



KANSAS CLUBHOUSE COALITION

What is a Clubhouse?

Think of it as a dynamic community center with a purpose. Men and women who are recovering from mental illness work as colleagues along with staff to run the multidimensional center. The co-working model provides unique opportunities for building confidence, skills, relationships, and empowerment. Upon joining the Clubhouse, members choose from a variety of opportunities for employment, education, wellness, and more. Members support one-another, building friendships, community, and a sense of purpose. It's no wonder you will often hear members say:

“The Clubhouse Saved My Life”

Clubhouses are Effective

MENTAL HEALTH IMPROVEMENT BUILDING RELATIONSHIPS

Clubhouses help members reduce loneliness¹, enlarge social support networks over time², and friendships that evolve in the Clubhouse often move to the community³.

PARTICIPATION IS POSITIVE

Greater clubhouse participation associated with self-reported changes in employment, quality and quantity of social relationships and coping illness.⁴

FEELING BETTER

Members reported decreased psychiatric symptoms and improved self-esteem.⁵

Federally recognized **“Evidence-Based Practice”** by SAMHSA

WELLNESS

OPPORTUNITIES FOR HEALTH:

Free Gym Passes
Smoking Cessation Support
Daily Walks
Bicycle Loan System
Healthy Meals
Gardens and much more!

INTEGRATION has been a part of the Clubhouse culture for years.

EMPLOYMENT SUCCESS

MEMBERS WORK 42% Employment rate achieved at the Accredited Clubhouses vs. an average employment rate of 20% for people in the public mental health system.⁷

CLUB SUPPORT MAKES A DIFFERENCE Clubhouse members worked significantly longer (median of 199 days vs. 98 days) and earned more (median of \$3,456 vs. \$1,252 total earnings) compared to a different vocational model.⁸

EDUCATION MATTERS

Funded Kansas Clubhouses can help members attain:

- GED
- High School Diploma
- Vo-Tech degrees
- College-level degrees

KANSAS CLUBHOUSE EMPLOYMENT FACTS

In 2017, there were 75 Clubhouse members working in the community with Clubhouse support. So *much more* can be done with **proper funding**.

NATIONAL/INTERNATIONAL STUDIES

A recent matched study revealed **11% lower Medicaid health costs** for members of Fountain House Clubhouse, and a **21% savings for high utilizers**.⁹

The cost of Clubhouses is estimated to be one-third the cost of the IPS model; and substantially less than the ACT model.¹⁰

In a matched control study of a Clubhouse in Baltimore, member's annual total mental health care costs were **\$5,120 less** than the non-clubhouse comparison group.¹²

In the same study, members who attended 3+ times per week had total MH costs of **\$9,068 less** than members who attended less often.

EXAMPLE OF STATEWIDE SAVINGS IN MICHIGAN:

Michigan is fortunate to have 47 Clubhouses statewide helping thousands of men and women to restore their lives.

LESS HOSPITALIZATIONS, LOWER COSTS

An 8% re-hospitalization rate was reported in 2014 for Michigan Clubhouses⁶, compared to the 18.7% 30-day re-hospitalization rate in the US for mental illness.¹³ This difference, multiplied by the nearly 3,000 members in Michigan, **reveals an estimated cost savings of \$2.53 million greater state-wide**.

LOWER INCARCERATION RATES

While the national average of people incarcerated with an SMI is at 3.6%, available Michigan Clubhouse longitudinal data places Clubhouse member incarceration rates at 1.2%,¹⁶ **which suggests that Michigan Clubhouse members are 3 times less likely to be incarcerated**.

Cost Savings from Utilization of Clubhouse Program Services

More than 50% of people with severe mental illness, living in Kansas, experience multiple hospitalizations; with an average stay of 8 days, costing the Medicaid program \$8,000 each visit. Only 6% of people with severe mental illness that are active in the Clubhouse program are re-hospitalized.

For less than the cost of one hospitalization a Clubhouse provides 1 year of services that includes:

- *Mental Health Management*
- *Life Skill Training*
- *Employment Opportunities*
- *Social Support*
- *Education Opportunities*

IN THEIR OWN WORDS:



"Breakthrough is where I feel wanted and needed."

"When a person's life has fallen apart, a Clubhouse helps put the pieces back together again."

"Pills may be good for some things, but they're not the whole solution."

"Thanks to Breakthrough, I'm celebrating my new job at Dillons as a Courtesy Clerk today!"

"Coming to Breakthrough kept me out of the hospital since 2005."

"If you dropped out of school, Breakthrough will help you get a degree."

ACTION STEPS

We will work with legislators, the community Mental Health Centers, and other mental health advocates to build adequate funding, which comes from the following sources:

- State Grant Funding for year 1 of Clubhouse Project
- Support of Lottery Funding
- Build Public/Private Partnerships

WITH YOUR SUPPORT, CLUBHOUSES WILL ENHANCE KANSAS' MENTAL HEALTH DELIVERY SYSTEM

Clubhouses are Cost Effective and Save Money for Their Communities

Please contact Dr. Barb Andres for more information or to join the Clubhouse Coalition

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References:

- ¹ Biegel, , Pernice-Duca, et al, 2012 ² Pernice-Duca & Onaga, 2009 ³ Coniglio, Hancock, & Ellis, 2012 ⁴ Biegel, Pernice-Duca, et al, 2013
⁵ Tsang, Ng, and Yip, 2010 ⁶ Survey of Michigan Clubhouses, 2014 and 2015, Onaga et al, Michigan State University and the Michigan Department for Health and Human Services ⁷ Clubhouse International Clubhouse Profile Questionnaire ⁸ Macias, Rodican, Hargreaves, et al, 2006 ⁹ Solis-Roman, C & Knickman, J., 2017 ¹⁰ McKay, Yates, & Johnsen, 2007 ¹¹ Warner et al, 1999 ¹² Hwang Woody, Eaton (2016) Analysis of the association of clubhouse membership with overall costs of care for mental health treatment ¹³ Heslin, Weiss, (2015 Hospital Re-admissions involving psychiatric disorders ¹⁴ Torrey, Zdanowicz, Kennard, et al., 2014 (Estimated 356,000 individuals in jails and prisons with SMI) ¹⁵ www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults-shtml (9.8 million US residents with SMI) ¹⁶ Reference 14 divided by reference 15 indicates an estimated incarceration rate among adults with SMI at 3.6%