The Westside Clubhouse Experiment: a California Safety Net Provider Starts a Clubhouse for the Seriously Mentally Ill

Why a Clubhouse in a Safety-Net Provider and what are the challenges?

The Clubhouse model of psychosocial rehabilitation is an established and effective service model that creates an environment to help people with serious mental illness (SMI) re-enter society. The majority of Clubhouses in California are free-standing, located in suburban neighborhoods, and draw substantial portions of their funding from private donations. The Westside Clubhouse project was an experiment to test whether an inner-city, community health center serving extremely disadvantaged populations could attract members from its SMI client base, sustain their active involvement, and achieve positive outcomes.

About the Westside Clubhouse Demonstration

The Westside Clubhouse Planning Project was funded by grants from the **California Health Care Foundation** (CHCF) to Westside Community Services and to Atlas Clarity. **Westside** is a San Francisco Community Health Clinic providing behavioral health and substance abuse care to roughly 6,500 clients all of whom meet MediCal qualifications. Westside has a 50-year history of serving the Black Community and other disadvantaged San Francisco residents. **Atlas Clarity**, **LLC** is a San Francisco-based health services research firm specializing in health equity studies and assessing means of expanding access to health care innovations.

The Clubhouse model of psychosocial rehabilitation was developed in the 1940s by **Fountain House** in New York City. Fountain House remains a leading proponent of Clubhouse practice innovations and quality standards.

There are now over 200 Clubhouses in the US and 12 in California. The Westside Clubhouse is one of the few nationally under the auspices of a safety net provider and the only Clubhouse in San Francisco.

Atlas Clarity, LLC worked in partnership with Westside Community Services, to establish a Clubhouse for its SMI clients who were or had been in the intensive Assertive Community Treatment (ACT) program– meaning that they had a history of high medical utilization as well as severe emotional problems and substance use disorders. The goals of the project included learning if Westside's SMI clients– despite substantial financial, housing, and food insecurities and high rates of incarcerations– would participate in and benefit from Clubhouse membership. Goals also included applying the Fountain House Clubhouse model as much as possible while also making modifications as needed. We wanted to learn from the members what adaptations they needed to feel comfortable in the Clubhouse and to participate in its management. Finally, we hoped that the Westside Clubhouse experiment, if successful, could serve as an example for other California safety net providers interested in adding Clubhouses to their services for SMI clients.

Goals of the Westside Clubhouse Initiative: The key intention of the Westside experiment was to make Clubhouse access

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easily and safely available to a disadvantaged, urban, SMI population. By being part of a trusted community health center, the Westside Clubhouse was able to recruit SMI clients who otherwise would not have considered visiting, joining, or participating in a psychosocial rehabilitation program. Member recruitment was greatly helped by referrals from clinical staff who mentioned the Clubhouse to their clients and suggested that they try visiting. Also, the physical location of the Clubhouse– on a separate floor of a Westside building that includes a pharmacy and case managers– simplifies transportation problems and costs for clients. Clubhouse members– who may experience emotional, or substance use, problems while visiting the Clubhouse– also benefit from having prompt access when needed from within the building to a therapist and a crisis management center.

Key Lessons from the Westside Clubhouse experiment.

1. SMI Clients were willing to join and participate in the Clubhouse– largely because it was offered by a provider they trusted and visited regularly.

Following the Fountain House model, we conducted interviews with Westside SMI clients to determine whether there was interest in joining the Clubhouse. These interviews indicated that because of clients' trust in and familiarity with Westside, most would be willing to join a "Peer Planning Group" to discuss Clubhouse arrangements, operating rules, and activities. Interviews were also conducted with Westside Case Managers who generally support the concept of psychosocial rehabilitation as useful for their SMI clients whom they characterized as extremely socially isolated.

"I don't go to new places, don't like being with new people, and have a hard time getting around the city. But I trust Westside and go there to see my case manager and the pharmacist. So, I went, and next thing I knew, I was a member of a Peer Planning Group, and talking about what rules the Clubhouse should have. It felt good."

–60-year old, Black, female

The Peer Planning Group initially consisted of 10 members all of whom regularly attended weekly meetings for two months. The Peer Planning Group also recruited members from among their friends and relatives who were also SMI clients at Westside. By month 6, the Clubhouse had 33 active members attending regularly. The only resignations– there were three– were due to relocations away from San Francisco, or medical crises requiring residential care. Additional members could have been acquired but for budget reasons the Clubhouse membership stabilized at 33. Membership expansion is planned as funding is secured.

