



AMHD

ADULT MENTAL HEALTH DIVISION

Behavioral Health Administration
Hawai'i State Health Department

Fiscal Year 2006 Performance Indicators of the Hawai'i Clubhouse Coalition

Developed by the Mental Health Services Research, Evaluation, and Training Program of
the University of Hawai'i

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Introduction

The Clubhouse Model

The Clubhouse Model is a psychosocial, multi-service approach to rehabilitation for individuals with severe and persistent mental illness (SPMI) (Di Masso, Avi-Itzhak, & Obler, 2001). Clubhouses are based on the idea that meaningful work and relationships are integral in recovery from SPMI (McKay, Johnsen, & Stein, 2005), and seek to establish a support system based on belonging, empowerment, and a sense of purpose to achieve this (Herman, Onaga, Pernice-Duca, Oh, & Ferguson, 2005). The first Clubhouse, Fountain House, was founded in 1948; today, there are currently over 300 Clubhouses, spanning 28 countries across the world (McKay, Johnsen, Banks, & Stein, 2006). There is also an international Clubhouse organization, the International Center for Clubhouse Development (ICCD), which oversees Clubhouse training, development, and certification. The ICCD also maintains the *International Standards for Clubhouse Programs* (International Center for Clubhouse Development, 2000), and monitors fidelity to these standards (McKay et al., 2006).

Clubhouses utilize a *partnership model*, in which staff and members work together on Clubhouse duties (McKay et al., 2005), and are also designed to be unable to function without the support and contributions of Clubhouse members (Beard, Propst, & Malamud, 1982). The Clubhouse is based around the “work-ordered day.” During the work-ordered day, which parallels the traditional business work-day, members participate in various work units, which not only supports the functioning of the Clubhouse, but also

helps members gain experience and confidence to benefit future employment (McKay et al., 2005).

Employment is a cornerstone of the Clubhouse Model. Unemployment is a major concern for many individuals with SPMI, with some sources citing rates as high as 85% (Henry, Barreira, Banks, Brown, & McKay, 2001). Clubhouses address this through their own Employment Model. Employment is conceptualized as a “right” of all Clubhouse members (McKay et al., 2006). Any work that Clubhouse members engage in must be meaningful, and possess a sense of purpose and urgency, to make it beneficial and healing (Di Masso et al., 2001). In the prevocational work program, members participate in various Clubhouse functions, such as food preparation, janitorial duties, clerical tasks, horticulture projects, research activities, member tutoring, and member outreach to regain vocational skills and self-confidence. Successful participation in the prevocational program can lead to more independent work, situated in the community (Beard et al., 1982). The Clubhouse employment model utilizes a three-tier system to provide this. These tiers include transitional employment (TE), supported employment (SE), and independent employment (IE), with each level becoming more independent from Clubhouse support. Movement through the tiers is not necessarily linear (McKay et al., 2005). Research on the Clubhouse Employment Model has demonstrated it to not only be highly effective (McKay et al., 2005; Yau, Chan, Chan, & Chui, 2005; Henry et al., 2001; Di Masso et al., 2001), but also to be as successful as other work-related rehabilitation programs on indicators such as wages, job quality, and employment tenure (Schonebaum, Boyd, & Dudek, 2006; Macias, 2001).

Clubhouses also provide many other supports for their membership, especially in the social realm. A major barrier to recovery for many consumers is a lack of opportunities for positive social interaction. To address this, Clubhouses are open on evenings, weekends, and holidays to provide social-recreational programs and group activities. Clubhouses also provide many other community support services to their members including, but not limited to: supports in medical health care, substance abuse, education, housing, outreach, advocacy, entitlements, transportation and counseling (McKay et al., 2006; Macias, DeCarlo, Wang, Frey, & Barreira, 2001).

