrolled with AHCCCS. These members are limited to two outings per month at agency cost. Staff assist members in applying for AHCCCS coverage whenever possible.	
2.1.5	Accessibility	1 – 4 3	All S.T.A.R. locations are equipped with ramps where appropriate and wheelchair-accessible restrooms with grab bars. Additionally, Central has an elevator for access to the second floor. S.T.A.R. East has limited access in the hallways for those with wheelchairs and walkers. The West location has an electronic door opener which was inoperable at the time of the review. West and Central lobby doors are kept locked with doorbells outside to notify staff of member arrival.	• Consider options to provide adequate space for all members when planning for long-term improvements. Meanwhile, ensure staff at sites with limited space are trained to support members with physical needs. Continue efforts to ensure all members have comfortable and equal access within the facilities and programming areas. • Prioritize the repair of the automatic door opener at the West location. Consider installation of automatic door openers at Central and East locations.

			Each center has a designated computer available with large font for members that are visually impaired. Materials are copied in larger print for members as needed. Interpretation services are available for members upon request including for American Sign Language, Arabic, and Spanish.	
2.2 Safety				
2.2.1	Lack of Coerciveness	1 - 5 5	Staff and members interviewed reported that participation is voluntary, and members determine the pace and intensity of their engagement. Determined by a member vote, to receive a hot lunch, members must attend at least two groups and complete one task around the center, while a sandwich is available with no participation requirement per interviews. Members are strongly encouraged to participate in groups or activities at the centers. Per interviews, no members are court-mandated to attend the program.	
2.2.2	Program Rules	1 - 5 5	Members interviewed indicated feeling safe at S.T.A.R. Members and staff reported that rules are created and voted upon by members. All members review and sign a disruption policy upon intake which includes three levels. Staff reported the S.T.A.R. Member Handbook contains the rules, which are also posted throughout the centers and discussed at the beginning of each group. According to the *S.T.A.R. Participant Agreement-Informed Consent* document received, all suspensions are discussed with the members' clinical teams. When a member is suspended from the program for over one month, they	

			are required to attend a staffing with their clinical team and S.T.A.R. before returning to the program.	
2.3 Informal Setting				
2.3.1	Physical Environment	1 - 4 4	Pre-recorded virtual tours were received for each S.T.A.R. location, in addition to the facilitation by staff of a brief live tour of each center. Each center offers comfortable spaces for members to gather outside of group activities. In addition, there are food, hygiene, and clothing closets; dining space; workout and recreation areas; a computer lab; and access to books and other resources. Each center has a laundry room with washer and dryer for member use, and members have access to lockers for daytime storage. The East and West sites have commercial kitchens. Each center has several whiteboards that list daily activity schedules. The group rooms shown had adequate space, chairs, and tables to accommodate members attending. In addition, group rooms are outfitted with computer/television monitors to support virtual sessions and educational media. Members created art that was on display throughout the centers, and member and staff photos are also on the walls. Each center provides covered and uncovered outside seating for members to congregate. The East center's outdoor seating area features misters and an active garden. The West location has multiple cameras to	

			improve security on the exterior of the building. Each location has designated handicapped parking spaces and designated smoking and non-smoking areas. At the time of the review, part of the Central location was undergoing repairs due to damage from a vehicle collision with the exterior lobby wall.	
2.3.2	Social Environment	1 - 5 5	Members and staff reported there is no sense of hierarchy or division between staff and members, providing a safe setting for open sharing. Members interviewed described the program as a *second family* and stated staff is welcoming and available. The virtual and live tours showed members appearing to engage in relaxed conversations with their peers. Certain areas such as the clothing and food pantry and utility closets are locked when not in use. Members and staff were observed to be indistinguishable from one another.	
2.3.3	Sense of Community	1 - 4 4	Staff and members described the program as supportive, positive, and welcoming, and reported feelings of connectedness to peers as their community. Members from all three locations gather for joint events such as barbeques and karaoke. According to members and staff interviewed, connections often extend beyond the program through activities such as dining out, playing video games, attending church, shopping, or bowling together.	
2.4 Reasonable Accommodations				

