

2023 Quality Assurance Report Summary

Attendance Statistics (January-September):

Average Daily Attendance- 9
Average Number of Visits- 200
Active Members: 24
New Members: 3

Outcomes:

- Measured through successful employment and housing accomplishments:
 - Total members in employment programs: 9
 - Total members that obtained independent housing: 1

Individual Record Reviews:

- Quarterly to bi-annual reviews conducted by Program Director and/or Psych Rehab Specialist
- Annual internal audit by Goodwill SWPA QA team
 - No errors found.
- Carelon/FCBHA
 - No audit was conducted this year.
- Annual OMHSAS audit
 - No citations or recommendations

Indicators of Participant Satisfaction:

- 2 internal surveys administered from the Union Station Clubhouse and Goodwill of Southwestern PA
 - 87% approval in the Clubhouse survey
 - Average score of 4.53 in all areas for the Goodwill SWPA survey
 - Lowest scoring areas in both surveys: facility
- External survey administered by Fayette County CFST. Most areas scored above 90%. Areas below 90% included:
 - Public transportation services
 - Satisfaction with primary care physician
 - Mental health services assistance with getting/keeping employment.
- Recommended corrective plan of action:
 - Training and direct assistance with applying for, obtaining, and utilizing public transportation.
 - Facility repairs and upgrades are planned for 2024.

- Employment interest and satisfaction of support will be administered.

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. Expires August 2026.
 - Union Station Clubhouse staff, member, and director must attend a 2-week Clubhouse training.
- 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						
		2022-2023						
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 90% approval Internal- Over 87% approval Goodwill- Average approval of 4.53 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: 2 current TEPs 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, goodwill SWPA Quality Assurance Dept., Beacon Health Options, FCBHA	Quarterly, Annually	100% Compliance	Internal Audit- 90% Compliance File Reviews- 90% 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- Full three-year accreditation	

Member Satisfaction Survey 2023

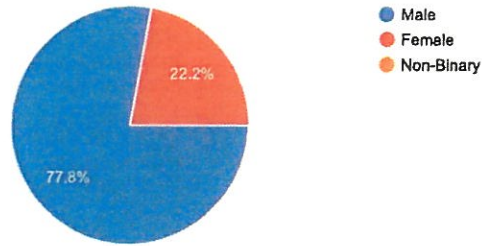
9 responses

[Publish analytics](#)

Gender

9 responses

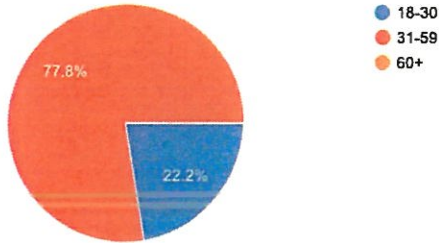
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Age Range

9 responses

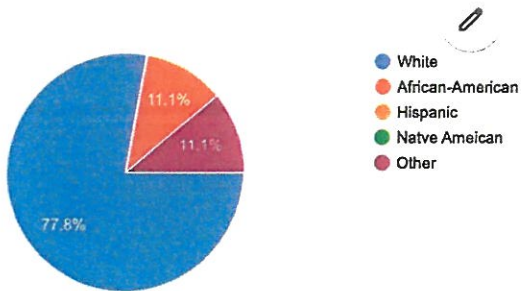
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Race

9 responses

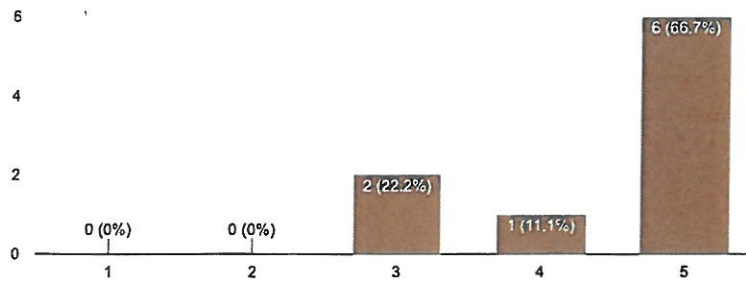
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On a scale of 1 to 5, rate the staff interactions on a scale of 1 to 5, with 1 being poor and 5 being excellent