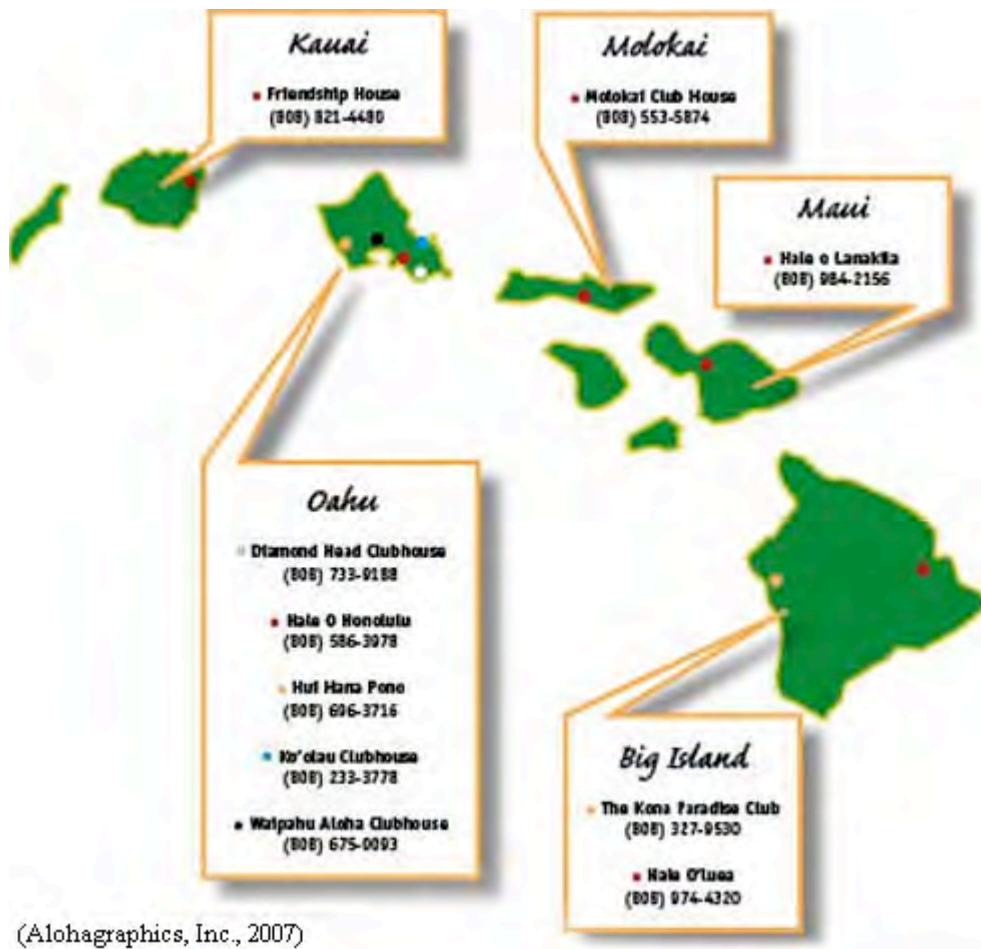
Clubhouses in Hawai‘i

Hawai‘i’s first ICCD-certified Clubhouse, Friendship House, was founded in 1988. Today, there are currently 9 highly active Clubhouses in Hawai‘i, eight of which are ICCD-certified, and one of which is currently scheduled for a certification visit. There is also a working group striving to create a new Clubhouse on the island of Moloka‘i. Collectively, these Clubhouses form the Hawai‘i Clubhouse Coalition (HCC). Figure 1 displays all HCC Clubhouses and their geographic locations. HCC Clubhouses receive direct and indirect funding support from the State of Hawai‘i’s Department of Health, Adult Mental Health Division. Clubhouse members most frequently receive adjunctive mental health treatment services from local community mental health centers, or purchase of service (POS) contract providers, who offer Assertive Community Treatment (ACT) or case management services. In 2006, several O‘ahu Clubhouses enrolled new members residing at Hawai‘i State Hospital (HSH), as well as from Hale

Imua, a new residential program for forensic consumers with a conditional release legal status.

Figure 1

Clubhouses in Hawai'i



(Alohagraphics, Inc., 2007)

Report Purposes

This technical report is intended to serve multiple purposes. These purposes include documenting the holistic, multi-service approach to recovery utilized by

Hawai'i's Clubhouses, and also informing Clubhouses, their members, staff, and directors, as well as the AMHD administration, about the areas in which HCC Clubhouses are excelling, and those areas that may be in need of improvement. This report is also meant to demonstrate the compliance of HCC Clubhouses with the ICCD International Standards, and aid in Clubhouse recertification.

Methodology

Quantitative data for Fiscal Year (FY) 2006 was collected on a set of performance indicators, spanning 12 categories, that was designed to best capture the various and diverse elements of Clubhouse functioning. Data was based primarily on Clubhouse self-report; Clubhouse members and staff from the nine active Clubhouses worked side-by-side to collect and report data. Data was reported on a monthly basis, and aggregated.

Qualitative data for FY 2006 was collected through meetings with Clubhouse members and staff, which were conducted by members of the Mental Health Services, Research, Evaluation, and Training (MHSRET) program. Profiles of each Clubhouse's unique traits and achievements were compiled, and distributed to Clubhouses for input and revisions.

September 2006 marked the beginning of a partnership in which the MHSRET assisted the HCC with its performance indicators. MHSRET staff members were not involved in any ongoing data collection efforts during the year to ensure the reliability and accuracy of the data. Rather, at the end of the year, once all data had been collected, MHSRET staff evaluated the data for outliers, anomalies, and other inconsistencies.

They also called and visited Clubhouses to discuss data questions and concerns. As a result of these efforts, it became apparent that many performance indicators were prone to vague operational definitions, and that unduplicated variables were often counted as duplicated, rendering them unreliable. Only data determined to be relatively reliable are reviewed in this technical report (please see the Appendix for a complete list of these indicators).

Qualitative data has not previously been collected; as such, there are no past methodologies available for comparison. During FY 2006, all Clubhouses submitted data on the entire set of quantitative and qualitative performance indicators. As a result, missing data is minimal.