2.4.1	Timeframes	1 - 4 4	At S.T.A.R. members can participate at their own pace and remain in the program for as long as they wish. Members reported they can pause program attendance and restart when desired. The *S.T.A.R. Participation Agreement-Informed Consent* indicates that members can come and go from services as needed. Participation in groups when on-site is strongly encouraged.	
Domain 3 Belief Systems				
3.1 Peer Principle				
3.1	Peer Principle	1 - 4 4	Staff and members described sharing stories of lived experiences in ways that are relevant and supportive. Staff focus on experiences that can help guide and connect with both members and other staff. One staff shared that they are not able to promote recovery if they themselves are not willing to share their own journey. Staff emphasized that the best part of the work is being able to share their journey with others. Members agreed that hearing these experiences helps them connect, learn, and feel supported in their own recovery. They reflected that sharing their own experiences also helps others, expressing that everyone brings something valuable to the table.	
3.2 Helper's Principle				
3.2	Helper's Principle	1 - 4 4	Members interviewed described times when they were able to assist and support other members, and similarly, when they have received support from others at the centers. This support occurs spontaneously daily among members and staff. Examples	

			included helping others achieve personal goals, such as overcoming anxiety, reducing isolation, taking initiative, managing health challenges, and completing tasks independently. Members emphasized that everyone is patient, ready to help, and willing to listen. They reflected that this mutual support strengthens both individual recovery and the overall community at S.T.A.R.	
3.3 Empowerment				
3.3.1	Personal Empowerment	1 - 5 5	Staff and members described S.T.A.R. as deeply empowering by fostering accountability, mutual support, and opportunities for members and staff to grow together. Staff indicated that preparing to facilitate groups encourages personal growth, self-reflection, and modeling positive behaviors. Members also described gaining confidence, social skills, and hope through program activities, including community advocacy events, while becoming more open-hearted and less judgmental. They reported feeling more confident in their ability to socialize, communicate, and move beyond isolation.	
3.3.2	Personal Accountability	1 - 5 5	Members and staff described personal accountability as an important part of recovery and growth at S.T.A.R. The program offers many opportunities to practice accountability, such as signing up for field trips in advance and committing themselves to attendance, or volunteering for tasks and being responsible for their completion.	

			Staff and members indicated that accountability is also built into program structure. Group rules and the Member Disruption Policy are reviewed at intake, posted throughout the centers, and read aloud before activities. Members help hold one another accountable by following these rules and addressing concerns respectfully, and they may also voice concerns during Member Meetings, which staff use to address trends or issues.	
3.3.3	Group Empowerment	1 - 4 4	Members and staff interviewed expressed pride in being part of S.T.A.R. and emphasized the many opportunities available for members to shape activities and have their voices heard. These activities include serving on the BOD or Member Council, providing input one-to-one with staff, sharing ideas during activities and Member Meetings, submitting suggestions through the suggestion box, and completing "Have Your Voice Heard" forms at the end of each activity. Members described the program as both a place of growth and empowerment, highlighting the encouragement they receive, the pride in achieving personal goals, and the positive changes they have witnessed in themselves and others.	
3.4 Choice				
3.4	Choice	1 - 5 5	All members interviewed reported that participation in the program is completely voluntary. They choose the services and activities they wish to engage in, as well as the center they prefer to attend, based on the schedule, frequency, and types of activities offered. Members reported on days they may	

			not feel like joining groups or activities, they can still come to the program knowing it is a safe and supportive place. The program provides a variety of opportunities including on-site activities, community outings, and virtual classes offered through videoconferencing. The option to attend virtually has decreased, and due to licensure requirements, may not be available in the future. Activity calendars are printed and available at each center.	
3.5 Recovery				
3.5	Recovery	1 - 4 4	Staff and members described recovery as unique for each individual and non-linear, emphasizing the importance of continuing to move forward, and highlighting the guiding principle of S.T.A.R.: Stand Together and Recover, which emphasizes mutual support and collective progress. Center staff are dedicated to teaching skills, instilling hope, and supporting growth. Recovery is promoted through daily groups, field trips, and other program activities that focus on making healthy decisions, fostering positive relationships, and developing self-awareness. Staff reported celebrating both small and large victories is an important part of the recovery process, acknowledging members' growth and accomplishments.	
3.6 Spiritual Growth				
3.6	Spiritual Growth	1 - 4 4	Staff and members reported that opportunities for spiritual growth are available and encouraged in nonjudgmental, supportive ways. Members may participate in	

