

**Bulletin Number:** MSA 15-42

**Distribution:** Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP)

**Issued:** October 30, 2015

**Subject:** Revisions to the Mental Health/Substance Abuse Chapter of the Medicaid Provider Manual, Clubhouse Psychosocial Rehabilitation Programs Section

**Effective:** December 1, 2015

**Programs Affected:** Medicaid, Healthy Michigan Plan

The Mental Health/Substance Abuse Chapter of the Medicaid Provider Manual, Clubhouse Psychosocial Rehabilitation Programs Section, is being updated and revised as a result of recommendations from a workgroup that included beneficiaries, PIHPs, CMHSPs and Michigan Department of Health and Human Services (MDHHS) staff. The changes reflect current practice needs, improved practice requirements identified as part of national accreditation standards, staffing composition and overall service expectations.

### **CLUBHOUSE MODEL PROGRAMS**

A Clubhouse is a community-based program organized to support individuals living with mental illness. Participants are known as Clubhouse members, and member choice is a key feature of the model. Clubhouses are vibrant, dynamic communities where meaningful work opportunities drive the need for member participation, thereby creating an environment where empowerment, relationship-building, skill development and related competencies are gained. Through what is referred to as the work-ordered day, the Clubhouse provides opportunities for member involvement and ownership in all areas of Clubhouse operation. Members and staff work side by side in the program as colleagues. Comprehensive opportunities are provided within the Clubhouse, including supports and services related to employment, education, housing, community inclusion, wellness, community resources, advocacy, and recovery. In addition, members participate in the day-to-day decision-making and governance of the program. Through Clubhouse involvement, members achieve or regain the confidence and skills necessary to lead satisfying, meaningful lives and successfully manage their mental illness. The Clubhouse model is included in the National Registry of Evidence-based Programs and Practices (NREPP), which can be found on the NREPP website at [www.nrepp.samhsa.gov/ViewIntervention.aspx?id=189](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=189).

#### **1. PROGRAM APPROVAL**

- PIHPs must seek approval for providers of Clubhouse services from MDHHS.
- To ensure fidelity to the model of the evidence-based practice of Psychosocial Rehabilitation, Clubhouses must acquire and maintain Clubhouse International Accreditation. Additional information regarding Clubhouse international accreditation is available on the International Center for Clubhouse Development (ICCD) website at [www.iccd.org](http://www.iccd.org) >> How Clubhouses Can Help >> Accreditation.
- All new Clubhouses must participate in the Clubhouse International's New Clubhouse Development Training.
- MDHHS approval will be based on adherence to the requirements outlined below.

Requests for approval of Clubhouse services may be submitted by phone at 517-335-0499, or by U.S. Mail at:

MDHHS-BHDDA  
Community Practices and Innovation Section  
Division of Quality Management & Planning  
320 S. Walnut St.  
Lansing, MI 48913

## **2. TARGET POPULATION**

Clubhouse programs are appropriate for adults with a serious mental illness who wish to participate in a structured community with staff and peers and who desire to work on the goal areas reflected in the Core Psychiatric Rehabilitation Components section of this document. The beneficiary must be able to participate in, and benefit from, the activities necessary to support the program and its members.

## **3. ESSENTIAL ELEMENTS OF THE CLUBHOUSE MODEL**

### **A. Member Choice/Involvement**

- Membership is voluntary.
- Clubhouse Membership is without time-limits; access to an intentional community supports the recovery process.
- All members have access to the services/supports and resources with no differentiation based on diagnosis or level of functioning.
- Members establish their own schedule of attendance and choose a work unit that they will regularly participate in during the work-ordered day.
- Members are actively engaged and supported on a regular basis by Clubhouse staff in the activities and tasks that they have chosen.
- Membership in the program and access to supportive services reflects the beneficiary's preferences and needs, building on the person-centered planning process.
- Both formal and informal decision-making opportunities are part of the Clubhouse work units and program structures. Members can influence and shape program operations. Clubhouse decisions are generally made by consensus.
- Staff and members work side-by-side to generate and accomplish individual/team tasks and activities necessary for the development, support, and maintenance of the program.