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2. Clubhouse Members are diverse and report substantial burdens of housing and food insecurity as well as having experienced foster care and incarceration.

The majority (80%) of Westside Clubhouse are Persons of Color (POC) with the largest group being Black. Members' ages ranges from early 20's to late 70's, and the majority (62%) of members are male. Of the 33 members, 12 identify as gay, bi-sexual, or trans. Most (90%) of members are unemployed. All report having some degree of food insecurity. Nearly half (48%) report having been in foster care. A majority (86%) report having been incarcerated, and 42% indicate that they are either currently unhoused or have only temporary housing.

Figure 1 Self-Identified Race

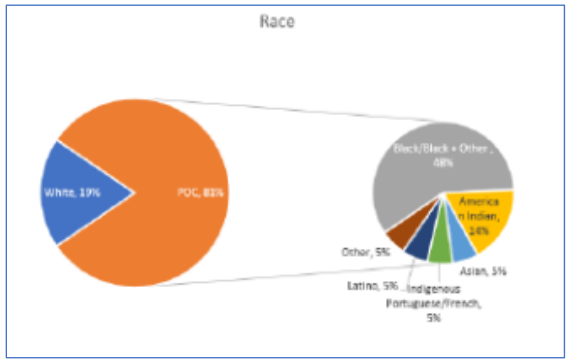


Figure 2. Employment Status



Figure 3 Foster Care Experience

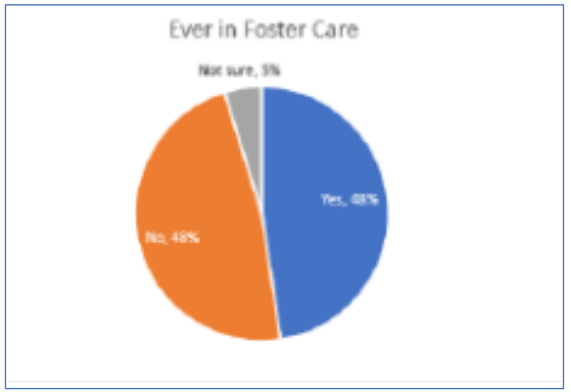


Figure 4. Housing Insecurity

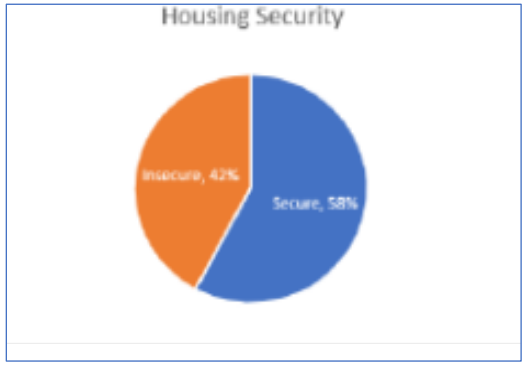
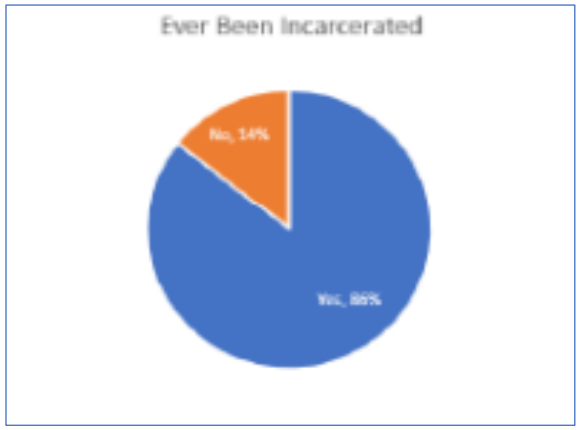


Figure 5. Reported History of Incarceration



Westside Clubhouse Members Attending a Meeting



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Westside Clubhouse Research Program

All Clubhouse members were asked to respond to a survey and structured interview. All members completed both joining and follow up surveys. The survey asked members for demographics, self-descriptions, activity, and work unit preferences, as well as to describe their Clubhouse experience and current state of emotional health and sense of well-being. Members were also asked for suggestions for how the Clubhouse could be improved and what they would like to change about the Clubhouse.

Surveys and interviews were administered by Atlas Clarity which also conducted data analyses.

3. Clubhouse Members report that Clubhouse experience has helped them be less socially isolated and improve their sense of well-being.

Members describe their Clubhouse experience. You can download the video by using the link below:
https://drive.google.com/file/d/1yc9aeqJstrm7LeqyyGU3yQ9uohZJdDkh/view?usp=sharing



Westside members reported in surveys and interviews highly positive Clubhouse experiences and indicated that membership has had a positive impact on their emotional health. Members responded to surveys and interviews when joining the Clubhouse and then again roughly two months later.