			groups focused on chakras, meditation, grounding techniques, and yoga, supported by rooms where individuals may take personal time. Members are free to pursue spiritual growth practices if they choose, with staff emphasizing acceptance and support for whatever approach promotes personal growth and recovery. Members have also engaged in spiritual exploration through activities such as coping skills groups centered on spirituality, art projects with faith-based themes, and field trips, including a recent visit to a Bible Museum.	
Domain 4 Peer Support				
4.1 Peer Support				
4.1.1	Formal Peer Support	1 - 5 5	Staff reported that formal peer support groups are offered daily, with 95-98% of members participating across all centers. The day begins with a morning check-in, followed by facilitated groups on a daily topic, such as wellness, men's or women's group, or personal growth. Additional peer groups are held throughout the day, including sessions on overcoming fears, assertiveness, inspiration, trying new things, and stress management. The daily schedule also incorporates creative and recreational activities such as art, games, cooking groups, and bingo, along with field trips and opportunities for skill-building and peer support. Staff reported these structured groups provide consistent opportunities for	

			members to engage, support one another, and practice new skills in a safe environment.	
4.1.2	Informal Peer Support	1 - 4 4	Staff and members reported that informal peer support occurs naturally throughout the day in many settings. Members often check on each other when someone is having a difficult day, offering comfort, conversation, or simply sitting quietly together. Informal support takes place during breaks, lunch, or casual activities such as coloring, sitting on the patio, or engaging in everyday conversations about life.	
4.2 Telling Our Stories				
4.2	Telling Our Stories	1 - 5 5	Members have multiple opportunities to share their personal journeys through groups, monthly Member Meetings, and special events. Storytelling is encouraged in both structured settings, such as the “Sharing Your Story” group, member-led groups, as well as informal discussions and creative outlets like art, poetry, and music. Staff provide guidance on safe self-disclosure to ensure sharing is empowering and supportive while participation remains voluntary.	
4.2.1	Artistic Expression	1 - 5 5	Staff and members described a wide variety of opportunities for artistic expression at the program. Activities include journaling, poetry, writing groups, and art sessions ranging from open studio to instructional therapeutic art. Members also create artwork for shows and the centers, including themed projects such as portraits of mentors and nature-inspired pieces.	

			The program also offers music-related outlets, such as music appreciation groups, karaoke, and opportunities to play instruments brought in by staff. During the annual "Week Without Violence" event, members submitted original poems that were displayed. Jewelry-making and group projects such as "Wings of Change," in which members incorporated inspirational words or quotes into angel wing art, provide additional avenues for creative expression.	
4.3 Consciousness Raising				
4.3	Consciousness Raising	1 - 4 4	Staff and members reported involvement in a variety of community and advocacy activities to raise awareness about mental health. These include participating in NAMI walks, advocacy events at the State Capitol, and hosting their own booths at mental health fairs. Members also engage in art shows, cultural events, and community-based activities where they interact with the public and share their experiences. Members reported that they proudly represent S.T.A.R. in the community, often wearing program shirts to show their involvement. All S.T.A.R. centers provide opportunities for members to speak publicly and advocate, while some members participate in presentations alongside peer-certified staff, offering self-disclosure and testimonials at community events. Members also participate in coalitions with the Office of Individual and Family Affairs (OIFA) and AHCCCS, where members are included in advocacy efforts and represent the program.	

4.4 Crisis Prevention				
4.4.1	Formal Crisis Prevention	1 - 4 4	All staff are certified in Crisis Prevention Intervention (CPI) every two years, with a focus on non-contact de-escalation strategies and maintaining safety. Staff also receive ASSIST (suicide intervention) training every two years, and both staff and most members are trained in Narcan administration. In addition, staff practice de-escalation techniques daily and collaborate on safety planning when needed, including the use of Wellness Recovery Action Plans and individualized At Risk Crisis Plans required by outpatient behavioral health clinics. The S.T.A.R. website notes staff are trained in trauma-informed care. When a member is struggling, they can access designated safe spaces, such as the manager's office, where staff provide immediate communication and support. Crisis numbers are posted at each center, and staff assist members in making calls or connecting with case managers. Staff emphasized the importance of building rapport and monitoring behaviors to identify early warning signs, allowing them to intervene proactively and prevent escalation. Members' reported crises are handled confidentially, and S.T.A.R. East also has a counselor on site for support.	
4.4.2	Informal Crisis Prevention	1 - 4 4	Members reported that participation in the program has helped them prevent crises, resulting in fewer hospitalizations. Members shared that the program provides opportunities to avoid isolation and offers a	