### **B. Work-Ordered Day**

- The work-ordered day is a primary component of the program and provides an opportunity for members to regain self-worth, purpose, and confidence. It consists of tasks and activities necessary for the operation of the Clubhouse and typically occurs during normal business hours.
- Although participation in the work-ordered day provides opportunities to develop a variety of interpersonal and vocationally related skills, it is not intended to be job-specific training.
- Member participation in the work-ordered day provides experiences that will support members' recovery, and is designed to assist members to acquire personal, community and social competencies and to establish and navigate environmental support systems.
- The program's structure and schedule identifies when the various program components occur (e.g., work-ordered day, vocational/educational). Other activities, such as self-help groups and social activities are scheduled before or after the work-ordered day.
- The work done in the Clubhouse is exclusively the work generated by the Clubhouse in the operation and enhancement of the Clubhouse community. No work for outside individuals or agencies, whether for pay or not, is acceptable work in the Clubhouse. Members are not paid for any Clubhouse work, nor are there any artificial reward systems.
- The amount, scope, and variety of tasks are sufficient enough to engage the membership in meaningful activities throughout the work-ordered day.
- All staff are Clubhouse generalists. Their responsibilities are housed in a unit and they routinely work side-by-side with members to complete unit work.

- Staff help to identify meaningful work opportunities for members and are able to facilitate workgroups.
- Staff are dynamic and skilled at developing relationships with members. Staff utilizes a strengths-based approach and promotes an equal culture with members, thereby allowing members to experience themselves as valued colleagues in the Clubhouse community.

### **C. Employment Services**

- The Clubhouse provides its own employment services, including Transitional Employment (TE), Supported Employment (SE), and Independent Employment (IE), consistent with international Clubhouse Standards and guidelines, which are available on the ICCD website at [www.iccd.org](http://www.iccd.org) >> Resources >> Accreditation Program Description >> Employment Guidelines.
- Resources for benefits planning are available.

### **D. Educational Services**

- The Clubhouse provides resources and connections to assist members with goals to return to formal educational settings. This should include some of the following supports: connections with local colleges and General Educational Development (GED) centers, assistance with admission and financial aid applications, tutoring assistance with fellow members when appropriate, formal education groups, and other activities that support member success. Educational programming should be individualized and should enhance the Clubhouse work-ordered day.

### **E. Community Supports**

- Community support services are provided by members and staff of the Clubhouse. Community support activities are centered in the work unit structure of the Clubhouse. They include outreach, entitlements, housing, advocacy, promoting wellness, as well as assistance in finding quality medical, psychological, pharmacological and substance use disorder treatment services in the community.
- The Clubhouse has an advisory board that meets regularly to provide support. Advisory board composition includes individuals from the local community who are able to assist with connections and/or advice in areas such as employment, education, legal assistance, finances, and advocacy. The board also includes member leaders.
- The Clubhouse must engage with the local community. Activities may include speaking engagements, connections with media outlets, awareness-raising, political advocacy, community service projects, open houses, participating with the statewide Clubhouse coalition, relevant conferences, and more.
- The Clubhouse ensures that access to the building, Clubhouse sponsored community activities, and employment sites are available through public transportation or other alternative modes of transportation. The Clubhouse provides or arranges for effective alternatives whenever access to public transportation is limited.

### **F. Social Supports**

- Opportunities are available for members to develop a sense of a community through planning and organizing Clubhouse social activities. This may include opportunities to explore recreational resources and activities in the community. The interests and desires of the membership determine both spontaneous and planned activities.
- Members may have access to the Clubhouse programming during times other than the work-ordered day, including evenings, weekends, and holidays (including New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day). Access during these times should be based on the needs of the Clubhouse community and decided by members and staff.