Results

Quantitative Data

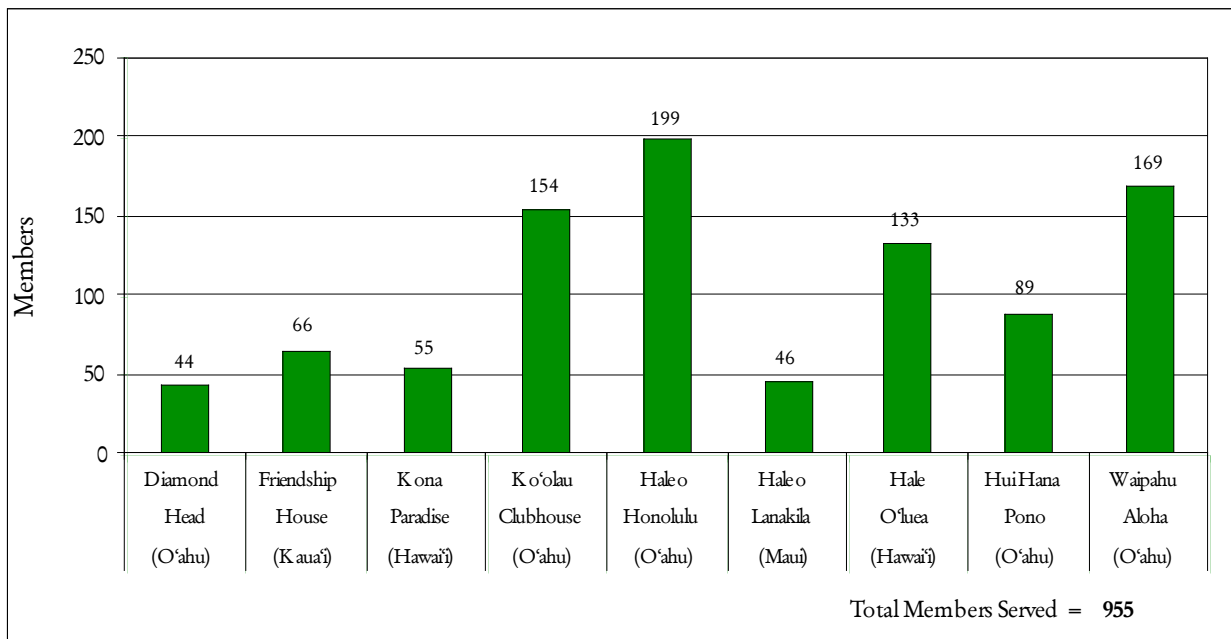
Findings presented below include only the FY 2006 quantitative data considered to be informative following multiple reviews and revisions. Quantitative data collected before FY 2006 was not reviewed by MHSRET staff and, as a result, comparisons of FY 2006 data to previous years cannot be performed. This data review is in accordance with ICCD Standard 29, which holds that Clubhouses should conduct regular and objective evaluations of their effectiveness.

Active Membership and Volunteers

In FY 2006, 1,118 total members attended HCC Clubhouses, while 955 members were classified as active, according to their onsite attendance at least once every three months. On average, 37 members attended each of the nine Clubhouses daily (see Figure 2 for a distribution of active membership by Clubhouse). During this period, 377 members self-identified as having co-occurring substance abuse disorders, and 234 members as having current or prior forensic involvement. Since personally identifying information was not collected for these individuals, the number of members in these categories could not be verified by the state public mental health data base.

Figure 2

Number of Active Members Served by Hawai‘i Clubhouses during FY 2006



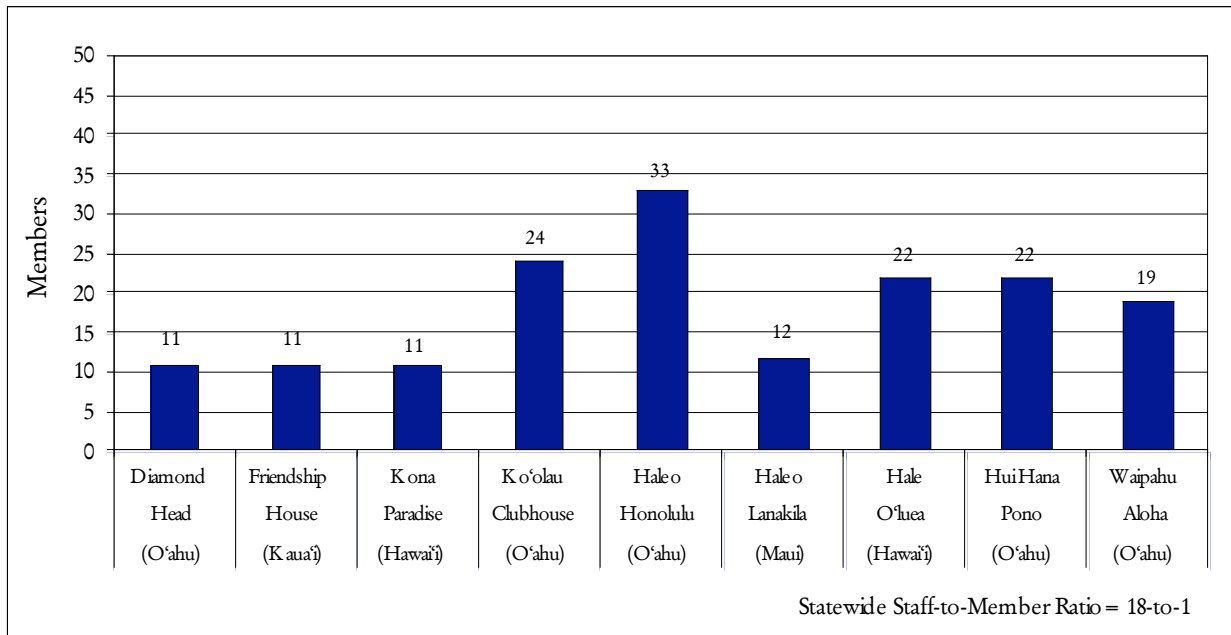
Additionally, in FY 2006, 499 new member applications were received by HCC Clubhouses, and 312 new members completed orientation. In support of Clubhouses statewide, 82 individuals from Hawai‘i's communities volunteered a combined total of 3,036 hours.