Interviews with Clubhouse members asked what problems they might have had in attending Clubhouse meetings and what motivated them to attend. The most common problems reported were transportation difficulties and conflicting medical appointments. The most commonly reported motivations for making the effort to attend Clubhouse meetings were being able to socialize and having meals.

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Figure 6

Interview Question: What makes you want to come to the Clubhouse?

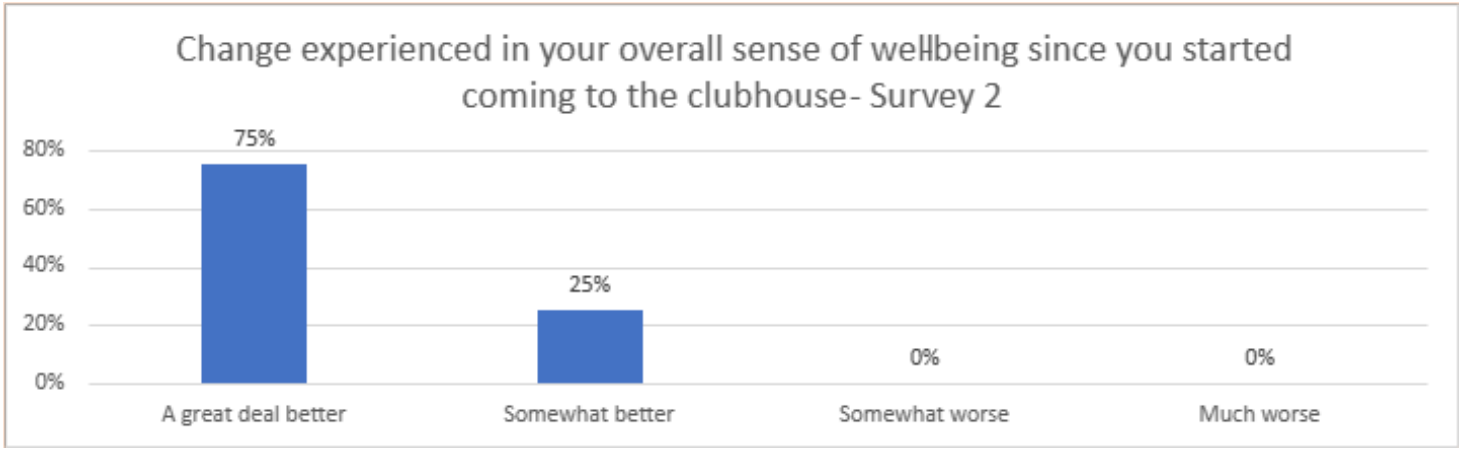
- *"I am starting to make friends here… I get to meet different types of people here."*
- *"People here are concerned about me. It is a place where I can meet people, and share things, and learn to get along.*
- *"I spend too much time alone. I would like to have friends here."*
- *"Community, people "like you"*
- *"Getting out."*
- *"Food and activities"*
- *"I like that the Clubhouse is so clean…"*
- *"I like feeling accepted here."*

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Members also reported in follow-up interviews that they felt attending the Clubhouse was helping them to have a more positive sense of overall well-being. Most (75%) reported feeling a great deal better or somewhat better.

Figure. 8

Survey Question: *How much change– if any– have you experienced in your overall sense of well-being since you started coming to the Clubhouse?*



4. Westside Case managers observed improvements in clients' emotional functioning therapy associated with Clubhouse attendance.

We also conducted semi-structured interviews with three Westside clinicians to ask their views on whether participation in the Clubhouse was having any impact on their clients' emotional health. These interviews were conducted with clinicians who had a minimum of two clients participating in the Clubhouse. The duration of their clients' participation in the Clubhouse at the time of the interviews ranged from six months to only a few weeks. All reported positive changes that they felt came from social

Director of Adult Services (MSW): "*The Clubhouse is having a clear, positive effect on the members; they are less isolated, more open in therapy, and are having less negative events.*"

"*My case managers keep asking me when we can add more meeting days a week.*"

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interactions and assuming responsibilities for tasks undertaken in the Clubhouse.

