



2021 Quality Assurance Report Summary

Attendance Statistics (January-September):

Average Daily Attendance- 12.17
Average Number of Visits- 264.11
Active Members: 30
New Members: 4

Outcomes:

- Measured through successful employment and housing accomplishments
 - Total members in employment programs: 13
 - Total members that obtained independent housing: 12

Individual Record Reviews:

- Quarterly reviews conducted by Program Director and/or Psych Rehab Specialist
- Annual internal audit by Goodwill SWPA QA team
 - All documents were found in compliance
 - Less than 10% error margin
- Annual OMHSAS audit
 - No citations or recommendations

Indicators of Participant Satisfaction:

- 2 internal surveys administered.
 - 90% or above approval in both surveys
 - The areas with the most average scores were regarding the facility and the social/recreational activities
- External survey administered by Fayette County CFST. Most areas scored above 90%. Areas below 90% included Beacon Health Options grievance procedures and the Clubhouse facility
 - Recommended corrective plan of action: Trainings via Zoom will be conducted to educate members on Beacon's complaint and grievance procedures. An "areas of interest for social/recreational activities" questionnaire will be created and administered to the Clubhouse members. Facility concerns will be shared with Goodwill of Southwestern PA executive team.

Use of Exceptions to Admissions and Continued Stay Requirements:

- As an ongoing practice, copies of the completed and signed LPHA letter by the prescriber is included with pre-certification authorization documents.
- The letter can be provided at any time during the member's involvement in the Clubhouse program to provide proof of need.
 - LPHA letters will be updated to reflect any changes in prescriber if needed.

Evaluation of Compliance with Agency Service Description:

- Clubhouse Accreditation
 - 3-year conditional. Expires March 2023
 - Must obtain a total of 4 TEs.
 - Currently have 1 TE.
- OMHSAS- 1-year full license

Goodwill of SWPA

Quality Improvement Plan

Union Station Clubhouse Mission:

Union Station Clubhouse quality Improvement Plan will meet the following requirements:

- Annual review of the quality, timeliness and appropriateness of services
 - Outcomes for PRS
 - Individual Record Reviews
 - Individual Satisfaction
 - Use of exemptions to admission and continued stay requirements
 - Evaluation of compliance with the agency service description
- Identify reviewers, frequency, and the types of reviews and methodology in establishing sample size
 - Document that individuals served participate in QI plan development and follow-up
- A report prepared by the Union Station Clubhouse that documents the analysis of the findings and identifies actions to address annual review findings.
- The Union Station Clubhouse will make the annual QI report available to the public via internal posting and agency website.

The development of the Quality Improvement Plan includes:

- The manner in which the Union Station Clubhouse meets the Quality Improvement Plan criteria.
- The provider's quarterly performance review data and available reports
 - Placement reports
 - Monthly activity calendars
 - Admission/ discharge records
 - Satisfaction Surveys
- The results from provider monitoring
- Compliance with requirements in Chapter 5320 licensing
- Results from satisfaction surveys

Goodwill of SWPA

Quality Improvement Plan

- **Identify reviewers, frequency, and the types of reviews and methodology in establishing sample size.**
 - **Record sample size determined by currently active membership and recently inactive or discharged members.**
 - **Survey Sample Size determined by a compilation of all completed surveys.**
 - **Reviewers include Clubhouse Director, Auspice Agency Representatives**
 - **Program file reviews are conducted monthly by the Director and annually by the representatives.**

- **Document that individuals served participate in QI plan development and follow-up**
 - **Participation in the QI plan development is included in the Unit Development Meeting Minutes**

- **Use of exemptions to admission and continued stay requirements**
 - **Refer to Clubhouse Admissions Policy**

- **A report prepared by the Union Station Clubhouse that documents the analysis of the findings and identifies actions to address annual review findings.**
 - **Written corrective action plan is prepared and shared with staff, members, auspice agency and the public.**

- **Evaluation of compliance with the agency service description**
 - **Determined by results of Clubhouse Accreditation and OMHSAS Licensing**

Quality Improvement:

Organization Name:	Goodwill of SWPA		Program: Union Station Clubhouse				
Mission:	A safe and caring environment that offers guidance, support, and encouragement.						
Program Activities:	Psychiatric rehabilitation services utilizing the Clubhouse model						
							2020-2021
INDICATORS	MEASURES	WHO APPLIED TO	DATA SOURCE	RESPONSIBILITY FOR DATA COLLECTION	TIME OF MEASURE	TARGET* GOAL EXPECTANCY	Comments
Optimal satisfaction with PR services	Internal Satisfaction Surveys, Agency Satisfaction Surveys, CFST Surveys	Clubhouse members	Surveys administered	Clubhouse Operations Unit, Goodwill SWPA Quality Assurance Dept., Fayette County CFST	Annually	100% Compliance	CFST Survey- Over 83% approval Internal- Over 90% approval Goodwill- Average approval of 4.63 on a scale of 1 to 5
PR Outcomes	Internal employment statistics, Clubhouse International CPQ	Clubhouse members	Employment Statistics Spreadsheets, Clubhouse CPQ	Clubhouse Operations Unit, UMass	Annually	Employment- Transitional 25% Supported/ Independent- 10%	Transitional Employment percentage: 1 current, need 3 additional Supported/Independent Employment percentages met.
Individual Record Reviews	Staff File Review, Agency Record Audit	Clubhouse Staff	Supervision Forms, Goodwill SWPA Contract Audit Form	Clubhouse Director,	Monthly, Annually	100% Compliance	Internal Audit- 100% Compliance File Reviews- 100% Compliance
Evaluation of compliance with agency service description	Outcomes of Clubhouse Accreditation and OMHSAS Licensing	Clubhouse Program	Clubhouse Accreditation Report, OMHSAS Survey Results	Clubhouse International, OMHSAS	3 Years, Annually	100% Compliance	OMHSAS- Full License Clubhouse International- 3 year accreditation (conditional upon TEP development)

INTERNAL QUALITY ASSURANCE (IQAS) 2021 RESULTS

GENDER	MALE	10
	FEMALE	4
	No Answer Provided	0
RACE	WHITE	10
	AFRICAN AMERICAN	2
	NATIVE AMERICAN	0
	No Answer Provided	1