Staffing

In FY 2006, HCC Clubhouses employed 51 staff members. The statewide staff-to-active member ratio was 18-to-1 (please see Figure 3 for the staff-to-active member ratio of each individual Clubhouse). The staff-to-total member ratio was 21-to-1. The ICCD-recommended staff-to- member ratio is 15-to-1.

Figure 3

Active Members for Each Staff Member in Hawai‘i Clubhouses During FY 2006



Employment and Earnings

Clubhouse members, across all nine HCC Clubhouses, participated in 116 Transitional Employment (TE) placements during FY 2006, generating \$175,441. At higher levels of vocational independence, Clubhouse members participated in 103 Supported Employment (SE) placements, earning \$369,265, and 83 Independent Employment (IE) placements, earning a total of \$481,210. The average hourly wage for Clubhouse members was \$8.23. Overall, in FY 2006, 33% of Hawai'ian Clubhouse active members were employed, in 302 employment placements, and through these placements Clubhouse members earned a total of \$1,025,916 (Figure 4 portrays the number of employment placements by Clubhouse, and Figure 5 presents total earnings for members in TE, SE, and IE placements by Clubhouse). In addition, during FY 2006, 179 Clubhouse members were registered with the Department of Vocational Rehabilitation, resulting in billings of \$91, 600.

These employment-related performance indicators support ICCD Standard 21, which specifies that Clubhouses are to enable their members to return to paid work through employment placements. The active Transitional Employment programs at the majority of Hawai'i's Clubhouses supports ICCD Standard 22, which states that Clubhouses should offer a TE program, and that all members have the right to participate in the program.