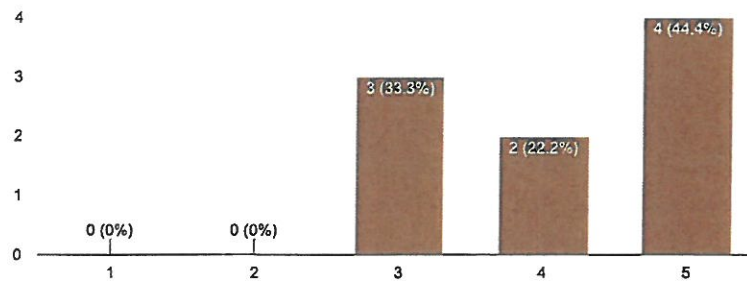
9 responses



Rate the building, on a scale of 1 to 5, with 1 being poor and 5 being excellent



9 responses



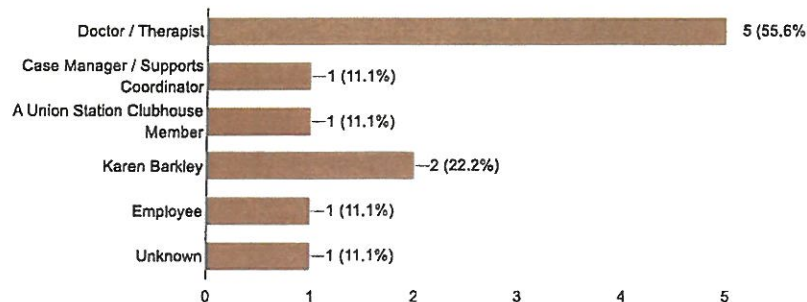
Rate the following activities on a scale of 1 to 5, with 1 being poor and 5 being excellent



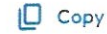
Please describe in one of the following statements who referred you to Union Station Clubhouse



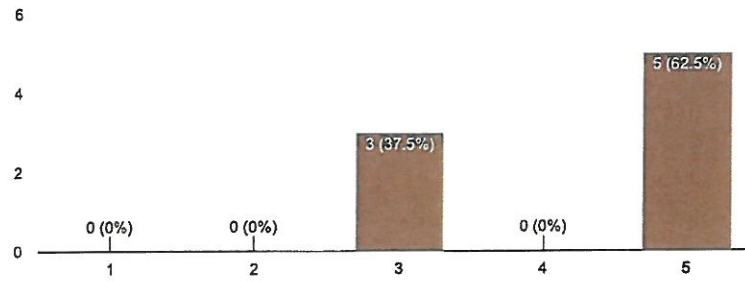
9 responses



Rate on a scale of 1 to 5, with 1 being poor and 5 being excellent how well staff have helped you manage your mental illness and help you reach your goals since you have been in attendance.



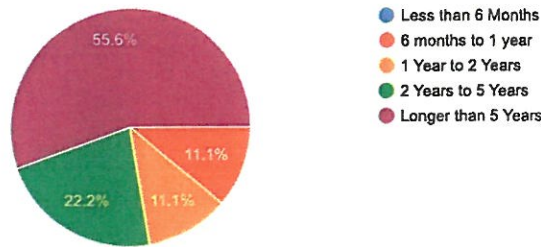
8 responses



How long have you been a member of Union Station Clubhouse?



9 responses



Please feel free to leave any comments, questions or concerns that you may have about Union Station Clubhouse

2 responses

More festivals, Return of Amusement Parks

This program saved my life and made me learn and grow!