			welcoming place to go, even on difficult days. Support occurs spontaneously across all relationships at the sites.	
4.5 Peer Mentoring and Teaching				
4.5	Peer Mentoring and Teaching	1 - 4 4	During interviews, both staff and members shared examples of how they serve as mentors, providing encouragement, guidance, and solution-focused support. Staff emphasized that mentorship is nonjudgmental and that everyone has someone to turn to for advice, which helps them stay engaged and resilient despite personal challenges.	
Domain 5 Education				
5.1 Self-Management/Problem Solving Strategies				
5.1.1	Formally Structured Problem-Solving Activities	1 - 5 5	Staff reported that 95-98% of members engage in daily structured problem-solving activities at the centers, including groups addressing symptom management, conflict resolution, assertiveness, and grief support among others. Additionally, staff reported reviewing Individual Service Plans with members to ensure they are active participants in identifying their goals and understanding how, through a team approach, both the center and the member will work toward achieving them.	
5.1.2	Receiving Informal Problem-Solving Support	1 - 5 5	All members interviewed reported receiving informal support and guidance from both peers and staff, describing the program as a safe and supportive environment for building connections. Members shared multiple examples of how turning to others for guidance has positively impacted them,	

			emphasizing that they never feel alone or judged. Support is readily available throughout the day including during meals, outings, while passing each other at the center, or during breaks.	
5.1.3	Providing Informal Problem-Solving Support	1 - 5 5	Members interviewed consistently expressed appreciation for the sense of family within the program and reported actively supporting one another. Sharing resources is one way members help each other, while other examples include providing guidance to those experiencing anxiety, assisting peers with completing forms, and supporting members by sitting with them and helping them to communicate their needs.	
5.2 Education/Skills Training and Practice				
5.2.1	Formal Practice Skills	1 - 5 5	S.T.A.R. offers a wide variety of activities and group topics that teach practical skills and create opportunities for members to engage in community life. Examples provided include cooking, budgeting, grocery shopping, coping skills, meditation, laundry, and effective communication among others. Staff and members reported that nearly all groups and activities help equip members with the skills needed for successful community involvement, and 80-100% of members attend these groups.	
5.2.2	Job Readiness Activities	1 - 5 4	Based on interviews with staff and members, the program offers activities designed to help members build confidence, skills, and experience for employment and independent living. Services include skill-building groups, staff support, volunteer opportunities, certifications, and paid work experience.	• Increase membership participation in activities, classes, and outings that support members in developing job readiness skills for employment. This aligns with the agency's mission of *"encouraging them to reach their full potential by providing skills to gain employment."* Emphasize that these opportunities benefit all members, not just

			Workforce preparation is provided in both individual and group settings, covering resume writing, job search strategies, mock interviews, and social skill development. Staff also assist members in the computer lab with resume creation, online job searches, and building professional profiles. Activities additionally address anxiety management, teamwork, and public speaking, with creative opportunities such as participating in community fairs or co-facilitating group activities (e.g., leading a group or calling bingo). While staff and members did not specifically report connections between these activities and employable skills, the program provides opportunities that could potentially support members' readiness for employment, independent living, and other positive experiences. Per interviews, approximately 50% of members take part in employment-focused job readiness activities.	those actively seeking employment, and aim to expand participation to 75-100% of members. • Consider offering tiered opportunities, ranging from mock interviews and resume workshops to direct job search support, to ensure options for members at different readiness levels. By promoting and normalizing employment-focused activities as an integral part of recovery, the program has the potential to increase participation rates in job-readiness skill activities and ideally, members are supported in preparing for, choosing, obtaining, and keeping jobs. Making these activities more visible and recognizing member contributions can further encourage engagement and highlight the value of developing employable skills for both recovery and independence.
Domain 6 Advocacy				
6.1 Self Advocacy				
6.1.1	Formal Self Advocacy Activities	1 - 5 5	Staff emphasized the importance of members advocating for themselves, indicating it is a core value of the program. Self-advocacy is encouraged to build independence and confidence, and 80-100% of members attend groups focused on self-advocacy skills. Members reported these groups provide education on available resources and how to access them, such as locating agencies that	