Figure 4

Number of Members in Employment Placements in Hawai'i Clubhouses during FY 2006

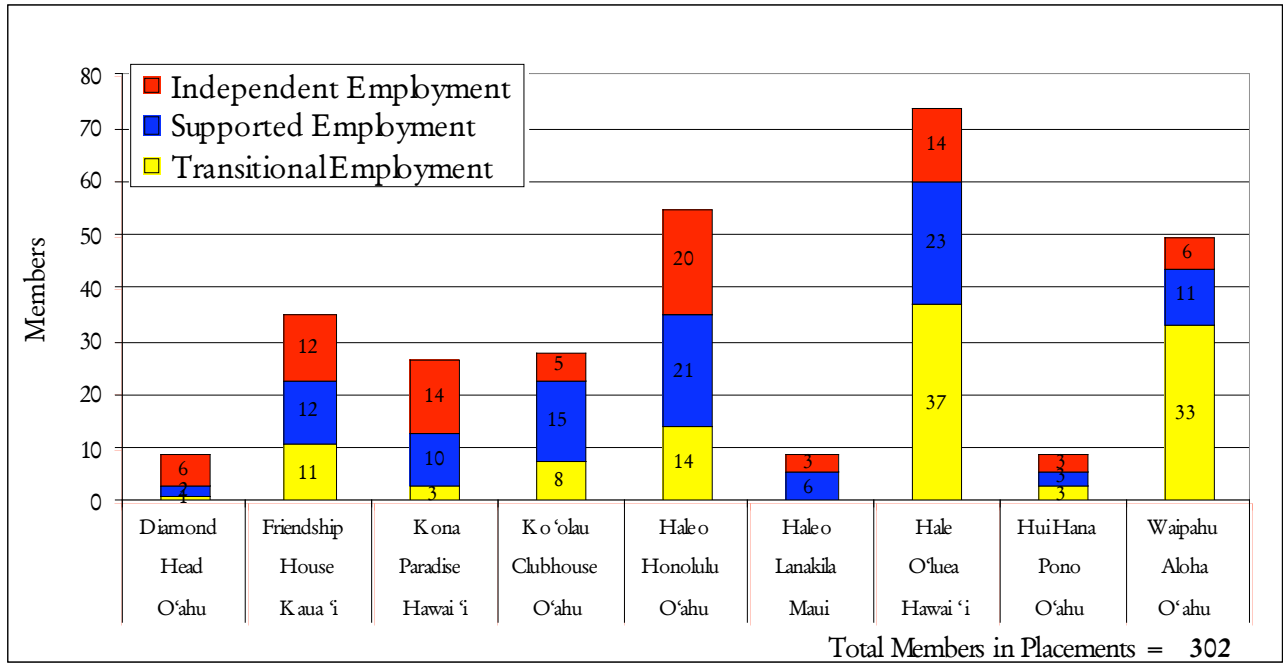
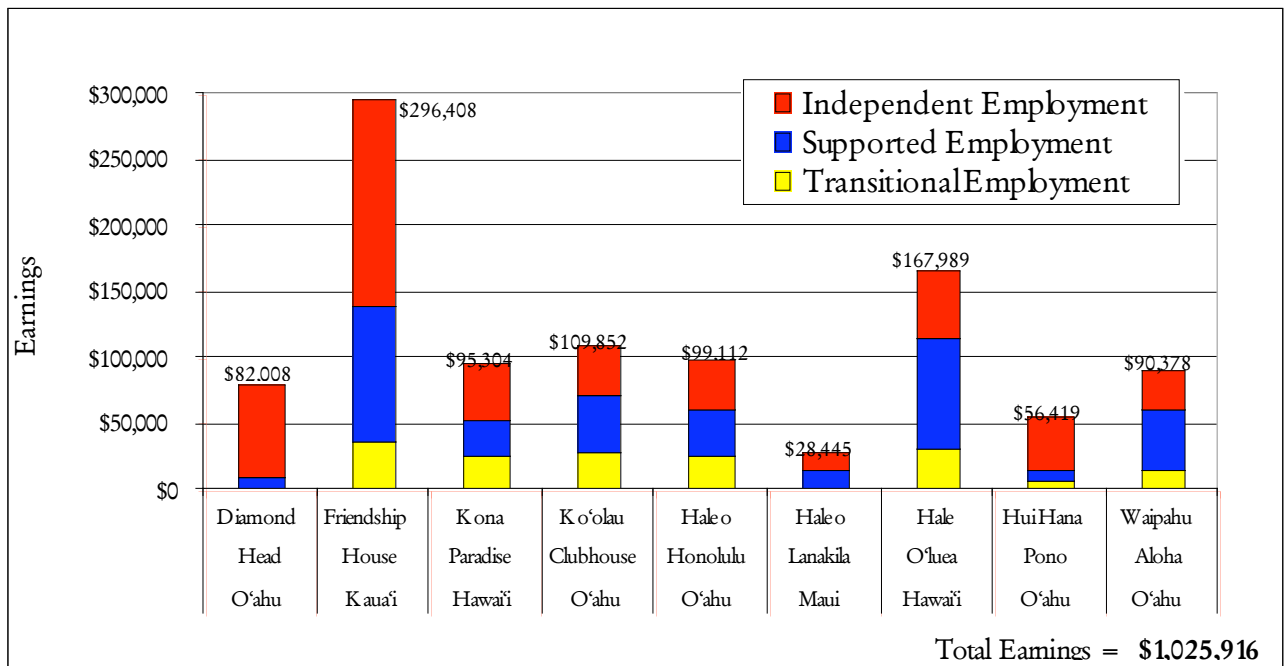


Figure 5

Earnings from Employment Placements in Hawai'i Clubhouses during FY 2006



Supported Education

HCC Clubhouses provided supported education services to 93 (9.7%) active Clubhouse members in FY 2006. Of these members, 55 were enrolled in college, vocational school, or adult continuing education classes, and 38 were actively pursuing their GEDs. Staff, members, and volunteers provided 558 hours of educational support for Clubhouse members. These indicators support ICCD Standard 25, which holds that Clubhouses should assist their members in furthering their vocational and educational goals.

Clubhouse Education

In FY 2006, 1,873 hours of in-house Clubhouse Model education and orientation were provided to staff and members. To develop community partnerships and help destigmatize mental illness, staff and members provided 162 community presentations about the Clubhouse Model, and mental health issues. HCC Clubhouses also provided 180 nursing, social work, and other students with Clubhouse Model training. Prior to 2006, 47 Clubhouse members and staff had received ICCD Clubhouse training, and 11 members and staff participated in ICCD employment track training. These efforts support ICCD Standard 30, which states that Clubhouse staff should participate in training programs at certified Clubhouse training bases.