	No Response	1
AGE GROUP	18-30	2
	31-59	9
	60+	2
	No Response	0

STAFF INTERACTION	1 (Poor)	0
	2	0
	3 (Average)	1
	4	2
	5 (Excellent)	10
	No Response	0

BUILDING	1	0
	2	0
	3	3
	4	3
	5	6
		No Response

ACTIVITIES	1	0	
	2	0	
	3	4	
	4	3	
	5	7	
		No Response	0
	1	0	
	2	0	
	3	1	
	4	2	
	5	10	
		No Response	2
	1	0	
	2	4	
	3	6	
	4	1	
	5	8	
		No Response	
	1	2	
	2	1	
3	5		
4	2		
5	4		

REFERRAL METHOD	DOCTOR/THERAPIST	8
	CASE MANAGER/SC	7
	ANOTHER MEMBER	5
	OTHER	5

NOTES: SOME MEMBERS
CHOSE MORE THAN ONE OPTION

PARTICIPANT SATISFACTION SURVEYS

4th Quarter - April - June 2021

PROGRAM: UNION STATION CLUBHOUSE

NUMBER OF SURVEYS RETURNED: 20

RETURNED RESULTS:

Date Survey Completed	How satisfied are you that the available services are meeting your needs	Overall, how satisfied are you with performance of staff	How satisfied are you that our facility meets your needs	Overall, how satisfied are you that the service you received matches what you expected	Would you recommend our services to others	I am a new client with this program	I would like to further discuss programs available at Goodwill SWPA
06/28/21	5	5	5	5	5		
06/28/21	4	4	5	4	3		Yes
06/28/21	5	5	3	5	5		
06/28/21	5	5	5	5	5		Yes
06/28/21	5	5	5	5	4		Yes
06/28/21	5	5	5	5	5		
06/28/21	4	5	5	5	5		
06/28/21	5	5	5	4	4	Yes	
06/28/21	5	5	5	4	4	Yes	
06/28/21	5	5	4	5	5		
06/28/21	4	5	5	5	5		Yes
06/28/21	5	5	5	5	5		Yes
06/28/21	4	4	4	4	5		
07/01/21	5	5	5	5	5		
07/01/21	4	4	5	4	5		
07/01/21	4	5	4	4	5	Yes	
07/02/21	4	3	4	N/A	4		
07/01/21	4	5	4	3	4	Yes	
07/02/21	5	5	5	5	5	Yes	
07/06/21	4	5	5	4	5		

Average Score: 4.55 4.75 4.65 4.53 4.65

Comments:

Question #1.) How satisfied are you that the available services are meeting your needs?

I feel that Clubhouse is helping me. I enjoy the services (Scott B. is fair and honest)

Thanks for the help getting a job.

Clubhouse is helping to get a job.

INTERNAL QUALITY ASSURANCE (IQAS) 2021 RESULTS

GENDER	MALE	10
	FEMALE	4
	No Answer Provided	0
RACE	WHITE	10
	AFRICAN AMERICAN	2
	NATIVE AMERICAN	0
	No Answer Provided	1

	No Response	1
AGE GROUP	18-30	2
	31-59	9
	60+	2

	No Response	0
STAFF INTERACTION	1 (Poor)	0
	2	0
	3 (Average)	1
	4	2
	5 (Excellent)	10

	No Response	0
BUILDING	1	0
	2	0
	3	3
	4	3
	5	6

	No Response	0	
ACTIVITIES	ON-SITE	1	0
		2	0
		3	4
		4	3
		5	7
		No Response	0
	MONTHLY	1	0
		2	0
		3	1
		4	2
		5	10
		No Response	2
	LOCAL EXTERNAL	1	0
		2	4
		3	6
		4	1
		5	8
		No Response	
LONG DISTANCE/ ANNUAL	1	2	
	2	1	
	3	5	
	4	2	
	5	4	

REFERRAL METHOD	DOCTOR/THERAPIST	8
	CASE MANAGER/SC	7
	ANOTHER MEMBER	5
	OTHER	5

NOTES: SOME MEMBERS
CHOSE MORE THAN ONE OPTION

SAMPLE



Participant Satisfaction Survey

At Goodwill we always look to improve. By completing this survey you will help us achieve that goal. Thank you!

Date: _____

Program Name: _____

Location (check one):

- Goodwill of Southwestern Pennsylvania
- Goodwill of North Central West Virginia

1.) How satisfied are you that the available services are meeting your needs? (Circle one)



Comments: _____

2.) Overall, how satisfied are you with the performance of the staff? (Circle one)



Comments: _____

3.) How satisfied are you that our facility meets your needs? (Circle one)



Comments: _____

4.) Overall, how satisfied are you that the service you received matches what you expected? (Circle one)



Comments: _____

5.) Would you recommend our services to others? (Circle one)



Comments: _____

Please check if appropriate:

- I am a new client with this program (This is my first survey).
- I would like to further discuss programs available at Goodwill.

If you selected the second option above, please list your questions or specific needs: _____

Optional:

Name: _____

Email address: _____

Home Phone: _____

Cell Phone: _____

Address: _____



CST Report Percentages by Question
 LOC: All Combined

Dates: 2/1/2021 - 10/1/2021

Provider: GOODWILL OF SOUTHWESTERN PA

	#Yes	Total	%
1. Do you know you can choose where you get your treatment?	14	14	100.00%
2. Is the provider staff respectful and friendly?	15	15	100.00%
3. When you first called for an appointment, were services provided in a timely manner?	7	9	77.78%
4. Is this provider conveniently located?	5	6	83.33%
5. If you had a problem with your provider, would you feel comfortable filing a complaint?	12	15	80.00%
6. Are you asked to participate in treatment planning/goals?	15	15	100.00%
7. A Did you want your family to participate in treatment planning/goals?			
7. B If yes to 7 A, did your provider involve your family in treatment planning/goals	5	6	83.33%
8. Has your provider made you aware of support services in your community?	15	15	100.00%
9. If you had a question about your benefits or treatment options, do you know how to contact Beacon Health Options (Beacon)?	10	15	66.67%
10. Are you aware that telephone services at Beacon are available 24 hours a day 7 days a week?	10	15	66.67%
11A. Have you called Beacon or has Beacon called you within the past year?			
11B. If yes to 11A:Were you satisfied with how you were treated when speaking with someone from Beacon?	0	0	0.00%
12. Are you aware of how to file a complaint with Beacon?	10	15	66.67%
13. Have you filed a complaint with Beacon within the past year?			
13B. If yes to 13A: Were you satisfied with the outcome of your complaint?	0	0	0.00%
14. Are you aware of how to file a grievance with Beacon if your services were denied?	9	14	64.29%
15A. Have you filed a grievance with Beacon within the past year?			
15B. If yes to 15A: Were you satisfied with the outcome of your grievance?	0	0	0.00%
16A. Do you use medical assistance transportation?			
16B. If yes to 16A: Are you satisfied with their service?	4	5	80.00%
17. FOR CHILDREN: If you participated in an Individual Planning Meeting, were you satisfied with the Individual Planning Meeting process?	0	0	0.00%
18. Are you satisfied with your primary care physician?	12	13	92.31%
19. Overall, are you satisfied with the behavioral health services (your therapist, doctor and/or other staff you see) you are receiving?	15	15	100.00%
20. How hopeful are you about your (or your child's) future since receiving services?	13	15	86.67%

