

# Clubhouse Reprourement

Stakeholder Forum #2  
August 10, 2021

*Hosted Remotely via Webex*

***Please “mute” your microphone unless speaking during one of the discussion breaks.  
Thank you!***

- *Responses and written feedback should be submitted to [Michael.Stepansky@mass.gov](mailto:Michael.Stepansky@mass.gov) by September 15, 2021.*
  - *Please use the subject line “Clubhouse RFR Feedback” and any indicator as to the topic (e.g. employment, engagement, etc).*
- *DMH expects the RFR to be released in February for a July 1, 2022 start date.*
- *This presentation will be made available at [www.Mass.gov/dmh](http://www.Mass.gov/dmh) and may be shared.*

# Agenda

- Purpose and Format
- Demographics & Clubhouse Model
- Clubhouse Services
  - Services
  - Membership
  - Administration
  - Outcomes
- Questions/Comments

# Purpose of Today

- (1) To provide feedback on how Clubhouse services can best meet the needs of persons
  - Across the age continuum
  - From ethnically, linguistically, and racially diverse communities
  - Who are seeking support from the clubhouse for a housing, education, employment, health/wellness, or socialization goal
- (2) To provide feedback on how clubhouse programs can better collect and provide information to DMH
- (3) To provide feedback on selective changes DMH is considering for clubhouse services

*Please note: The purpose of today's forum is not to discuss clubhouse payment rates or clubhouse accreditation*



# DEMOGRAPHICS & CLUBHOUSE MODEL

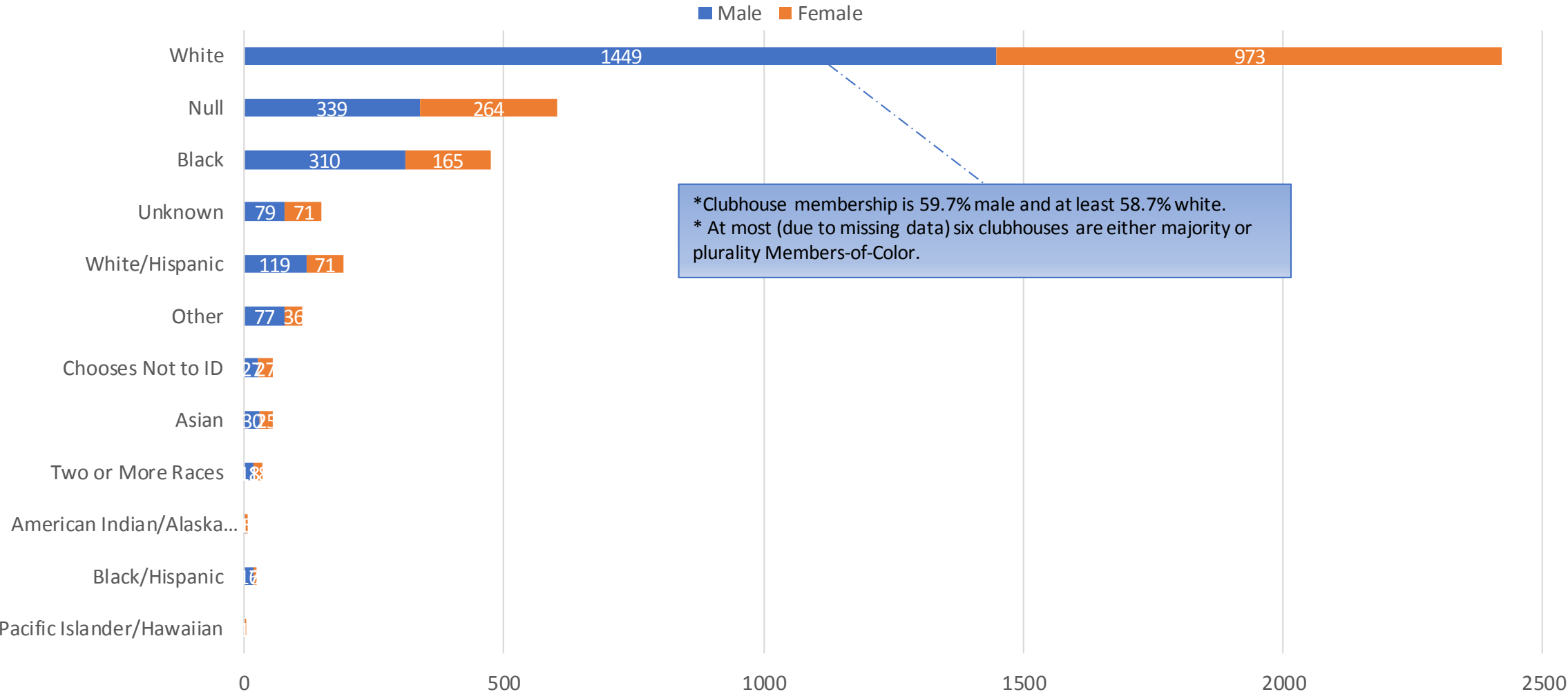
# DMH Clubhouses: By Area and Number of Members