## **G. Wellness Supports**

- The Clubhouse supports and encourages physical wellness. This may include: enhanced nutrition, weight loss, exercise, smoking cessation, and promoting wellness throughout the Clubhouse. Wellness opportunities occur both within the Clubhouse and through connections with community resources.
- The voluntary nature of the Clubhouse is respected for all wellness activities. Wellness programming should enhance the Clubhouse work-ordered day rather than detract from it.

## **H. Community Setting**

- The program is designed as an intentional community, rather than a clinical setting. The Clubhouse does not include clinical personnel such as psychiatrists, nurses, or therapists, nor does it include classes or groups that are of a clinical nature.
- The Clubhouse is located in its own physical space. It is separate from any mental health center or institutional settings, and is impermeable to other programs. The Clubhouse is designed to facilitate the work-ordered day and at the same time be attractive, adequate in size, and convey a sense of respect and dignity.
- To promote pride and ownership, the Clubhouse has its own identity, including its own name, mailing address, fax, email, and telephone number.
- All Clubhouse space is member and staff accessible. There are no staff-only or members-only spaces.
- There are no staff-only or members-only meetings where program decisions are made.

## **4. CORE PSYCHIATRIC REHABILITATION COMPONENTS**

### **A. Broad Context**

The Clubhouse model is embedded in the overarching goals of psychiatric rehabilitation. The aims and objectives of Clubhouse communities are to support the access to preferred living, learning, working, and socialization roles for members in their communities. Outcomes that move beyond the clinical condition and facilitate the recovery process from mental illness are more relevant, such as social role functioning (e.g., meaningful roles in society; social inclusion), establishing relationships, social support networks and social capital, work, recreation, and improved quality of life.

### **B. Personal Goal Development**

Each Clubhouse member has goals based on his or her Individual Plan of Service developed through the Person-Centered planning process and carried out throughout the member's participation in the Clubhouse. Staff may also work informally with members on individual recovery goals while working side-by-side in the Clubhouse.

### **C. Psychiatric Rehabilitation Components, Goals, and Objectives**

Clubhouse environments support recovery in a variety of ways. Generally, expected outcomes associated with accredited Clubhouse participation include greater personal and interpersonal competencies, links with community resources, access to social support networks, increased illness and symptom management, vocational and educational competencies and opportunities, and overall increased personal independence and psychosocial functioning.

#### **i. Competency Building**

- Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment).
- Social and interpersonal competencies (e.g., conversational competency, developing and/or maintaining positive self-image, interpersonal problem-solving; regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships).

- Personal adjustment competencies (e.g., developing and enhancing intrapersonal abilities and problem-solving in everyday experiences, resolving crises, or managing stress with the goal of facilitating self-efficacy and personal independence).
- Vocational competencies (e.g., focused tasks that teach how to apply for jobs, conduct employment interviews; provide opportunities of graded steps to promote job entry or reentry; improve co-worker communication and relationships; task focus and completion, etc.).
- Cognitive competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize independent functioning such as increased attention, improved concentration, better memory, enhanced empathy).

ii. Community Support, Inclusion, and Participation

- Identification of existing natural supports
- Achieve optimal levels of community membership
- Increase satisfaction with living environment
- Support community participation and integration/inclusion
- Reduce stigma through education, community awareness, and community networking
- Facilitate social capital, peer and social networks, both internal and external to Clubhouse
- Utilization of organizational support, community resources, and other collateral support systems; linking with community resources, supports, and services for continuity of care

iii. Illness Management and Recovery

- Identification and management of situations and prodromal symptoms to reduce the frequency, duration, and severity of psychiatric relapses
- Gaining competence regarding how to respond to and manage a psychiatric crisis (includes working in partnership with members who express desire to develop a recovery plan and incorporate natural supports in crisis planning)
- Gaining competence in understanding the role psychotropic medication plays in the stabilization of the members' well-being or recovery
- Working in partnership to increase confidence and personal self-efficacy through Clubhouse participation
- Access to holistic approaches to recovery that includes education, information and support for health and personal wellness
- Access to information to support decision making power to support increased empowerment through Clubhouse participation

iv. Recovery Enhancing Environment

- Environment fosters strengths and resilience
- Environment is collaborative and non-hierarchical
- Environment supports work and high levels of activity
- Environment respects choice and control
- Environment provides access to social and peer support