24 What effect has the treatment you received had on the quality of your (or your child's) life?	
Number answered as "Much better" and "Little better":	13
Total:	13
Percent:	100.00%



CST Report Percentages by Question (STATE Questions #21 to #24)

LOC: All Combined Run Date: 10/15/2021

Dates: 2/1/2021 - 10/1/2021

Provider: GOODWILL OF SOUTHWESTERN PA

21 In the last 12 months, were you able to get the help you needed?

Yes:	Some:	Never:	Den:
15	0	0	15
100.00%	0.00%	0.00%	

22 In the last 12 months, did your child have problems getting the help he or she needed?

Yes:	Some:	Never:	Den:
0	0	14	14
0.00%	0.00%	100.00%	

23 Were you (or you and your child) given the chance to make treatment decisions?

Yes:	Some:	Never:	Den:
14	1	0	15
93.33%	6.67%	0.00%	

4 What effect has the treatment you received had on the quality of your (or your child's) life?

Much_Better:	A_Little_Better:	About_the_Same:	A_Little_Worse:	Much_Worse:	Den:
7	6	2	0	0	15
46.67%	40.00%	13.33%	0.00%	0.00%	

QA YE 2021 Roster of Employment Program Participants

#	Program	Employer	Position / Title	Retainer Period	Start Date	End Date
1	SE	MHA in Fayette County	C/FST Member		3/10/2010	Continuing
102	SE	Goodwill SWPA	Janitorial		6/1/2020	Continuing
103	SE	Goodwill SWPA	Janitorial	214	6/22/2020	1/22/2021
109	SE	Goodwill SWPA	Janitorial		4/5/2021	Continuing
108	SE	Goodwill SWPA	Janitorial	135	4/7/2021	8/20/2021
110	SE	Goodwill SWPA	Cartridge	17	5/3/2021	5/20/2021
111	SE	Goodwill SWPA	Cartridge		6/21/2021	Continuing
112	SE	Goodwill SWPA	Janitorial		7/7/2021	Continuing
56	IE	TJ Maxx	Associate		3/2/2016	Continuing
106	IE	Dollar General	Cashier	54	12/9/2020	2/1/2021
104	TEP	Eat N' Park	Assembly	100	9/28/2020	1/6/2021
107	TEP	Eat N' Park	Assembly		2/9/2021	Continuing

Transitional	<input type="checkbox"/>	2
Supported	<input checked="" type="checkbox"/>	8
Independent	<input type="checkbox"/>	2

Clubhouse International Clubhouse Profile Questionnaire

**Clubhouse: Union Station Clubhouse - Uniontown,
Pennsylvania**

Survey Entered by Scott Bombach on 11/15/2021

Clubhouse Information

Date Opened: 1/2/2002
Date joined ICCD:
Auspice Agency Name: Goodwill Southwestern Pennsylvani
Clubhouse Address1: 100 Corporate Crossing Road
Clubhouse Address2:
Country: USA
Phone: (724) 439-9311
FAX: (724) 439-9334
E-mail Address: uschwest@gmail.com
Web Page Address: www.unionstationclubhouse.com
Directors Name: Scott Bombach
Directors Cell Phone: 412.812.9183
Directors Email: scott.bombach@goodwillswpa.org
CPQ Contact Name:
CPQ Contact Phone:
CPQ Contact Email:

Clubhouse Organization and Characteristics

How did your Clubhouse start?
New program started as a clubhouse

Location:
Separate building

Other Specify:

What is the population of the area served by the clubhouse?
100,000 to 250,000

What is the current unemployment rate (%) in the region you serve? 9.00 %

Accreditation Team Information

Prior Accreditation Visit Date: 5/14/2018
Prior Accreditation Team: Sooze McNarama, Peace Ca
Site Visit Date: 1/21/2020
Team Name: Paula Fischer
Clubhouse: Crossroads Clubhouse
Team Name: Lisa Soucie
Clubhouse: High Hopes Clubhouse

Clubhouse International Training Information

Training Dates From: 6/11/2019 **To:** 6/15/2019
Clubhouse: Gateway House
Colleagues Names: Amanda Waters
Rebekah MnIntosh

Third Week Visitor: Suzanne Ratnavale

Clubhouse Budget

What is the clubhouse total annual operating budget NOT including member housing?

What is the clubhouse total annual operating budget including member housing and/or training?

**The sum of DIRECT and INDIRECT costs MUST equal to total annual operating budget including housing and/or training*

Direct Costs:

Indirect Costs:

What are the funding sources for the total annual operating budget (specify %)?

Funding from Governmental sources

State or Provincial Mental Health: %

Social Services: %

Vocational Rehab Agency: %

Labor Department: %

County/Borough Government: %

Local/Municipal Government: %

National Grants: %

Public Insurance Programs: %

Other Specify: %

Funding from Private sources

Private Insurance: %

Foundation/Grants: %

Donations and other Private Sources: %

Income Generating activity: %

Other Specify: %

Managed Care

Is your clubhouse part of a Managed Care System? Yes No

Type of Managed Care System:

If other, please specify:

Does your clubhouse receive Medicaid funding? Yes No

What activities or services are Medicaid-funded?