Area	# of Clubhouses	Est. Number of Members <small>(5/31/21)</small>
Central Mass	8	1169
Northeast	8	952
Western Mass	6	774
Southeast	10	673
Metro Boston	3	654
Statewide	35	4,222

# Clubhouse Member Demographics: By Age

Age Categories	# of Members	% of Members
Ages 26 and Under	264	6%
Ages 27-35	576	14%
Ages 36-45	645	16%
Ages 46-55	918	22%
Ages 56-65	1,245	30%
Ages 65 and Over	487	12%
Grand Total	4,135	100%

# Clubhouse Member Demographics: by Race and Gender





## **Clubhouse Services\* is a Psychosocial Rehabilitation Service that assists members to:**

- Increase their community integration through natural supports, interpersonal relationships, and the utilization of community resources
  - Become more self sufficient through self-advocacy, education and employment
  - Enhance general health and wellness
  - Maintain housing
  - Participate fully in, and enjoy, their community of choice.
- Clubhouse Services include a physical site(s) which accommodates the size and needs of its diverse membership.
  - The daily activities of Clubhouse Services operation are organized around a set structure.
  - Services include Community Linkage, Employment Services, Education Services, Housing Supports, Health and Wellness Services, Social and Recreational Services, and Outreach Services.
  - Services are provided in accordance with DMH Active Members' Action Plans.
  - Members and staff work together in all areas of the Clubhouse Services operation
  - Services are not clinically oriented.