Peer Counselor: *"I see these clients in other Westside settings, they are completely different here in the Clubhouse. They get off the elevator and walk into the Clubhouse and are more positive, lighter, less guarded. And they feel comfortable saying what they do and do not want to do. They feel like they are making decisions for themselves in the Clubhouse."*

Westside Case Manager:

"Client A was an early member and has been participating consistently in weekly meetings for several months. She says that the Clubhouse is the only place where she is seen as herself, can control her activities, and is able to make decisions for herself. The weekly meetings have become an anchor for her week. She seems less depressed and more actively involved in our therapy sessions. "She feels she is helping to run the Clubhouse and that gives her confidence."

"Client B had long been obsessive about a failed relationship and has several restraining orders against him. He has been in therapy with me for three years and seemed stuck, but after he came to the Clubhouse and started taking the lead in preparing lunches, I was able to get him to talk about something other than this failed relationship and his obsessions. He … wanted to talk about how he helps other members by cooking lunches and demonstrating kitchen techniques."

5. *The Westside Experience demonstrated the benefits of a Clubhouse affiliated with a safety-net provider and the adaptations that help to serve the needs of safety-net clients.*

Orientation of Clinical Staff to the Clubhouse and Pyschosocial Rehabilitation. Westside's Clinical Case Managers were briefed on the Clubhouse and invited to come to lunch meetings and observe members' participation. Once the Case Managers saw the

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Clubhouse as a program that supported members' therapeutic progress, their urging of clients to try visiting was an important step in recruitment. We also found that Westside's case managers did not intrude on the Clubhouse in any way or attempt to "medicalize" the Clubhouse. But their acceptance and cooperation were a key element in successful recruitment.

Co-location in a Westside Clinical Building was initially a cost-saving necessity. The Clubhouse is on a separate floor of a Westside building and has a separate elevator entrance and is furnished to look and feel residential, not clinical. But the proximity to clinical resources on other floors has been valuable.

- When members have emotional or substance-induced episodes that disrupt Clubhouse activities, clinicians and security personnel are quickly available to help manage a disruptive member, help them to stabilize or offer intervention.
- A Clubhouse activity providing covid and other standard vaccinations (95% of members indicated that had not had any vaccinations in the past two years) is possible because pharmacy staff in the building are able to visit the Clubhouse to offer vaccinations.

Safe box for belongings at door suggestion made by members. When members come into the Clubhouse, they understand that they are not to have illegal drugs or weapons. Some members (especially the currently unhoused) may not be willing or able to leave drugs or weapons elsewhere while visiting the Clubhouse. The lock box allows them to store such possessions and any other valuables that they are concerned about losing or having stolen.

Meals are important and should be free. Most of the members have insufficient access to food or lack money to buy food. Many do not have kitchens. Therefore, serving meals is important as a source of nutrition as well as a social event. Most members wish to take food home with them for dinner. Lunch preparations need to accommodate excess quantities. Take away boxes are put out on the serving table. Many Clubhouses have a nominal fee for food and drink. Westside members would not generally be able to pay, so all food and snacks are free.

A research program tracking members' experience and preferences and outcomes should be included in planning but adapted to make easy and non-threatening for members to respond. We found that having data summarizing members' self-descriptions of their demographics, their work unit interests, their emotional functioning outcomes and their suggestions for improving their Clubhouse experience to be very valuable. The Westside Clubhouse research program has helped to collect useful ideas from members for Clubhouse rules and operations. Members may be willing to offer in a one-on-one interview or survey administration ideas that they would not raise in Clubhouse meetings. Having descriptors of our membership and evidence of improved outcomes has been useful for reporting to the Westside Board of Directors and for use in funding applications.

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We found that self-administration of surveys was not effective with our members. We also found that even widely used and well validated surveys often used with SMI populations were not well comprehended or completed. Administration by a trained researcher– who could explain questions and response options– was found to be a much better alternative. In one-on-one private conversations, members were willing to answer survey questions verbally and respond to open ended semi-structured interview prompts. They were also willing to discuss personal history– such as past incarcerations. Members contributed to the development of the Westside Clubhouse member survey by suggesting additional topics that they saw as important influences on how they experienced the Clubhouse.

Future of the Westside Clubhouse

Goals for the future of the Clubhouse include expanding membership to 60 members, establishing a Clubhouse foodbank, starting a volunteer training program, establishing volunteer positions with local businesses, and establishing an employment training program. Westside has also received inquiries from private insurance plans concerning making Clubhouse membership available to their SMI enrollees and– as currently the only Clubhouse in San Francisco– would like to arrange “fellowship” offerings for members from outside the Westside population. Westside would also like to form an advisory group of other California safety net providers who– in anticipation of the MediCal Waiver offering coverage for Clubhouse operations– are interested in exchanging information on how more MediCal Clubhouses could be established. All future plans are contingent upon securing sustainable funding.

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