Housing

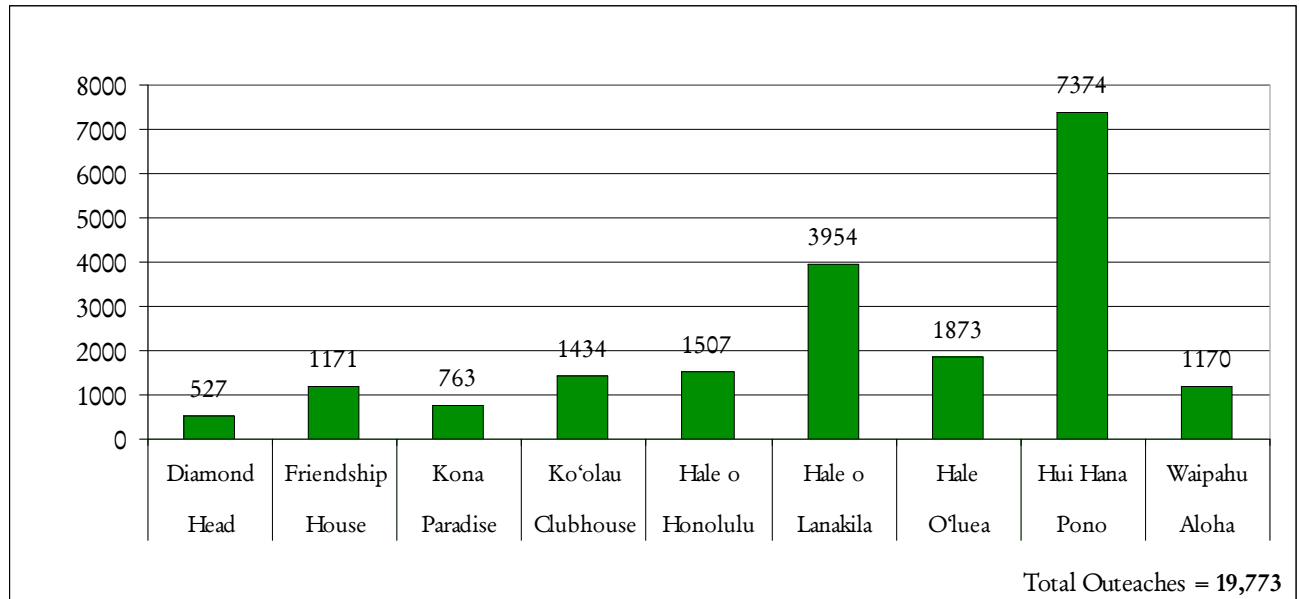
In FY 2006, 330 Clubhouse members lived independently, 175 members lived in care homes, 227 members lived in group homes, 194 members lived with family, and 40 members resided in HSH. The vast majority of this last group was involved in the new partnership between the HCC and HSH noted previously. Through this partnership, HSH inpatients, and residents of Steadfast Housing's Hale Imua residence, participated in Clubhouse activities at Waipahu Aloha Clubhouse, Ko'olau Clubhouse, and Hale o Honolulu Clubhouse during the day, and returned in the evening. During FY 2006, 21 members were reported to have experienced homelessness, which represents only 2.2% of the active membership of the Clubhouses in Hawai'i.

Outreach

HCC Clubhouses made 17,024 phone calls, mailed 2,229 cards and flyers, and extended 520 mobile outreach efforts to active and inactive members in FY 2006. In total, members and staff made 19,773 outreach efforts (see Figure 6 for a distribution of outreach efforts by Clubhouse). The outreach programs at each HCC Clubhouse are in accordance with ICCD Standard 7, which states that Clubhouses will provide an effective outreach system to non-attending members.

Figure 6

Outreach Efforts in Hawai'i Clubhouses during FY 2006



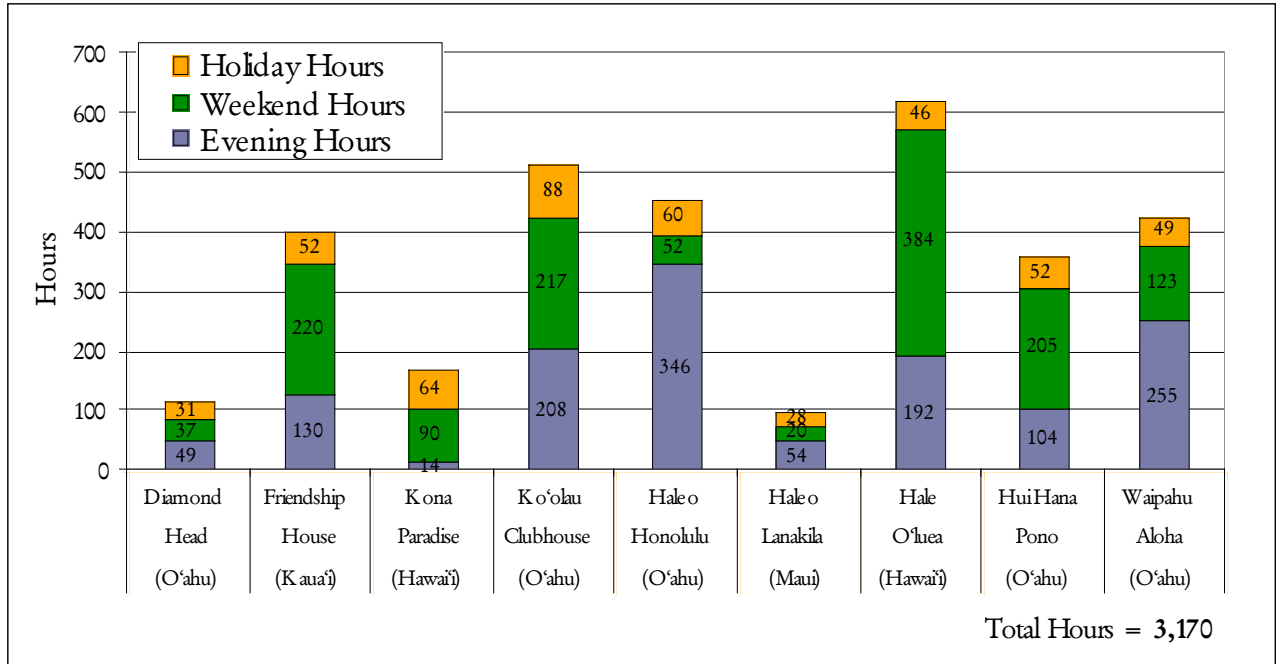
Social, Recreational and Nutritional Supports.