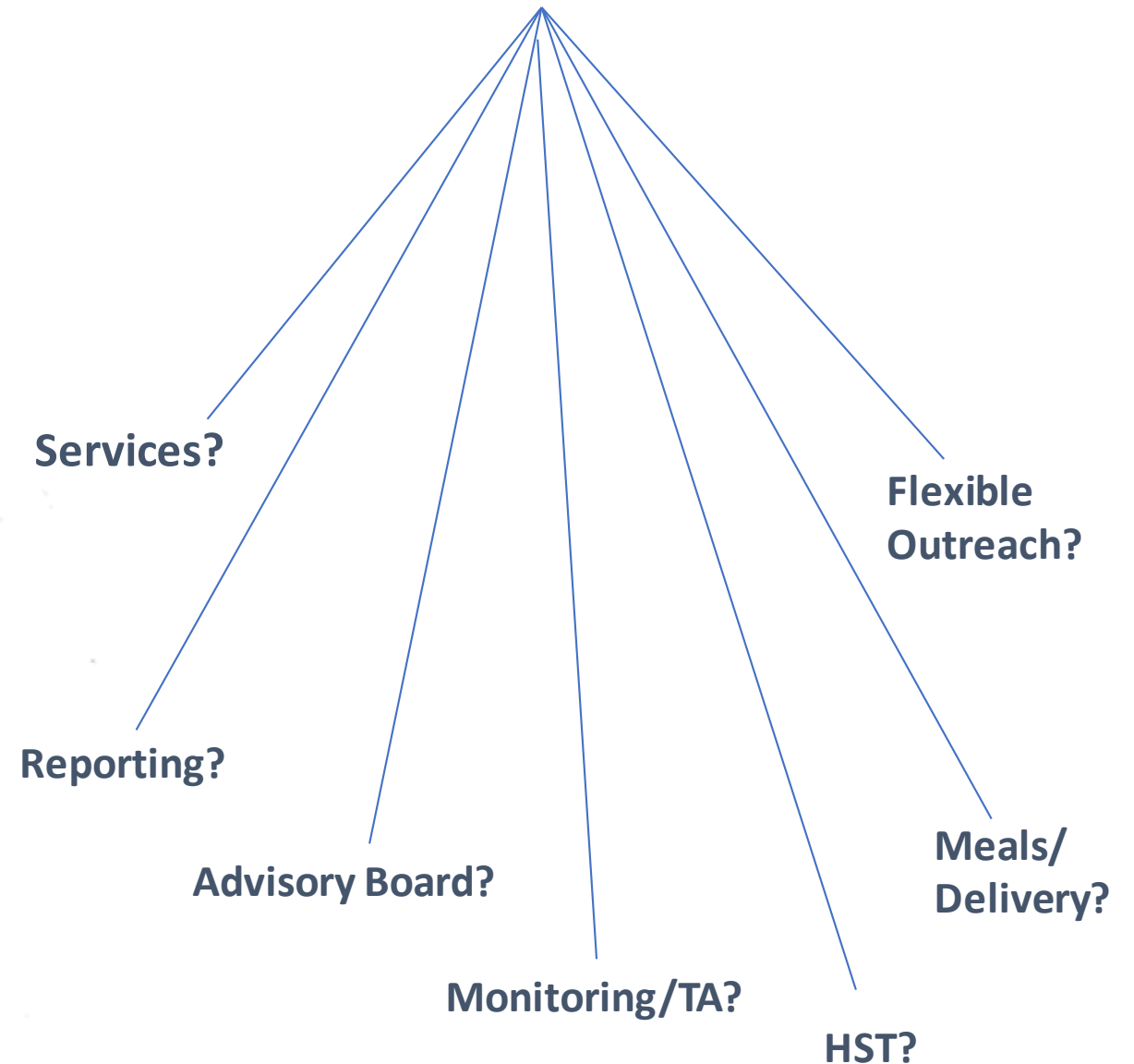
\*All text from the 2012 Clubhouse RFR

The image features a horizontal band across the top half. The central part of this band is a solid, dark blue rectangle. Above and below this rectangle are lighter blue areas with a textured, watercolor-like appearance. The word "SERVICES" is centered within the dark blue rectangle in a white, sans-serif font.

# SERVICES

DMH's goal is to  
maintain and expand  
**What has  
worked well...**

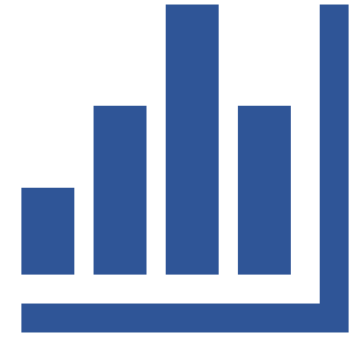
What has worked well in the current model?



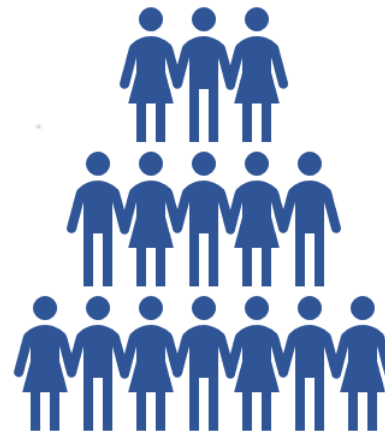
While considering  
**Improvements**  
in several areas:



Administration



Data & Outcomes



Membership



Services



# Services

- Emphasize Employment & Education as pathways to recovery
- Provide clarity and a renewed focus on Community Linkages
- Assist with benefits counseling and financial management (e.g. budgeting, banking, etc)
- Rigorous outreach and “reach-out”
- Assist with health/wellness inc. Dual Recovery
- Increased Day Structure, including social programming in the evenings and on weekends
- Hybrid services, blending in-person and remote access to support
- Equitable access to all clubhouse services & equitable outcomes for all members

*Feedback*

*DMH is prioritizing equity in clubhouse services. How can a commitment to equity impact members' experience?*

Will make the club more attractive to diverse groups (e.g. LGBTQ)

Equal access to Transitional Employment

Bilingual Staff (inc. Deaf/HH)

Equity requires transportation (HST)

Equity requires high quality staff

Respectful pronouns/language

DMH is committed to providing clubs tools to ensure that services outside the club resemble as closely as possible services inside the club.