Current Membership

Total membership:

Total active members – month:

Total active members 90 days:

Average daily attendance:

Average work ordered day program attendance:

Outreach:

Number of members participating in any evening or weekend program during the most recent 3-month period. No person should be counted more than once:

15

Intake/New Member Orientation Process

What are the eligibility requirements for membership?

Be 18 or over, have a diagnosis of a mental health condition, and want to participate in services

What percentage of people who participate in orientation become members?

100.00 %

Does the clubhouse guarantee lifetime membership to members?

YES NO

Does the clubhouse have written contracts or verbal agreements with members regarding their participation?

YES NO

Does the clubhouse require members to attend a minimum number of times or hours?

YES NO

Does the clubhouse require members to work while they are at the clubhouse?

YES NO

Referral/New Members

Who refers members to your clubhouse (specify %)?

State/County psychiatric hospital:	<input type="text"/> %	City psychiatric hospital:	<input type="text"/> 5 %
Community mental health center:	<input type="text"/> 65 %	Other mental health facilities:	<input type="text"/> 20 %
General hospital:	<input type="text"/> %	Private psychiatrist/therapist:	<input type="text"/> 5 %
Family member/relative:	<input type="text"/> %	Self Referral:	<input type="text"/> 5 %
Other members:	<input type="text"/> %	Other Specify:	<input type="text"/> %

Number of individuals referred to the clubhouse during the most recent fiscal year including self-referrals: 17

New Members: Number of referrals in the most recent fiscal year that have become members: 11.00

Are people with other diagnoses in addition to a psychiatric diagnosis eligible for membership? YES NO

Developmentally disabled:	<input type="text"/> 10 %	Traumatic brain injury:	<input type="text"/> %
Substance abuse:	<input type="text"/> 10 %	Other Diagnosis:	<input type="text"/> %

Members Characteristics

Please estimate the number of active members in each RACIAL category.

	Male	Female	Transgender	Other
White/Caucasian:	<input type="text"/> 15	<input type="text"/> 11	<input type="text"/>	<input type="text"/>
Hispanic/Latino:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black/African-American:	<input type="text"/> 7	<input type="text"/> 4	<input type="text"/>	<input type="text"/>
American Indian/Alaska Native:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian/Other Pacific:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other/Unknown:
 Totals:

Please estimate the number of active members in each AGE category.

Less than 20 years: 31 to 40 years: 61 to 70 years:
 20 to 25 years: 41 to 50 years: Over 70 years:
 26 to 30 years: 51 to 60 years: Age Unknown:

Do you record diagnoses of your members? YES NO

Please estimate the number of active members in each DIAGNOSTIC category.

	# of Active Members	
Schizophrenia, schizoaffective disorders:	<input type="text"/>	Unknown: <input type="text"/>
Bipolar Disorder:	<input type="text"/>	Other Diagnoses: <input type="text"/>
Major Depression:	<input type="text"/>	Other Diagnoses: <input type="text"/>

Please estimate the number of active members (90 days) that are substance dependent:

Alcohol: Nicotine/Tobacco: Marijuana: Opioids:

Please estimate the number of active members (90 days) that have co-morbid health issues:

Staff Characteristics

Please tell us about the composition of the clubhouse staff

Total Number of full-time staff:
 Total Number of part-time staff:
 Total number of full-time and part-time staff that are unit based:
 Total number of volunteers and/or students:

Proportion (%) of current staff identifying themselves as current or former consumers of mental health services: %

Educational credentials of full-time staff:

Please indicate the number of FULL-TIME staff (currently employed) in each category.

**The total MUST equal the number of FULL-TIME staff from above.*

Credentials	Administrators	Resource Staff	Generalist Program Staff
Primary school (less than high school)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary school (GED or High school diploma)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Some college or university	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undergraduate degree in Human Services (B.A./B.S)	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="3"/>
Undergraduate Non-Human Services degree (B.A./B.S.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Some graduate coursework

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Master level (M.A./M.S./M.S.W.) Human Services degree

		1
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Master level (M.A./M.S./M.Ed) Non-Human Services degree

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Advanced graduate degree (Ph.D/M.D./D.S.W/etc)

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Full Staff Characteristics

How long have your FULL-TIME staff been employed at your clubhouse?

Please indicate the number of FULL-TIME staff (currently employed) in each category.

Length of Employment	Administrators	Resource Staff	Generalist Staff
Less than 1 year:			1
1 to 2 years:			
3 to 4 years:			1
5 to 9 years:			
10 to 14 years:			1
15 to 20 years:	1		1
20+ years:			
Positions currently open/unfilled:			

Please list the number of FULL-TIME staff employed in each salary category?

Each staff should be counted once. The total MUST equal to number of "Total Number of full-time staff:" from Staff Characteristics page.

Salary range	Administrators	Resource Staff	Generalist Staff
Up to 15,000			
From 15,001 to 20,000			
From 20,001 to 25,000			
From 25,001 to 30,000			
From 30,001 to 35,000			
From 35,001 to 40,000			3
From 40,001 to 45,000			1
From 45,001 to 50,000			
From 50,001 to 60,000	1		
From 60,001 to 75,000			
From 75,001 to 100,000			
From 100,001 to 125,000			
From 125,001 to 150,000			
Over 150,000			

Meeting Frequency

Please indicate how frequently the following meetings occur in your clubhouse

Meeting Type	Frequency
Informational Community/House	At least Weekly
Policy/Decision Making	At least Weekly
Employment	At least Monthly
Educational	At least Monthly
Substance Abuse/Prevention	Not at All
Parenting Supports	Not at All
Wellness/Health Promotion	At least Weekly
Medication-Education	Not at All
Social	At least Weekly
Board of Directors	At least Monthly
Advisory Board	Less than Monthly
Other Meeting	
Other Meeting	
Other Meeting	

Space

How much interior space (square feet/meters) does your clubhouse occupy? square feet

All space accessible to members? YES NO

Describe areas that are inaccessible:

How much of the space in your clubhouse is physically accessible to persons with mobility impairments?

Work-Ordered day

What are the daily hours of your Work-Ordered Day? (hh:mm) To:

How many distinct work units do you have?

By distinct work unit, we mean a unit that has a title, a unit leader, and a specific location in the clubhouse

What types of clubhouse work do members carry out in any of these units?