During FY 2006, Clubhouse staff provided a total of 3,170 evening, weekend, and holiday hours for Clubhouse social and recreational programs (see Figure 7 for total evening, weekend, and holiday hours in FY 2006 for each Clubhouse). Offering these activities, and hosting special events and recreational opportunities, helps foster an *ohana*, or family, atmosphere at Hawai'i's Clubhouses, and assists members in developing social skills, friendships, and social support networks. This is in accordance with ICCD Standard 31, which states that Clubhouses should hold social and recreational activities on evenings and weekends for their membership. Additionally, Clubhouse members and staff worked together to provide exceptional nutritional supports, serving a grand total of 66,811 breakfasts, lunches, and dinners to their members in FY 2006. In addition to food preparation, serving and clean-up, this involved planning monthly

menus, shopping for affordable food, and, in some cases, growing and harvesting food, all while charging only a nominal fee (e.g. \$1.00-\$1.50 for each meal).

Figure 7

Evening, Weekend, and Holiday Hours in Hawai‘i Clubhouses during FY 2006



Qualitative Data

The following is a discussion of the FY 2006 qualitative data. Each of the following profiles contains a sampling of the unique services, characteristics, and accomplishments of each of Hawai‘i’s Clubhouses.

Diamond Head Clubhouse

Diamond Head Clubhouse's small size allows it to have a very close-knit atmosphere; members emphasize that they feel like they are part of a family. The Clubhouse recently dedicated a large office to their supported education program, which is thriving. Additionally, Diamond Head Clubhouse is prolific in the realm of community presentations, and has provided them at Beyond the Blues, Kiwanis meetings, Diamond Head Clinic, and many other venues. Recently, the Clubhouse has also begun work on a new garden.

Friendship House

Friendship House was Hawai'i's first ICCD-certified Clubhouse. It has a very strong employment program, with over 40% of all Clubhouse members involved in employment placements, which accounted for nearly 30% of all HCC earnings in FY 2006. Friendship House has strong ties with the employers of its placements, and sponsors an annual banquet honoring them. The Clubhouse's own band, the "The Friendlies", entertains at the event. Friendship House also participates in advocacy, for causes such as mental health parity, dental benefits, and improved public transportation for Clubhouse members. Recently, Friendship House convinced county administrators to change bus schedules to benefit Clubhouse members. In addition, members of the Clubhouse often integrate into the larger community through volunteering, with agencies such as Easter Seals, United Way, and Relay for Life.

Hale o Honolulu.

To introduce new members to the Clubhouse, Hale o Honolulu offers an extensive orientation program, consisting of a full week of social and educational activities and presentations. Additionally, the Clubhouse has a very well-developed data collection system, with various teams working in unison to maximize accuracy and efficiency. Hale o Honolulu also has a strong supported education program, run mainly by the members themselves. The Clubhouse also has monthly employment/education dinners, to honor workers and inspire other members towards employment and school. Additionally, Hale o Honolulu offers benefits counseling, where members are given information about how work will impact their entitlements.

Hale o Lanakila

Hale o Lanakila is very unified. A large portion of the membership works together on the Clubhouse's initiatives, such as recent advocacy for a dental bill. Additionally, a large percentage of the Clubhouse's membership lives independently. Hale o Lanakila also publishes a comprehensive monthly newsletter, which incorporates diverse material, including summaries of published research on the recovery movement.

Hale O'luea

Much of Hale O'luea's membership lives independently, a situation made possible by the hard work of its peer specialists and coaches, and advocacy efforts. The Clubhouse also has a tremendous social/recreational program which, at one point, was providing activities for members seven days a week. Hale O'luea has a strong employment program that receives a great deal of support from staff members. Members on employment placements are treated to a dinner once a week to honor their accomplishments. In addition, Hale O'luea receives a lot of assistance from its community volunteers, whose help allows the Clubhouse to provide members with many different kinds of services.