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**PARTICIPANT SATISFACTION SURVEYS
1ST QUARTER - JULY - SEPTEMBER 2023**

**PROGRAM: UNION STATION CLUBHOUSE
NUMBER OF SURVEYS RETURNED: 12**

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
09/15/23	5	5	5	5	5		yes
09/15/23	5	5	5	5	5		yes
09/15/23	4	4	4	4	5		
09/14/23	4	4	4	4	5		
09/14/23	3	4	3	3	4		
09/14/23	5	5	5	5	5		
09/14/23	5	4	4	4	5	yes	
09/17/23	4	4	4	4	5		
09/14/23	4	5	4	4	4		
09/14/23	5	5	5	5	5		
09/13/23	5	5	5	5	5		
09/13/23	5	5	5	5	4		

Average Score: 4.5 4.58 4.42 4.42 4.75

Comments:

The program has helped me greatly over the years expand my capabilities and go places where I would ever dare to dream.

expected?

The services are good.

Question #5: Would you recommend our services to others?

Yes

They're helpful.



FAYETTE COUNTY
BEHAVIORAL HEALTH ADMINISTRATION

215 JACOB MURPHY LANE, UNIONTOWN, PA 15401
DAVID W. RIDER, ADMINISTRATOR/CHIEF EXECUTIVE OFFICER

PHONE: (724) 430-1370

[WWW.FCBHA.ORG](http://www.FCBHA.ORG)

FAX: (724) 430-1386

October 10, 2023

Scott Bombach Director
Union Station Clubhouse
100 Corporate Crossing Rd
Uniontown Pa 15401

Dear Scott:

On behalf of the Fayette County HealthChoices Program, I would like to take this opportunity to thank you for your support and cooperation regarding the consumer/family satisfaction surveys. The Office of Mental Health and Substance Abuse (OMHSAS) require that the Consumer Family Satisfaction Team (C/FST) complete satisfaction surveys with HealthChoices consumers at all service locations.

The quality target that we utilize to measure compliance with items on the survey is 85%. There were 11 consumers surveyed in the 3rd quarter of 2023. Of the 11 consumers who were surveyed, 100% answered they were satisfied with the Psych Rehab services they received from Union Station Clubhouse. Overall, the results are very favorable and the only concern that individuals expressed was over MA transportation.

Each item concerns the member's relationship with Carelon Health Options, as their behavioral health managed care organization. Members must be informed of their right to file a complaint, grievance, or Department of Human Services (DHS) Fair Hearing, as well as any changes to those rights. According to the Beacon Health Options Provider Manual, contracted Providers are responsible for assisting members in filing a complaint, grievance, or DHS Fair Hearing and ensuring they have a basic understanding of the process.

No action plan is necessary at this time; however, we would ask that you continue to encourage staff to educate HealthChoices members in the following areas; grievance and complaint procedures, and the 24-hour Member Service line. OMHSAS may also request a copy of the survey results at your next licensing visit. Thank you again for your continued support of the C/FST surveyors. Please let your staff know how much we appreciate their support in this endeavor. As always, should you have any questions, please feel free to contact me.

Sincerely,

Natalie Ganci B.A
Mental Health Program Specialist

NG/jac

Enclosure

cc: Dayna Shallenberger, Mental Health Association
Dawn Brooks, Carelon
Nicole Barak Mental Health Director FCBHA
Christine Rosinski-Stone MSW Mental Health Specialist 2 FCBHA





Provider: GOODWILL OF SOUTHWESTERN PA

	#Ye	Total	%
1. Do you know you can choose where you get your treatment?	11	11	#####
2. Is the provider staff respectful and friendly?	11	11	#####
3. When you first called for an appointment, were services provided in a timely manner?	11	11	#####
4. Is this provider conveniently located?	11	11	#####
5. If you had a problem with your provider, would you feel comfortable filing a complaint?	11	11	#####
6. Are you asked to participate in treatment planning/goals?	11	11	#####
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	4	4	100.00%
8. Has your provider made you aware of support services in your community?	11	11	#####
9. If you had a question about your benefits or treatment options, do you know how to contact Carelon Behavioral Health (Carelon)?	11	11	#####
10. Are you aware that telephone services at Carelon are available 24 hours a day 7 days a week?	11	11	#####
11A. Have you called Carelon or has Carelon called you within the past year?			
11B. If yes to 11A: Were you satisfied with how you were treated when speaking with someone from Carelon?	0	0	0.00%
12. Are you aware of how to file a complaint with Carelon?	11	11	#####
Have you filed a complaint with Carelon 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 Carelon if your services were denied?	11	11	100.00%
15A. Have you filed a grievance with Carelon 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?	6	7	85.71%
19. Overall, are you satisfied with the behavioral health services (your therapist, doctor and/or other staff you see) you are receiving?	11	11	#####
20. How hopeful are you about your (or your child's) future since receiving services?	11	11	#####