- | | | | |
|--|--|--|---|
| Outreach <input checked="" type="checkbox"/> | Supported Education <input checked="" type="checkbox"/> | Research <input checked="" type="checkbox"/> | Telephone Switchboard <input checked="" type="checkbox"/> |
| Employment <input checked="" type="checkbox"/> | Maintenance/Cleaning <input checked="" type="checkbox"/> | Accounting <input checked="" type="checkbox"/> | Thrift Store <input type="checkbox"/> |
| Administration <input checked="" type="checkbox"/> | Attendance Records <input checked="" type="checkbox"/> | | |
| Clerical/Offic <input checked="" type="checkbox"/> | Enrollment/Orientation <input checked="" type="checkbox"/> | Other Specify: <input type="text"/> | |

Food Prep/Serving

Supported Housing

Other Specify: _____

Describe each unit in clubhouse:

Unit Name	Avg Daily Hours	Avg Daily Attendance	Active Membership in unit	# of Staff in unit	# of Unit Meetings per week	Unit Tasks
Operations	7	9	20	3	10	Switchboard, Filing, Copy, Transportation Mileage, Data Entry, Announcements, Eligibility, Social Media, Outreach, Statistics, Newsletter, Cleaning, Data Entry, Job Posts, Inventory & Supply, Light Maintenance
Food Service	7	14	21	2	10	Food Preparation, Serving, Dishwashing, Laundry, Trash Removal, Snack Bar, Inventory, Light Cleaning, Minor Maintenance, Etc.

Employment

Please check the types of employment programs your clubhouse sponsors: **TE** **SE** **IE** **GP** **DY**

Other Employment Describe:

Who pays the member directly?

	TE	SE	IE	GP	DY	Other
Employer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Agency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the clubhouse require members to work in unit before being eligible for transitional or supported employment? YES NO

Your clubhouse's usual vocational philosophy:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| Strong efforts for immediate job placement | <input checked="" type="checkbox"/> | Temporary work, then permanent work | <input checked="" type="checkbox"/> |
| Readiness assessments, then job placement | <input type="checkbox"/> | Job skill training, then job placement | <input checked="" type="checkbox"/> |
| Time in WOD, then job placement | <input checked="" type="checkbox"/> | No policy, member decides when to work | <input type="checkbox"/> |

*Primary Vocational Philosophy

Please describe any cultural or local influences that affect your clubhouse as you seek to provide a Standards-based employment program:

Vocational Support

Types of vocational supports provided by the clubhouse:

	<u>TE</u>	<u>SE</u>	<u>IE</u>	<u>GP</u>	<u>DY</u>	<u>Other</u>
Vocational Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Readiness Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skill Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skill Training/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with Job Hunting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to Interviews	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to Work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program-Sponsored Jobs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Site Job Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-Site Job Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy with Employer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage of Employee Absences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Performance Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Meetings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transitional Employment (TE)

Is the clubhouse Transitional Employment program housed and staffed totally in the clubhouse? YES NO

Are members encouraged to return to the clubhouse for the balance of the day? YES NO

Estimate the percentage that actually do

Does the clubhouse guarantee coverage for TE positions, either by other members or by staff? YES NO

Estimate the percentage of the TE absence that are actually covered

Are there any staff whose exclusive responsibilities are supporting and developing the TE program? YES NO

How many?

How often are visits made to TE job sites after the initial training period?

How many clubhouse staff share TE placement management responsibilities?

What is the average duration of a TE placement? (# of months)

Members Employed

Please use unduplicated counts of members in each job category

	<u>TE</u>	<u>SE</u>	<u>IE</u>	<u>GP</u>	<u>DY</u>	<u>OTHER</u>
Number of members who worked any length of time during the FISCAL YEAR (#1)	<input type="text" value="3"/>	<input type="text" value="8"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of members who worked for any length of time during the FISCAL YEAR worked for at least 2 WEEKS (#2)	<input type="text" value="3"/>	<input type="text" value="8"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of members who worked any length of time during the FISCAL YEAR were employed at least 3 MONTHS (#3)	<input type="text" value="2"/>	<input type="text" value="7"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of members who worked any length of time during the FISCAL YEAR were employed at least 6 MONTHS (#4)	<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total annual wages in each job category (most recent fiscal year)	<input type="text" value="4,313.75"/>	<input type="text" value="27,244.52"/>	<input type="text" value="3,266.92"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

Jobs

	<u>TE</u>	<u>SE</u>	<u>IE</u>	<u>GP</u>	<u>DY</u>	<u>OTHER</u>
Number of different employers	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of individual jobs	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of job placements	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average wage per job per hour	<input type="text" value="10.00"/>	<input type="text" value="10.41"/>	<input type="text" value="9.24"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Range in wages per hour						
FROM:	<input type="text" value="9.00"/>	<input type="text" value="7.25"/>	<input type="text" value="7.45"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO:	<input type="text" value="11.00"/>	<input type="text" value="13.57"/>	<input type="text" value="11.03"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering 0 - 5 hours per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering 6 - 10 hours per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering 11 - 15 hours per week	<input type="text" value="1"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering 16 - 20 hours per week	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering 21 - 25 hours per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering 26 - 30 hours per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering 31 - 35 hours per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering 36 - 40 hours per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of jobs offering over 40 hours per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Education

Does your clubhouse have an education component? YES NO

Does your clubhouse have dedicated space for classes or tutoring? YES NO

Check types of education programs that your clubhouse sponsors:

Classes/tutoring during Work-ordered day, taught by clubhouse staff

Classes/tutoring during Work-ordered day, taught by non-clubhouse teachers

Classes/tutoring during Work-ordered day taught by members

Classes/tutoring outside Work-ordered day, taught by clubhouse staff

Classes/tutoring outside Work-ordered day, taught by non-clubhouse teachers

Classes/tutoring outside Work-ordered day, taught by clubhouse members

Organized assistance with applications for adult education courses

On-going supports for members in adult education courses

Active members education participation:

	GED	High School	College/University	Master's Level or Higher at College/University/Institute
Obtained a degree in the last year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Currently enrolled in a degree program	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Currently enrolled in a non-degree program		<input type="text"/>	<input type="text"/>	<input type="text"/>

Function of the House

Check which which services are provided directly to members in the SERVICES bo. and when members are involved in the provision of the services, check MEMBERS