Hui Hana Pono

Hui Hana Pono recently re-established an agriculture and aquaponics program. The program follows the traditional "fish-poi" strategy, which serves as a good metaphor for community, and helps to reconnects native Hawai`ian Clubhouse members with the *aina*, or land. The program also provides produce, such as taro and papaya, and fish for the Clubhouse's meals. Every morning, Hui Hana Pono members and staff gather together to begin their day by singing the Clubhouse Song. The Clubhouse also encourages music and art in other ways, such as hosting its musically geared event, "Sunset on the Beach." Additionally, Hui Hana Pono's employment program is notable for the longevity of its placements.

Ko'olau Clubhouse

Ko'olau Clubhouse works closely with Hawai'i State Hospital and Hale Imua, and arranges for many consumers who are housed there to attend the Clubhouse. Ko'olau also sponsors multiple practicums for social work students, and works jointly with the Eagle Scouts on projects for the mutual benefit of both organizations. The Clubhouse also provides a great deal of support for its employment program, especially its supported employment placements. Moreover, many of its members participate in mobile outreach to inactive members, bringing them cookies, interpersonal support, and encouragement.

The Kona Paradise Club

The Kona Paradise Club recently moved to a new home, and also produced "Truly Dually", a musical play about mental illness, substance abuse, and homelessness. Clubhouse members were involved in all aspects of the production, and the play was a great success. The Kona Paradise Club also has a very large employment program, similar to that of larger Clubhouses. Additionally, the Clubhouse has a very active social/recreational program, and offers a wide variety of activities, like a recent camping trip to Queen Liliuokalani park. Furthermore, the Clubhouse is very connected to the Kona community.

Waipahu Aloha Clubhouse

Waipahu Aloha Clubhouse was recognized by the State Senate, House of Representatives, and City of Honolulu for its outstanding contributions to the community in 2006. Additionally, during FY 2006, the Clubhouse had over 100 members attend in a single day, established a member bank, and held various fundraisers, such as the Koa Moa Chicken fundraiser. Waipahu Aloha Clubhouse also expanded its garden, hosts employer dinners, and has a very active community advisory board.

Discussion

As mentioned, a limitation of the FY 2006 quantitative data stems from the variable interpretation of vague operational definitions, which constrains interpretation of the findings. However, at the broadest level, the quantitative data demonstrates that HCC Clubhouses successfully met a wide range of their membership's needs, especially in the realms of psychosocial, vocational and community care supports. More specifically, the data demonstrates that HCC Clubhouses served nearly 1,000 members during FY 2006, and provided members with ample transitional and supported employment placements that ultimately assisted many members in achieving independent employment status. The work-ordered day format of each Clubhouse has also provided numerous other vocational and learning opportunities for members. Additionally, the FY 2006 data shows that Clubhouses helped meet their members' interpersonal and social needs through numerous gatherings and activities on evenings, weekends, and holidays. Furthermore, the data

demonstrates that HCC Clubhouses made nearly 20,000 outreach attempts to absent and inactive members, and provided nearly 67,000 low-cost meals to its membership. In short, the FY 2006 quantitative data demonstrates that HCC Clubhouses are providing the multiple modes of support essential to their members' recovery, and, in doing so, are satisfying the Clubhouse Standards put forth by the ICCD. The quantitative data also reveals that, statewide, the staff-to-active member ratio is 18-to-1, and the staff-to-total member ratio is 21-to-1, although the ICCD recommended ratio is 15-to-1.

Collectively, the FY 2006 qualitative data demonstrates that Hawai'i's Clubhouses are unique programs that offer individualized services and community supports above and beyond ICCD mandated standards. These services include holding intensive orientations, hosting dinners to honor employers, putting on plays to increase mental health awareness in their communities, producing comprehensive newsletters, and participating in statewide political and community advocacy to better members' lives.

In summary, the FY 2006 quantitative and qualitative data demonstrates that HCC Clubhouses are tirelessly dedicated to their memberships' recovery and resiliency. It is this devotion which has earned them well-deserved statewide, national, and international recognition.

Considerations

Because of the aforementioned concerns with the FY 2006 quantitative data, only those performance indicators identified by the MHSRET staff as relatively reliable should contribute to subsequent longitudinal analyses. And, when making interpretations

based on these indicators, it should be remembered that MHSRET staff involvement with HCC performance indicators began after all data was collected. As there were no ongoing efforts to monitor the accuracy and reliability of the current data, conclusions that can be drawn from it may be limited.

Recommendations for future improvement include creation of a performance indicator data set with standardized and universally agreed upon operational definitions, training in standardized data collection and validity and reliability checks conducted by MHSRET staff throughout the year to ensure the integrity of the data. Clubhouse members, staff, and administration should be included in the development of future program and performance indicators. These indicators should serve the purposes of informing the public mental health administrators about optimal Clubhouse program development, as well as documenting, more comprehensively, the wide range of services supports provided by Hawai'i's Clubhouses. Also, due to lower than recommended staff-to-member ratios and the advent of Clubhouse-based case management, increased Clubhouse staffing appears to be needed for FY 2007 and beyond.

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