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":	11
Total	11
Percent:	100.00%



CST Report Card Run Dat #####

CST Report Percentages by Questio
LOC All Combined

Dates 7/1/2023 - 9/1/2023

Provider: GOODWILL OF SOUTHWESTERN PA

	#Ye	Total	%
25. Staff treat me with respect regarding my cultural background (race, ethnicity, religion, language, age, sexual orientation).	10	10	#####
26. The doctor worked with me to get on medications that were most helpful to me.	1	1	#####
27. Staff encourages me to do things that are meaningful to me.	9	10	90.00%
28. Mental health services helped me get or keep employment	3	7	42.86%
29. My family gets the education or supports they need to be helpful to me.	5	5	#####
30. The services I am receiving are consistent with recovery based principles such as, focusing on things that I think are important and including people who are important to me.	11	11	#####
31. I have a place to live that feels like a comfortable home to me.	10	11	90.91%

Number of Surveys 11

Totals: 157 159 #####

CONTRACT AUDIT SHEET

Revised 01/10/2022

Cost Center Number: 136

Contract Title: Union Station Clubhouse

Contract Amount: Fee For Service

Contract Year/Funding Cycle: 4th Quarter 04/01/2023 – 06/30/2023

Director: Suzanne Ratnavale

Programmatic Audit Completed By: Mark Schiemer

Audit Date: 08/23/2023

Audit #: 1025

Scope of Work (list of services (W-Code if applicable))

Provide skills trainings to enable individual based work, independent living, continue educational pursuits, and develop social and wellness.

Requirements for Authorization for Service

Psych Eval, LPHA Letter, Age of 18 or above and Resident of Fayette County, Consent for Service, Authorization for funding source Medicaid Base Funding.

Program Currently Under Audit Restrictions or Corrective Action Plan

Not currently under audit restrictions or corrective action plans.

Records Selected – Names of Participants Selected for Audit

XXXXXXXXXX
 XXXXXXXXXXXX
 XXXXXXXXXXXX
 XXXXXXXXXXXX
 XXXXXXXXXXXX

Requirements for Billing (what is needed to be paid by funder; additional requirements for funders)

Encounter Forms, Daily Entry, Authorization,

Miscellaneous (i.e. names of employees and titles who are involved with clients names in audit)

Scott Bombach Program Director
 Caprise Jones Psych Rehab Specialist
 Crystal Kuhns Psych Rehab Worker
 Ashley Markham Psych Rehab Worker
 Brent Lopick Psych Rehab worker

Clubhouse International Clubhouse Profile Questionnaire

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

Survey Entered by Scott Bombach on 11/03/2022

Clubhouse Information

Date Opened:
 Date joined ICCD:
 Auspice Agency Name:
 Clubhouse Address1:
 Clubhouse Address2:
 Country:
 Phone:
 FAX:
 E-mail Address:
 Web Page Address:
 Directors Name:
 Directors Cell Phone:
 Directors Email:
 CPQ Contact Name:
 CPQ Contact Phone:
 CPQ Contact Email:

Clubhouse Organization and Characteristics

How did your Clubhouse start?

 Location:

Accreditation Team Information

Prior Accreditation Visit Date:
 Prior Accreditation Team:
 Site Visit Date:
 Team Name:
 Clubhouse:
 Team Name:
 Clubhouse:

Clubhouse International Training Information

Training Dates From: To:
 Clubhouse:
 Colleagues Names:

 Third Week Visitor:

Other Specify:

What is the population of the area served by the clubhouse?