			provide laundry services, food boxes, or income support. Staff also encourage members to contact outpatient behavioral health clinics or case managers directly to advocate for their needs. All interviewees reported that members actively embrace self-advocacy, and when difficulties arise, staff and members provide needed support.	
6.2 Peer Advocacy				
6.2	Peer Advocacy	1 - 5 5	Staff and members interviewed described a strong commitment to supporting others within the peer community. Members reported that participation on the BOD, Member Council, and in monthly Member Meetings provides meaningful opportunities for their voices to be heard. Both staff and members emphasized that helping one another is an integral part of their own recovery journey, with members sharing examples of offering support through advocacy, problem-solving, and providing listening and guidance.	
6.2.1	Outreach to Participants	1 - 5 4	Staff reported that engagement occurs routinely through multiple methods, including monthly activity calendars, flyers, whiteboards, announcements during lunch, social media, the program website, Member Meetings, and member calls to the centers. Both staff and members reported they are aware of regular attendance patterns; when a member misses a typical day or scheduled transportation, staff follow up to ensure their well-being, and members also call to check on	• Updating and enhancing the agency's website and social media platforms to feature on-site activities, program calendars, available services, peer advocacy, and community event information will strengthen outreach to members and the broader community. Regular updates will raise awareness about center programs, keep the community engaged, and showcase the wide range of opportunities being offered, reflecting the agency's commitment

			each other. Weekly reports track non-attendance, with outreach conducted by any staff member, and clinics are notified if contact is unsuccessful. Staff and members reported engaging in the community to attract new members via presentations at outpatient behavioral health clinics, hosting community art shows, and staffing tables at events such as resource fairs. A review of the agency's website found it to be outdated. While BOD meeting notes indicated a redesign was in progress, the current site only highlights monthly community outings and lacks information regarding on-site activities. Similarly, the social media page did not provide updated calendars, activities, or service information.	to accessibility, transparency, and community connection. • The agency may wish to discuss with members whether they are comfortable having photos of membership featured on the website in place of stock photographs. Collaborating with other COS programs to explore how they address privacy and related concerns when posting member photos and testimonials online could also provide helpful guidance.

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 Member Dissatisfaction/Grievance Response	1 - 5	5
1.3.1 Linkage with Traditional Mental Health Services	1 - 5	5
1.3.2 Linkage to Other Consumer Operated Services Programs	1 - 5	5
1.3.3 Linkage with Other Service Agencies	1 - 5	5
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	5
2.1.4 Cost	1 - 5	5
2.1.5 Accessibility	1 - 4	3
2.2.1 Lack of Coerciveness	1 - 5	5
2.2.2 Program Rules	1 - 5	5
2.3.1 Physical Environment	1 - 4	4

2.3.2 Social Environment	1 - 5	5
2.3.3 Sense of Community	1 - 4	4
2.4.1 Timeframes	1 - 4	4
Domain 3: Belief Systems	Rating Range	Score
3.1 Peer Principle	1 - 4	4
3.2 Helper's Principle	1 - 4	4
3.3.1 Personal Empowerment	1 - 5	5
3.3.2 Personal Accountability	1 - 5	5
3.3.3 Group Empowerment	1 - 4	4
3.4 Choice	1 - 5	5
3.5 Recovery	1 - 4	4
3.6 Spiritual Growth	1 - 4	4
Domain 4: Peer Support	Rating Range	Score
4.1.1 Formal Peer Support	1 - 5	5
4.1.2 Informal Peer Support	1 - 4	4
4.2 Telling Our Stories	1 - 5	5
4.2.1 Artistic Expression	1 - 5	5
4.3 Consciousness Raising	1 - 4	4
4.4.1 Formal Crisis Prevention	1 - 4	4
4.4.2 Informal Crisis Prevention	1 - 4	4
4.5 Peer Mentoring and Teaching	1 - 4	4
Domain 5: Education	Rating Range	Score
5.1.1 Formally Structured Activities	1 - 5	5

5.1.2 Receiving Informal Support	1 - 5	5
5.1.3 Providing Informal Support	1 - 5	5
5.2.1 Formal Skills Practice	1 - 5	5
5.2.2 Job Readiness Activities	1 - 5	4
Domain 6: Advocacy	Rating Range	Score
6.1.1 Formal Self Advocacy	1 - 5	5
6.1.2 Peer Advocacy	1 - 5	5
6.2.1 Outreach to Participants	1 - 5	4
Total Score	**204**	
Total Possible Score	**208**	