	Services	Members
Volunteer work for Clubhouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation to clubhouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low priced meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Help with entitlements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Links to health/dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reimbursed case management	<input type="checkbox"/>	<input type="checkbox"/>
Supported Education	<input type="checkbox"/>	<input type="checkbox"/>
Help finding housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24-hour crisis coverage	<input type="checkbox"/>	<input type="checkbox"/>
Food co-op	<input type="checkbox"/>	<input type="checkbox"/>
Mobile outreach	<input type="checkbox"/>	<input type="checkbox"/>
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric services	<input type="checkbox"/>	<input type="checkbox"/>
Wellness/nutrition/health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Services	Members
Volunteer work to benefit other persons/prgms	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance buying food/clothing	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>
Medication administration	<input type="checkbox"/>	<input type="checkbox"/>
Medication linkage/advocacy or planning	<input type="checkbox"/>	<input type="checkbox"/>
Non-reimbursed case management	<input type="checkbox"/>	<input type="checkbox"/>
Help finding or keeping jobs	<input type="checkbox"/>	<input type="checkbox"/>
Substance use/abuse intervention/education	<input type="checkbox"/>	<input type="checkbox"/>
Oversight hospital admittance/discharge	<input type="checkbox"/>	<input type="checkbox"/>
Reach out, home/hospital visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer support groups	<input type="checkbox"/>	<input type="checkbox"/>
Programs/supports for family members	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent/Young Adult services	<input type="checkbox"/>	<input type="checkbox"/>
Political advocacy,board positions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education linkages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Members Transportation

What is the primary means by which members get to and from Clubhouse?(%)

Walk: % Bicycle: % Car: % Club Van: %
 Public Transportation: % Other: %

Social/Recreational Programs

What days and hours is your clubhouse open for social/recreational activities?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Start Time hh:mm AM/PM			3:00 PM		3:00 PM	9:00 AM		Frequency Weekly
End Time hh:mm AM/PM			5:00 PM		8:00 PM	3:00 PM		

What kinds of social/recreational opportunities do you offer?

Dining at local eateries, Local Parks, sporting events, Watching Movies, TV Watching, Game Playing, Picnics, Shopping Socials, amusement parks

Is your clubhouse open for holidays? YES NO

IF NO:
Why not?

Are holidays celebrated on the actual day of the holiday? YES NO

IF NO:
Why not?

Housing

What percentage of your membership lives in the following types of housing?

Independent Housing:	<input type="text" value="22"/> %	Without Housing:	<input type="text" value=""/> %	Living with Family Member:	<input type="text" value="26"/> %
Clubhouse Housing:	<input type="text" value=""/> %	Group Housing:	<input type="text" value="52"/> %	Criminal Justice Placement:	<input type="text" value=""/> %
Shelter	<input type="text" value=""/> %	Other Describe:	<input type="text" value=""/>	<input type="text" value=""/> %	TOTAL <input type="text" value=""/> %

How many active members that were homeless got housing in the last year?

Does your clubhouse offer housing support? YES NO

Does your clubhouse have its own housing program? YES NO

What types of housing does your clubhouse offer?

How are members placed in the clubhouse's various housing opportunities?

Does another housing program have slots reserved for clubhouse members? YES NO

Describe ways in which the clubhouse assists members with housing?

Does your clubhouse receive funds to provide housing? YES NO

Staff Salaries Construction Costs Security Deposits Furniture Rent Subsidies

Other Household Items Other Describe:

Who is responsible for managing this housing? Other Describe:

How many residents live in the clubhouse program now?

How many residents are members of clubhouse?

Are your housing services integrated into the clubhouse? YES NO

Indicate how housing services are provided at your clubhouse:

Other Describe:

Housing Support

What types of services are offered in clubhouse's housing program?

Housing Support	Generalist Staff	Housing Funded	Not Funded
24 hour beeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance finding housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landlord negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubhouse apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance Use/Abuse

Does your clubhouse currently screen for Substance Use? YES NO

Does your clubhouse currently screen for Tobacco Dependence? YES NO

Estimate the number of active members in the following categories:

Moderate Severe Tobacco user:

Abstinent/Former Tobacco user:

No Tobacco use

Does your clubhouse offer any substance use education or support services? YES NO

Estimate the number of members who meet the ICD-10 harmful use or substance dependence

Moderate/Severe:

Mild Problem:	1
Abstinent:	4
No Substance Use problem:	32
Unknown Substance Use:	

Reach Out

Does your clubhouse have a reach out program? YES NO
 How many members (unduplicated) receive outreach annually? 13

Monthly 'On-call' coverage

'Warm line' clubhouse telephone counseling service (Hours/Month):
 Clubhouse 'hot line' or on-call crisis services (Hours/Month):
 Other agency 'on-call' or crisis services (Hours/Month): 720

Advocacy/Case Management

Does your clubhouse provide advocacy and community support services to members? YES NO

Training

Has the clubhouse DIRECTOR participated in the three week Clubhouse Training or the two week comprehensive training? YES NO

Director Name	Training Base	Training Date
Scott Bombach	Gateway House, Greenville, SC, USA	10/19/2004

Have currently employed STAFF participated in the three week (or two week) Clubhouse Training at any international training base? YES NO

Staff Name	Training Base	Training Date
Crystal Kuhns	Gateway House	8/10/2013
Caprese Jones	Gateway House	4/13/2005

Have active MEMBERS participated in the three week (or two week) Clubhouse Training at any international training base? YES NO

Member Name or ID	Training Base	Training Date
Henry Brooks, Jr.	Gateway House, Greenville, SC, USA	7/26/2004
Dustin Murray	Gateway House, Greenville, SC, USA	10/4/2007

Has anyone from your clubhouse attended the three week (administration/auspic) of YES NO the Clubhouse Training as a third week administrator?

