SCOPE OF SERVICES

Clubhouse Psychosocial Rehabilitation Services

A clubhouse program is a community-based psychosocial rehabilitation program in which the consumer (also called clubhouse "member"), with staff assistance, is engaged in operating all aspects of the clubhouse, including food service, clerical, reception, janitorial and other member supports and services such as employment, housing and education. In addition, members, with staff assistance, participate in the day-to-day decision-making and governance of the program and plan community projects and social activities to engage members in the community. Through the activities of the ordered day, clubhouse decision-making opportunities and social activities, individual members achieve or regain the confidence and skills necessary to lead vocationally productive and socially satisfying lives.

A. **Target Population**: Clubhouse programs are appropriate for adults with a serious mental illness who wish to participate in a structured program with staff and peers and who have identified psychosocial rehabilitative goals that can be achieved in a supportive and structured environment. The consumer must be able to participate in, and benefit from, the activities necessary to support the program and its members, and must not have behavioral/safety or health issues that cannot adequately be addressed in a program with a low staff-to-member ratio.

B. **Essential Elements**: Clubhouse Member Choice / Involvement
   - 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 unit that they will regularly participate in during the 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 consumer’s preferences and needs building on the person-centered planning process.
   - Both formal and informal decision-making opportunities are part of the clubhouse units and program structures so that members can influence and shape program operations.

C. **Informal Setting**:
   - 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.
   - Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays.

D. **Program Structure and Services**: The program’s structure and schedule identifies when the various program components occur, e.g., ordered-day, vocational/educational. Other activities, such as self-help groups and social activities shall be scheduled before and after the ordered day.

   1. **Ordered Day**: The ordered day is a primary component of the program and provides an opportunity for members to regain self-worth, purpose, and confidence. It is made up of those tasks and activities necessary for the operation of the clubhouse and typically occurs during normal work hours. The ordered day is carried out in organizational units defined by the clubhouse that accomplish the work necessary to operate the clubhouse and meet the community living needs of the members, such as housing and transportation. Although participation in the 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 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.
2. **Employment Services and Educational Supports Services** directly related to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, and supports for the completion or initiation of education or training and other vocational assistance must be available.

3. **Member Supports Opportunities** shall be available to provide and receive support in the community in areas of outreach, warm line, self-help groups, housing supports, entitlements, food, clothing, and other basic necessities or assistance in locating community resources.

4. **Social Supports Opportunities** allow members to develop a sense of a community through planning and organizing clubhouse social activities. This may also include opportunities to explore recreational resources and activities in the community. The interests and desires of the membership determine both spontaneous and planned activities.

5. **Psychosocial Rehabilitation Components:** Following are some of the broad domains of psychosocial rehabilitative goals and objectives. Based on the member’s individual plan of service developed through the person-centered planning process, these are carried out during the member's participation in the ordered day and through interactions with other staff and members. Staff may also work informally with members on individual goals while working side-by-side in the clubhouse.
   
   **Symptom Identification and Care**
   - Identification and management of situations and prodromal symptoms to reduce the frequency, duration, and severity of psychological relapses.
   - Gaining competence regarding how to respond to a psychiatric crisis.
   - Gaining competence in understanding the role psychotropic medication plays in the stabilization of the members' well being.
   - Working in partnership with members who express a desire to develop a crisis plan.

   **Competency Building**
   - Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment).
   - Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships).
   - Personal adjustment abilities (e.g., developing and enhancing personal abilities in handling every day experiences and crisis, such as stress management, leisure time management, coping with symptoms of mental illness). The goal of this is to reduce dependency on professional caregivers and to enhance independence.
   - Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn and establishing the ability to develop empathy).

   **Environmental Support**
   - Identification of existing natural supports for addressing personal needs (e.g., families, employers, and friends).
   - Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive programs.