1. Remote Services



2. Telephonic Services



3. In Person Services



4. Outreach/Reach-Out



## How should DMH establish parameters for what qualifies as a billable “reach out” service?

Reach Out is related to health/wellness/safety

Action Plans should be more flexible to allow for Reach Out

DMH should consider member-to-member support as reach-out

Reach Out allows members to manage anxiety and process information, which may lead to new Action Plan goals

Reach Out keeps members connected to the clubhouse

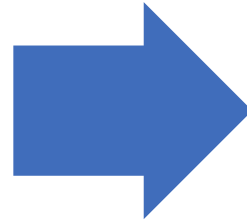




# Membership

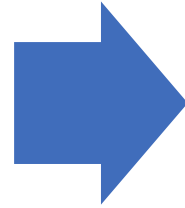
- Focus on Young Adult and Older Members
- Enhanced Outreach & Marketing, inc. to underserved populations
- Equitable representation of the community in the clubhouse

•Is there a role for peer mentors/peer specialists among clubhouse staff?



Peer staff cannot function as generalists  
Peer support is already available (member-to-member)

•How should clubhouses ensure physical accessibility of all spaces to all members?



Clubhouses can help members acquire walkers/wheelchairs  
DMH can develop additional ties to the Exec. Office of Elder Affairs  
Clubs can connect members to Meals on Wheels, Sr. Centers, etc.

•How should clubs work with, but maintain a distinct role relative to, other kinds of programs which serve these groups?  
(Eg, Sr. Ctrs., Aging Service Access Points, Access Ctrs, etc)



Clubhouses can educate these programs about clubhouse services  
Clubs should maintain the work ordered day, TE, and intergenerational memberships

•Should clubhouses serve members under 18?



*TBD*



# Administration

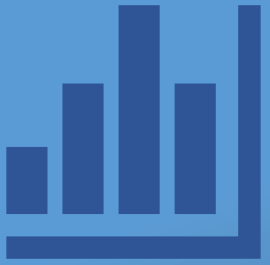
- Increased flexibility for advisory boards
- Increased flexibility to assess member satisfaction
- Revised standards for documentation/notes
- Commitment to equity in staffing, training, & connections to auspice-agency

*DMH is considering changing the requirement for monthly notes.  
How else can clubs demonstrate progress related to members achieving  
their Action Plan goals?*

- Members state sometimes feeling pressure to report progress through monthly notes
- DMH should assess member progress through other means (satisfaction surveys, general clubhouse outcomes)

DMH should require clubhouses to review and (possibly) renew Action plans more regularly (6mo) in lieu of notes

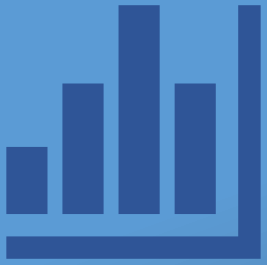
Clubhouses are non-clinical programs; staff need additional training to properly document progress



# Data & Outcomes

Based on the proposed package of services, DMH is considering outcomes in four areas:

- Employment
- Education
- Community Linkages
- Equity
  - Inc. Referrals/Outreach



# Data & Outcomes: Feedback

- DMH should consider additional goals, including:
  - “Engagement and Activation” / “Bridging and bonding”
  - Health/wellness
  - Housing
  - Comparing the demographics of the membership to the demographics of the community
  - Tracking Education, Housing, Employment collectively
  - Consider surveying members on their community linkages
- Tracking community linkages at the person level will be burdensome

To assess progress related to these outcomes, DMH is considering collecting the following types of Data:

- Referral Form
- Address / Housing Type
- Employment/Education Reporting
- Billing / Utilization
- *Community Linkage reporting (new)*
- *Self Assessment (new)*

Are there other sources of data DMH should consider in addition to or in place of these?

DMH has a structure for monitoring outcomes in some domains already.

- Employment
- Education

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How should DMH establish outcomes and collect data in these new areas?

- Community Linkages
- Equity
  - Referrals/Outreach





# Questions & Comments?

# Thank you!

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