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

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?

All clubhouse services within the facility itself, excluding community social outings

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:

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? %

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" value=""/>	%	City psychiatric hospital:	<input type="text" value=""/>	5 %
Community mental health center:	<input type="text" value="60"/>	60 %	Other mental health facilities:	<input type="text" value=""/>	20 %
General hospital:	<input type="text" value=""/>	%	Private psychiatrist/therapist:	<input type="text" value=""/>	5 %
Family member/relative:	<input type="text" value="5"/>	5 %	Self Referral:	<input type="text" value=""/>	5 %
Other members:	<input type="text" value=""/>	%	Other Specify:	<input type="text" value=""/>	%

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

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

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

Developmentally disabled: % Traumatic brain injury:

Substance abuse: % Other Diagnosis:

Members Characteristics

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

	Male	Female	Transgender	Other
White/Caucasian:	<input type="text" value="12"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Hispanic/Latino:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Black/African-American:	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian/Alaska Native:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Asian:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Native Hawaiian/Other Pacific:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Other/Low: 0 0 0 0
 Totals: 0 0 0 0

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

Less than 20 years: 2 31 to 40 years: 3 61 to 70 years: 2
 20 to 25 years: 8 41 to 50 years: 2 Over 70 years: 0
 26 to 30 years: 7 51 to 60 years: 0 Age Unknown: 0

Do you record diagnoses of your members? YES NO

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

Schizophrenia, schizoaffective disorders: # of Active Members
 Unknown:
 Bipolar Disorder: Other Diagnoses:
 Major Depression: Other Diagnoses:

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

Alcohol: 1 Nicotine/Tobacco: 19 Marijuana: 3 Opioids: 1
 Please estimate the number of active members (90 days) that have co-morbid health issues: 4

Staff Characteristics

Please tell us about the composition of the clubhouse staff

Total Number of full-time staff: 4
 Total Number of part-time staff: 2
 Total number of full-time and part-time staff that are unit based: 4
 Total number of volunteers and/or students: 1

Proportion (%) of current staff identifying themselves as current or former consumers of mental health services: 75%

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)			
Secondary school (GED or High school diploma)			
Some college or university			
Undergraduate degree in Human Services (B.A./B.S)			2
Undergraduate Non-Human Services degree (B.A./B.S.)			1

- Some late coursework
- Master level (M.A./M.S./M.S.W.) Human Services degree
- Master level (M.A./M.S./M.Ed) Non-Human Services degree
- Advanced graduate degree (Ph.D/M.D./D.S.W/etc)

				1

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 to 2 years:			1
3 to 4 years:			
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			2
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 Biweekly
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	

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 Supported Education Research Telephone Switchboard
- Employment Maintenance/Cleaning Accounting Thrift Store
- Administration Attendance Records Enrollment/Orientation Other Specify:
- Clerical/Office

Food Prep/S...

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	7	10	2	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	5	12	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 club's usual vocational philosophy:

- Strong efforts for immediate job placement Temporary work, then permanent work
- Readiness assessments, then job placement Job skill training, then job placement
- Time in WOD, then job placement No policy, member decides when to work

*Primary Vocational Philosophy Time in WOD, then placement

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

Some employers require full vaccinations for COVID

Vocational Support

Types of vocational supports provided by the clubhouse:

	TE	SE	IE	GP	DY	Other
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 75

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 50

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

How many?