Administrator Name	Training Base	Training Date
Suzanne Ratnavale	Gateway House	6/11/2019

Has anyone from your clubhouse attended new clubhouse development training? YES NO

Research and Record Keeping

Do you keep computerized records? YES NO

Select the software programs/instruments your clubhouse utilizes to maintain clubhouse records

International Association of Psychosocial Rehabilitation Services (IAPSRs) TOOLKIT:

Applic: A.W.A.R.D.S.: Salesforce: Flourish:

Other Instruments:

Does your clubhouse require a written or electronic rehabilitation and/or goal plan for active members? YES NO

IF Yes, What percent of active members have a current plan? %

Do members have access to to their own clubhouse records? YES NO

Do members sign-off on their own records, rehabilitation plans or progress notes? YES NO

Are you currently involved in a research project? YES NO

Are you in the process of developing a research project? YES NO

If you are involved in a research project/developing a research project please provide the following information:

Project Title(s)	Name(s) of primary contact(s) and/or lead investigator(s)	Is project Funded?	Funding Source(s)	Amount Funded
		<input type="checkbox"/>		

Is your clubhouse interested in participating in a research project? YES NO

What specific question would you like to address?

Do you collaborate with a university researcher or a researcher outside of your clubhouse? YES NO

Researcher Name: Institutional Affiliation:

Phone #:

Email:

If NO, Do you plan to have one in the future? YES NO

Funding, Governance and Administration

Does your clubhouse try to meet all of the Clubhouse Standards? YES NO

Are there standards with which your clubhouse is unable to comply? YES NO

Select standards which are difficult for your clubhouse:

- 1 2 3 4 5 6 7 8 9 10 11 12 13
- 14 15 16 17 18 19 20 21 22 23 24 25 26
- 27 28 29 30 31 32 33 34 35 36 37

What mode of decision-making do you typically use in your clubhouse?

Voting Consensus Other Describe:

What is the primary model of decision making?

Are clubhouse members involved in firing/hiring of staff YES NO

Organizational Structure

How is the clubhouse managed or auspiced?

Other Specify:

Board of Directors

Does your clubhouse have Board of Directors? YES NO

IF YES,

What are its functions?

Are board members selected by the clubhouse? YES NO

How many Board members are clubhouse members?

Does your clubhouse have an Advisory Board? YES NO

IF YES,
What are its functions?

Support and promote the goals and objectives of the clubhouse and its members by promoting community awareness, review the program's quality, advocate for the members and program within the MH System and the employment community and assist in other special projects as needed

How many Advisory Board members are clubhouse members?

Clubhouse Associations

Does your clubhouse belong to any formal or informal association? YES NO

IF YES, Describe: Fayette Chamber of Commerce, Psychiatric Rehabilitation Assn. PA
Psychosocial Rehab Society

Does your state/country have a clubhouse coalition? YES NO

IF YES, Does your clubhouse belong to it? YES NO

IF YES, Which Coalition: Pennsylvania Clubhouse Coalition

In what ways has your clubhouse been active in the local coalition?

Regular check in meetings. Providing technical support to other Clubhouses.

Clubhouse Accreditation

Clubhouse Accreditation: 1 year 3 year Conditional 3 year Date: 3/19/2020

Other Accreditation describe: PA Dept. of MH/ Substance Ab Date: 12/31/2021

JACHO 1 year 3 year Date:

CARF Date:

Member service notes for the months of October and November:

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]



Clubhouse International

Creating Community: Changing the World of Mental Health

Dear Clubhouse Colleagues,

Please find enclosed your new Accreditation certificate.

First, we want to take this opportunity to say *thank you*.

We thank you for your commitment to providing the best possible opportunities to the members of your Clubhouse, even in these challenging times. We also thank you for your part in supporting the powerful worldwide Clubhouse community, as we all work together to open the doors of inclusion and purpose for the thousands of Clubhouse members that our Clubhouse International network serves. We are all in this together, and we are grateful for the ingenuity, innovation, commitment and passion of our member Clubhouses.

In response to the global coronavirus pandemic, Clubhouse International has recognized the need to make adjustments in our Accreditation program. While maintaining our focus on ensuring the high quality of Accredited Clubhouses, we also understand the need to optimally protect the safety of our member Clubhouses and our Accreditation Faculty.

We know that many Clubhouses around the world are currently experiencing a high degree of uncertainty, and are in the process of reorganizing core structures and routines in order to ensure the safety of your communities. **Consequently, we have decided to add an additional year of Accredited status to all currently Accredited Clubhouses that received their Accreditation reports prior to June 10, 2020.** We are hopeful that this extra time will allow Clubhouses to fully focus on the immediate task of developing effective strategies to meet the needs of your membership during this unusual time.

This means that we have simply extended your Accreditation expiration date by a full year. Clubhouses that received a conditional-three year outcome will now have an additional year to meet the requirements for upgrade.

The company that printed the certificates offers an impressive and reusable frame made specifically for our certificates. If you are interested, visit their website and select Clubhouse International from the drop-down menu. You can order one directly from them.

<https://www.acmemberstore.com/member/store/clubhouseinternational/home.php>

We look forward to working together with you in the coming year as we strengthen and expand our unique Clubhouse International community. Thank you for all that you are doing at your Clubhouse to provide a strong and purposeful community during this challenging time

You are an important part of our shared organization.

Best regards,

The Clubhouse International Team



Clubhouse International

Creating Community: Changing the World of Mental Health

March 19, 2020

Mr. Scott Bombach
Union Station Clubhouse
100 Corporate Crossing Road
Uniontown, Pennsylvania 15401

Dear Scott and Union Station Clubhouse community,

We are pleased to inform you that your self-study and recent visit from the Faculty for Clubhouse Development has resulted in Accreditation from Clubhouse International. After reviewing your Self-Study, the Clubhouse Profile and the written report from the faculty consultants, we conclude that a **conditional three-year Accreditation** is indicated.

As you know, Clubhouse International Accreditation involves an evaluation of the Clubhouse in terms of fidelity to the International Standards for Clubhouse Programs, and after careful study and consideration concludes with one of several outcomes.

Conditional three-year Accreditation is awarded to Clubhouses that, although substantially adhering to the International Standards for Clubhouse Programs, are having significant difficulty in one or more categories of the Standards (Membership, Relationships, Space, Work-Ordered-Day, Employment, Education, Functions of the House and Funding Governance and Administration). A conditional three-year Accreditation is indicated only in instances in which the Clubhouse can address these issues in a reasonably short period of time (within one year). The issues must also be of the sort that the resolution can be simply documented and confirmed without the need for an additional site visit. If we receive such documentation within a year of your receiving this report, the Accreditation outcome will immediately be changed to three-year. If however, the Clubhouse chooses not to or is unable to address the issues in question, the Accreditation outcome will become a one-year return visit.