6. **Staff Capacity**. The number of staff from the CMHSP should be sufficient to effectively administer the program, but also allow the members sufficient leeway to participate meaningfully in the program. Clubhouse staff shall include:
   - **One full-time on-site clubhouse manager** who is a qualified professional and has extensive experience with the target population and is licensed, certified, or registered by the State of Michigan or a national organization to provide health care services. The clubhouse manager is responsible for all aspects of clubhouse operations, staff supervision and the coordination of clubhouse services with case management and ACT.
• Other experienced professional staff licensed, certified, or registered by the State of Michigan or a national organization to provide health care services. Other staff who are not licensed, certified, or registered by the State of Michigan to provide health care services may be part of the program, but shall operate under the supervision of a qualified professional. This supervision must be documented.

E. Person Centered Plan: CONTRACTOR agrees to deliver services in accordance with each consumer’s Person Centered Plan (PCP) as authorized for each consumer by the CMHSP or its agent.

F. Achievement of Consumer’s Goals and Objectives: CONTRACTOR agrees to make a good faith effort to facilitate a consumer’s achievement of the goals and objectives defined in his/her PCP. CONTRACTOR will use the methodologies identified in the PCP developed and approved by the CMHSP or its agent.

G. Acceptance of Referrals: CONTRACTOR agrees to accept referrals made by the CMHSP or its agent unless CONTRACTOR can provide an appropriate reason why such acceptance is not possible or would be detrimental to a consumer. Substantial inappropriate refusal of referrals or termination of consumers will be a breach of this Contract and may result in action by CMHSP, including but not limited to removal from the CMHPSM panel of providers. “Substantial” can be a pattern, large volume or small volume, that has a severe impact.

H. Rejection or Termination of Referral/Placement: CONTRACTOR shall have the right to reject a referral or terminate an existing placement after consultation with CMHSP’s designated representative, the consumer in question, and the consumer’s legal representative, if applicable. CONTRACTOR must clearly demonstrate that the proposed or existing placement is unable to meet the consumer’s needs, and/or is incompatible with previously agreed upon criteria for services. If the CONTRACTOR is terminating an existing placement, CONTRACTOR must demonstrate that a good faith effort to meet the consumer’s needs and to implement the PCP has been made.

CONTRACTOR must submit documented reasons for rejection of a referral within three (3) business days, and documented reasons for termination of an existing placement no less than thirty (30) days prior to the intended date of termination. In the event that CONTRACTOR is terminating an existing placement, CONTRACTOR acknowledges that it is aware of the consumer’s right to appeal a reduction or termination of services in accordance with the Consumer Grievance and Appeals policy, a copy of which is available in the provider manual. If the consumer files an appeal within twelve (12) days of receiving notice of the reduction/termination of services, CONTRACTOR may be required to continue providing services until a final decision on the appeal is reached.

If, in the judgment of CMHSP, moving a consumer will have a detrimental effect on the consumer, the CONTRACTOR and CMHSP will work together to attempt to maintain the placement. If CMHSP and the CONTRACTOR are in agreement that a plan to maintain the placement is not possible or has not been successful, CMHSP shall develop a plan for relocation which includes the date by which the relocation will occur. CMHSP shall make every effort to relocate the consumer within thirty (30) days. If necessary, CMHSP will negotiate provisions to ensure that the consumer and/or others are not at risk while an alternative placement is developed.

I. Access to Service Site, Consumers, Staff, and Records: CONTRACTOR agrees that authorized representatives of the CMHSP shall have access to each service site, consumers, staff, and consumer records upon request.

J. Administration:
   1. Records: CONTRACTOR agrees that all records relative to each home under this contract shall be readily available at any reasonable time for examination or audit by personnel authorized by CMHSP or by law. CONTRACTOR further agrees that all records required/produced relative to this contract shall be maintained for no less than seven years. Destruction of clinical records after seven years must be pre-approved by CMHSP.
   2. Financial Records: CONTRACTOR agrees to maintain complete and current financial records for each home and each consumer, supporting receipts and other documentation and the minimum or comprehensive chart of accounts.