## 5. DOCUMENTATION

Documentation of members' progress in the Clubhouse modality differs from documentation requirements in individual treatment modalities. Recovery progress can be documented in variety of ways and at a minimum should be documented on at least a monthly basis. The documentation process, regardless of the established frequency or process, should be streamlined to minimally disrupt the work-ordered day. Progress note processing should be integrated into unit work. Members have the opportunity to write their progress notes. Generally, all notes should be signed by both members and staff.

## 6. ELIGIBILITY

Clubhouse Services are intended for beneficiaries with a primary diagnosis of serious mental illness. Clubhouse is not an appropriate service for beneficiaries with a primary Developmental Disability diagnosis.

Clubhouse services are not appropriate for beneficiaries who exhibit:

- Behaviors that would threaten or pose a current health and safety risk to themselves or others
- A severity of symptoms requiring a more intensive level of treatment
- Behaviors that disrupt the daily work of the Clubhouse
- Behaviors that require excessive redirection and/or monitoring

The Clubhouse director has the responsibility to ensure the safety of the Clubhouse. All changes to a member's service provision must follow due process and all policies and procedures at local, state, and federal levels. Discharge criteria are only met if the member moves on voluntarily or if one or more of the above criteria are met. Cessation or control of symptoms alone is not sufficient criteria for discharge from the Clubhouse.

## 7. STAFF CAPACITY

Clubhouse staff effectively facilitate the program with direct, inclusive and collegial member involvement. Sufficient staffing ratios allow for employment development, Transitional Employment management/coverage, supported education and consistent engagement of the membership throughout the work-ordered day.

Clubhouse staff shall include:

- One full-time on-site Clubhouse director who has a minimum of:
  - a) A bachelor's degree in a health or human service field and is licensed, certified or registered by the State of Michigan or a national organization to provide health care services with two years' experience working at a Clubhouse accredited by Clubhouse International; or
  - b) A master's degree in a health or human service field with appropriate licensure and one year experience working at a Clubhouse.
- Other diverse and uniquely qualified professional staff, typically with a bachelor's education level. If staff are not licensed, certified or registered by the State of Michigan or a national organization to provide health care services, they shall operate under a qualified professional.

All Clubhouse staff function as generalists sharing Clubhouse duties such as employment, social recreation, evening, weekend and holiday coverage. All Clubhouse generalist staff should be paid at a level commensurate with like staff at the auspice agency. The Clubhouse director is responsible for all aspects of Clubhouse operations. Members are actively involved in the hiring process for both directors and generalists. Exceptions may be requested to the above staffing requirements and/or qualifications and must be submitted in writing to MDHHS for review and potential approval.

## 8. TRAINING REQUIREMENTS

All Clubhouse staff must have a basic knowledge of the Clubhouse Model acquired through MDHHS approved Clubhouse-specific training within six months of hire, and then at least one MDHHS approved Clubhouse specific training annually. As part of the accreditation process the Clubhouse director, members, staff and other appropriate persons participate in a comprehensive training program in the Clubhouse Model at an accredited training base. This team will also schedule a six-month follow-up site visit with the Training Base Clubhouse. This training requires the development of an action plan for developing the Clubhouse and upon returning from training all Clubhouses will submit their action plan to MDHHS. Exceptions may be requested to the above training requirements and must be submitted in writing to MDHHS for review and potential approval.

## Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long horizontal stroke at the end.

Chris Priest, Director  
Medical Services Administration