In the case of Union Station Clubhouse, the Faculty found a Clubhouse with many strengths. Clubhouse relationships are strong, supportive, respectful, and collegial. The Clubhouse has worked hard to successfully address most of the recommendations from its prior Accreditation report.

However at the time of the Accreditation visit the Clubhouse did not have a sufficient variety of TE jobs to meet the needs of the membership.

In order to have the Accreditation status changed to three-years, the Clubhouse will need to provide documentation that this issue is being actively addressed and rectified.

We will require the following:

1. **Documentation that the Clubhouse has a minimum of four TE jobs, at least two of which are: outside of the auspice agency; managed by Clubhouse staff; not janitorial or maintenance work.**

For EACH of these jobs, please provide:

- the name of employer
- date the Clubhouse first acquired the position
- hours

- wage
- name of member currently working on the job
- date the current member started the job

*****Please include a letter from each of the employers, including the above information.***

As the Accreditation process is a joint endeavor of your entire Clubhouse community, please have your upgrade request letter signed by yourself, a member of the Clubhouse, a supervisor from the auspice agency, and the Chair of the Advisory Board.

****Please provide this information no later than March 31, 2021.***

We believe that addressing these recommendations represents an ambitious yet achievable goal for Union Station Clubhouse. As soon as the Clubhouse has addressed the issues as described above, send us documentation of these achievements. Please email us a letter to Anita Brix Lambæk (abrix@clubhouse-intl.org), with clear documentation that your Clubhouse has successfully addressed the issues outlined above. At that point, the Accreditation status will be changed to a three-year return visit, or, if necessary, we will request additional information. If we do not hear from you, the recent visit will be considered an Accreditation with a one-year return visit.

Congratulations on achieving a strong Clubhouse environment. We wish you continued success at providing the best Clubhouse services possible for members. Please feel free to contact me or your faculty consultants with any questions or concerns about the Accreditation report and process.

Finally, let me take this opportunity to acknowledge your community's commitment to excellence in Clubhouse practice as evidenced by your willing participation in this process. Thank you for participating.

Sincerely,



Joel D. Corcoran
Executive Director

C: Paula Fisher, Lisa Souci



**100 Corporate Crossing Road
Uniontown, PA 15401
Phone: (724) 439-9311
Email: info@unionstationclubhouse.org**

January 13, 2022

To: Robby Vorspan-Lynch
Clubhouse International

Re: Union Station Clubhouse Accreditation Request

Dear Robby:

I am sending you this letter as per our phone conversation on Wednesday, January 12th, 2022, wherein, we discussed the current accreditation status of the Union Station Clubhouse. We are requesting that our conditional three-year status be continued until March 2023 due to the previous and ongoing challenges from the COVID-19 pandemic on transitional employment placements in our region.

Also, during our conversation, we discussed the current employment supports provided by Union Station as well as development opportunities and barriers. Those included:

1. Union Station currently has one community based TEP with Eat N' Park restaurant
2. Union Station maintains four SE positions with Goodwill of Southwestern PA in their daytime traveling janitorial crew and one with the printer cartridge recycling center
3. Union Station continues to support one member in independent employment with TJ Maxx
4. Union Station attempted to reach out to employers that previously supported TE positions:
 - a. Nemaocolin Woodlands- Stated they had limited space availability in their laundry department due to social distancing requirements
 - b. Sullivan Brothers Coffee Company- Stated that they are currently unable to financially support additional positions due to revenue losses from the pandemic
 - c. Goodwill of Southwestern PA- Due to revenue losses and drastic budget cuts, the cafeteria was closed, and the front desk worker position was discontinued

5. Continued TEP development opportunities include:
 - a. Collaboration with the Advisory Council
 - i. Possible clerical position with a local bank managed by one of the council members
 - ii. Contact information shared for a local grocery store
 - b. Participation in in-person hiring events when available
 - i. Went to several open hiring events at local restaurants
 1. Most require open availability with scheduling
 - c. Participation and interaction with the Fayette County Chamber of Commerce
 - d. Utilization of existing contacts and relationships
 - i. An acquaintance of one of the Clubhouse staff is expanding their pizza shop business and will consider supporting a TEP.

We appreciate your attention and understanding to this matter. Please feel free to contact me if you have any questions or require additional information.

Sincerely,

Scott Bombach- CPRP
Program Director
Union Station Clubhouse

INTERNAL CONTRACT AUDIT – QUARTERLY FINDING SHEET

Cost Center: 136 – Union Station Clubhouse

Human Service Director Responsibility: Suzanne Ratnavale

Client Name: [REDACTED]

Date of Finding	Programmatic Audit Finding(s)	Fiscal Audit Finding(s)	Corrective Action(s) Taken	Date Corrective Action Completed
10/26/20	Goodwill Release Form not completed with checkmarks and no witness signature.	No findings	Form completed	11/4/2020

Client Name: [REDACTED]

Date of Finding	Programmatic Audit Finding(s)	Fiscal Audit Finding(s)	Corrective Action(s) Taken	Date Corrective Action Completed
10/26/20	Emergency Medical Form – do we need one signed for review period	No findings	Form to be completed on next day of member attendance	11/5/2020

Client Name: [REDACTED]

Date of Finding	Programmatic Audit Finding(s)	Fiscal Audit Finding(s)	Corrective Action(s) Taken	Date Corrective Action Completed
10/26/20	Release for Goodwill expires 10/2/2020 – need new.	No findings	Form completed	11/5/2020

Client Name [REDACTED]

Date of Finding	Programmatic Audit Finding(s)	Fiscal Audit Finding(s)	Corrective Action(s) Taken	Date Corrective Action Completed
10/20/20	IRP Update – 1/28 – 4/28 looked like same staff signed twice – should be two different. Consent for Services – place for PR Practitioner signature missing on eval and other place in folder. July 14 Daily contact – date not consistent – signed with March 14 date.	No findings	Duplicate signatures was due to COVID-19 Director signed both lines Unsigned consent is a duplicate sent with referral. Actual signed consent is located in the proper section of the chart Duplicate shredded Member signed wrong date. Director corrected with single dated and initialed strikethrough	11/4/2020

Vice President, Human Services

11/5/2020

Date

Chief Financial Officer

11/6/2020

Date