How often visits made to TE job sites after the initial training period? at least Biweekly
 How many clubhouse staff share TE placement management responsibilities? 4
 What is the average duration of a TE placement? (# of months) 9

Members Employed

Please use unduplicated counts of members in each job category

	TE	SE	IE	GP	DY	OTHER
Number of members who worked any length of time during the FISCAL YEAR (#1)	4	9	1			
Number of members who worked for any length of time during the FISCAL YEAR worked for at least 2 WEEKS (#2)	3	9	1			
Number of members who worked any length of time during the FISCAL YEAR were employed at least 3 MONTHS (#3)	3	8	1			
Number of members who worked any length of time during the FISCAL YEAR were employed at least 6 MONTHS (#4)	3	8	1			
Total annual wages in each job category (most recent fiscal year)	4,313.75	27,244.52	3,266.92	0.00	0.00	0.00

Jobs

	TE	SE	IE	GP	DY	OTHER
Number of different employers	3	2	1			
Number of individual jobs	3	2				
Number of job placements	3	4				
Average wage per job per hour	8.13	10.84	11.23			
Range in wages per hour	FROM: 7.25 TO: 9.00	8.00 13.68	11.23 11.23			
Number of jobs offering 0 - 5 hours per week						
Number of jobs offering 6 - 10 hours per week						
Number of jobs offering 11 - 15 hours per week	1	6				
Number of jobs offering 16 - 20 hours per week		2	1			
Number of jobs offering 21 - 25 hours per week						
Number of jobs offering 26 - 30 hours per week						
Number of jobs offering 31 - 35 hours per week						
Number of jobs offering 36 - 40 hours per week						
Number of jobs offering over 40 hours per week						

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently enrolled in a degree program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently enrolled in a non-degree program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Function of the House

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

	Services	Members		Services	Members
Volunteer work for Clubhouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Volunteer work to benefit other persons/prgms	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to clubhouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Financial assistance buying food/clothing	<input type="checkbox"/>	<input type="checkbox"/>
Low priced meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Money management	<input type="checkbox"/>	<input type="checkbox"/>
Help with entitlements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication administration	<input type="checkbox"/>	<input type="checkbox"/>
Links to health/dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication linkage/advocacy or planning	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursed case management	<input type="checkbox"/>	<input type="checkbox"/>	Non-reimbursed case management	<input type="checkbox"/>	<input type="checkbox"/>
Supported Education	<input type="checkbox"/>	<input type="checkbox"/>	Help finding or keeping jobs	<input type="checkbox"/>	<input type="checkbox"/>
Help finding housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance use/abuse intervention/education	<input type="checkbox"/>	<input type="checkbox"/>
24-hour crisis coverage	<input type="checkbox"/>	<input type="checkbox"/>	Oversight hospital admittance/discharge	<input type="checkbox"/>	<input type="checkbox"/>
Food co-op	<input type="checkbox"/>	<input type="checkbox"/>	Reach out, home/hospital visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile outreach	<input type="checkbox"/>	<input type="checkbox"/>	Peer support groups	<input type="checkbox"/>	<input type="checkbox"/>
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	Programs/supports for family members	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent/Young Adult services	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	Political advocacy, board positions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wellness/nutrition/health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Education linkages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Members Transportation

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

Walk: 10 % Bicycle: % Car: 5 % Club Van: 80 %
 Public Transportation: 5 % Other: % % %

Social/Recreational Programs

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

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

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:	22%	Without Housing:	%	Living with Family Member:	26%
Clubhouse Housing:	%	Group Housing:	52%	Criminal Justice Placement:	%
Shelter	%	Other Describe:	%	TOTAL	%

How many active members that were homeless got housing in the last year? 0

Does youe 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? 0 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?

	Generalist Staff	Housing Funded	Not Funded
Housing Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="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: 15
- Abstinent/Former Tobacco user: 2
- No Tobacco use: 7

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 Pro: 1
 Abstinent: 4
 No Substance Use problem: 19
 Unknown Substance Use:

Reach Out

Does your clubhouse have a reach out program? YES NO

How many members (unduplicated) receive outreach annually? 11

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
Rebekah McIntosh	Gateway House, Greenville, SC, USA	6/11/2019

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

Administrator Name Suzanne Rathavale Training Base Gateway House Training Date 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:

Applistic: 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 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? _____ 2

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

Organizational Structure

How is the clubhouse managed or auspiced? Community Mental Health

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, 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? _____ 1

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: 3/19/2023

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

JACHO 1 year 3 year Date: _____

CARF Date: _____