



## Adult Clubhouse Concept Paper Summary of Provider Conference

The Department of Health and Mental Hygiene held a virtual provider conference on June 16, 2023 from 10am - 11am for the Adult Clubhouse Program Concept Paper. The questions presented are listed below along with the comments and feedback received during the Provider Conference.

The concept paper remains open for written comments, which can be submitted to [RFP@health.nyc.gov](mailto:RFP@health.nyc.gov) until July 21, 2023.

These are the questions that DOHMH presented to the providers in attendance:

1. Please tell us your thoughts on the general approach proposed.
2. Do you have any ideas for milestones or deliverables and associated payments to be used for a performance-based contract model?
3. What do you think about partnering or affiliating with other Clubhouses or clinical treatment service providers?
4. Do you foresee any barriers to the proposed services or activities that would prevent your agency from being able to engage in them?
5. What are your thoughts about Contractor expectations including leveraging DOHMH funding with other income sources? Are these realistic expectations for your organization?

### **Responses/Questions/Comments/Concerns from the Providers in attendance**

#### **Performance Measures and Payments**

1. What happens if there is a difference between the evidence-based clubhouse model and the performance expectations?
2. Concept paper focuses on metrics that matter for clubhouses.
3. Not all members seek employment or education, so the percent of employed members should be of those interested in seeking employment or education.
4. If the model is based on self-determination, then we need flexibility on the milestones and deliverables. Employment is not a self-determined goal for everyone.
5. Coming to a clubhouse is working (work ordered day). We retain people because its voluntary.
6. Focusing on real performance outcomes is good and we commend the City for recognizing the importance.
7. Specific individual level performance-based payments like Assisted Competitive Employment (ACE) or Personalized Recovery Oriented Services (PROS) would be detrimental to the Clubhouse program and become much like Medicaid billing. Staff would be pulled away from engagement and focus on fee for service.
8. If Clubhouse model is hinged on self-determination, then milestones/deliverables should have some flexibility. For e.g. those members who are not interested in employment could use a difference milestone such as upskilling.



### **City Contract Funding and Other Funding**

1. Supplementing City funding with other funding will dilute the focus on the City identified performance metrics, which are good. The other funders will inevitably have their own metrics. Two horses going separate ways.
2. Will the \$19.6M cover the 5,000 current members or the 15,000 total?
3. The money doesn't make sense. It ends up being \$1,300/person/year, which is less than City pays now. Mismatch between funding and ambition.
4. Leveraging funding is not realistic. We should get reimbursed a dollar for a dollar's worth of work. We're service providers and not fundraisers. Many agencies don't have adequate staffing and resources for financial development.
5. Value-based payments (VBP) never seems to come to any fruition. Can't see it happening in the next few years despite lots of meetings and discussion. The HealthFirst initiative with Fountain House and Venture House is two steps forward and one step back. Not likely to generate money. Just proof of concept.
6. The statement about serving everyone regardless of insurance and billing Medicaid seem contradictory.
7. Medicaid will compromise the clubhouse model.
8. Fee for service is not practical or helpful to the model.
9. Some providers don't have dedicated staff to develop private funding, negotiate VBP, bill Medicaid, etc. And the model doesn't pay for that.
10. Not realistic for a place like LifeLinks, at Health + Hospitals/Elmhurst Hospital to fundraise.
11. Will there be more money to hire and pay staff more?
12. Need to make sure the budget trickles down from the top of any auspice agency, especially in a partnership or subsidiary situation.
13. Insurance and Medicaid building is a specialty and many providers do not have the resources to do that.

### **Partnerships/Hub and Spoke Model**

1. What is meant by hub and spoke?
2. I don't understand the hub and spoke model. Is that just Fountain House and Venture House as hubs and everyone else as spokes?
3. Please outline what the expectations of a partnership are.
4. No forced marriages.
5. Partnerships and affiliations are very different. Need to clarify what is meant by these terms.
6. Good to partner. There can be synergies. But the concept paper seems to suggest forced marriages. Many clubhouses feel very threatened by that. Partnerships should happen for the right reasons, organically, in good faith.
7. How can we retain the psychosocial model if we partnered with an organization that uses a medical model?
8. Developing partnerships while focusing on Clubhouse expansion is not realistic.



### **Program Model/Reach**

1. What does the expansion plan look like at a more detailed level?
2. Unrealistic to open new clubhouses spaces and build places with genuine community and enroll 10,000 new people in two years.
3. How can you restructure the system by integrating with Certified Community Behavioral Health Clinics (CCBHC), for example, and expand so rapidly at the same time? Unrealistic.
4. The new members that were so rapidly enrolled over the last two years have been poorly retained. Pressure to go fast is not good. Staff could not retain members because the energy was put in member recruitment.
5. Staffing is a challenge and training involved is a lift as staff need to be knowledgeable about the Clubhouse model.
6. Clubhouses retain members because it's voluntary and not like program where you have to attend a mandated number of hours per week.
7. Will there be help with marketing?

### **Miscellaneous**

1. DOHMH anticipates releasing an RFP in the coming months and there will be an opportunity then for potential proposers to ask questions. Provider feedback during the concept paper process will be considered in drafting the RFP.
2. Is the objective of the RFP to fund and support existing Clubhouses or to create new ones?
3. For vast majority of organizations, turnaround time for RFP leaves little time for consideration and strategy.
4. The Clubhouse Coalition is not mentioned in the Concept Paper.
5. Concept Paper comment period is open until July 21, 2023