Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

Community Transition Liaison Program (CTLP) Network Training (DMH)

October 10, 2023

2:00-3:00 p.m.

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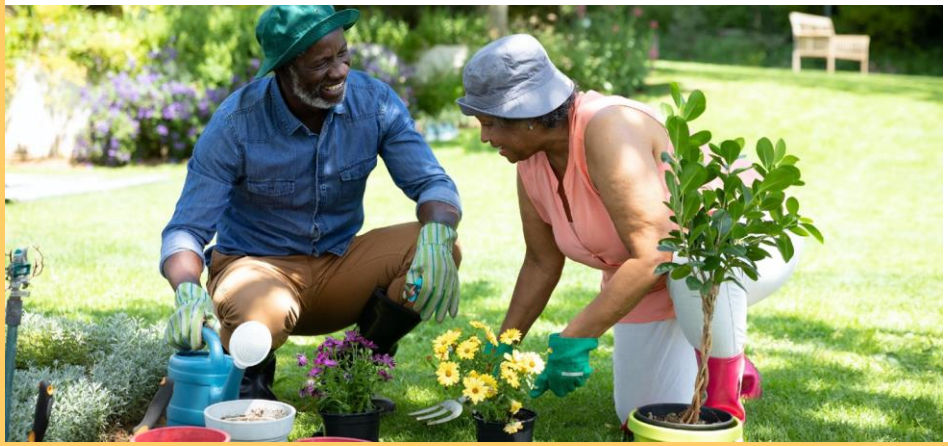

Agenda (60 minutes)

- Welcome (5 minutes)
- Introduction of Guest Speaker (5 min)
  - Department of Mental Health (DMH)
- DMH programs (40 min)
  - Questions
- What's Next? (5 minutes)
- Appendix

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Introduction: Department of Mental Health

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Massachusetts Department of Mental Health

CLUBHOUSE & RECOVERY LEARNING COMMUNITY SERVICES

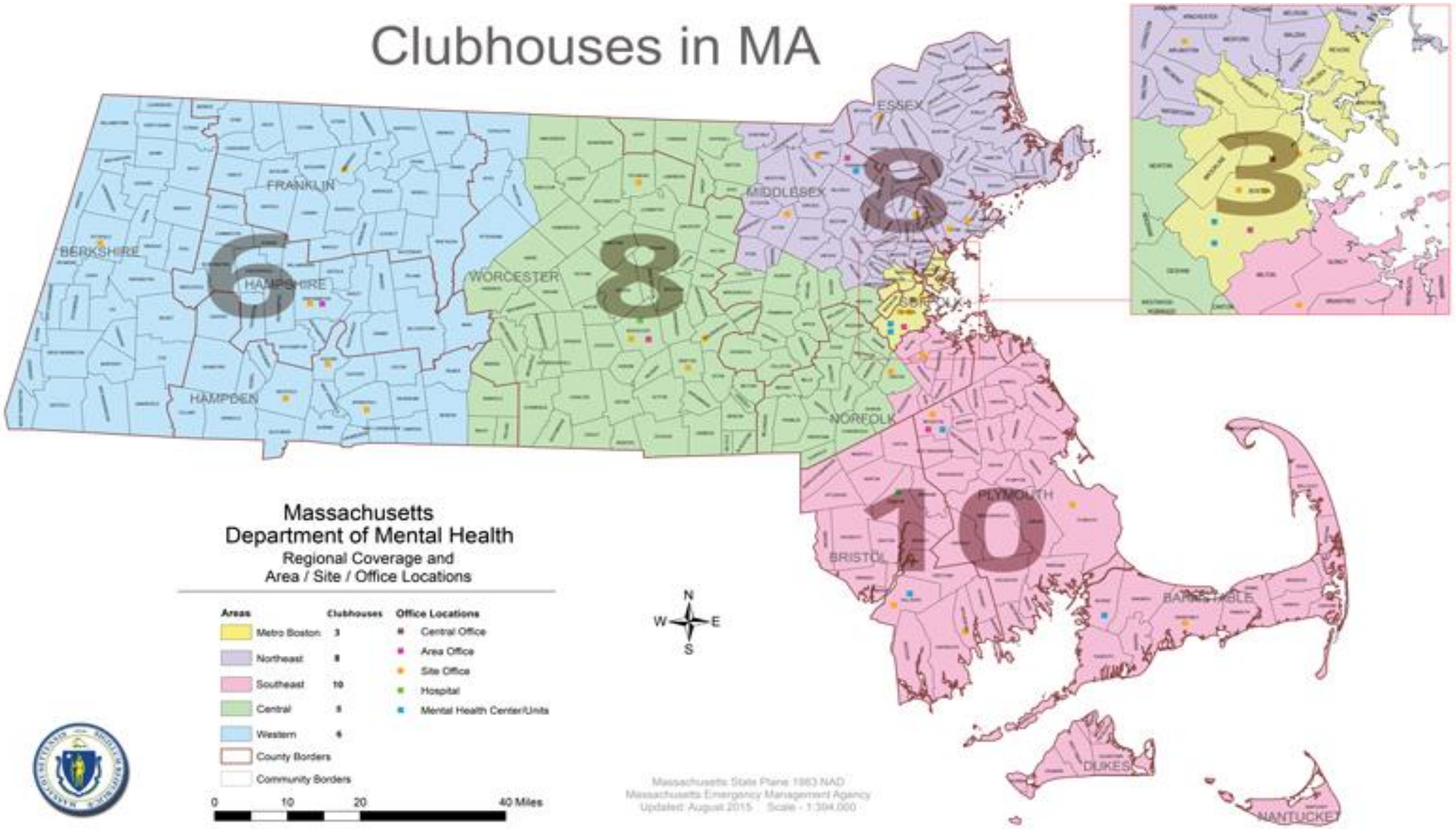
CTLP Overview
10/10/23

Agenda

- **Introduction**
- **Clubhouse**
  - Locations / Demographics
  - Clubhouse Services Overview
- **Recovery Learning Community (RLC)**
  - Locations
  - RLC Services Overview
- **Questions**

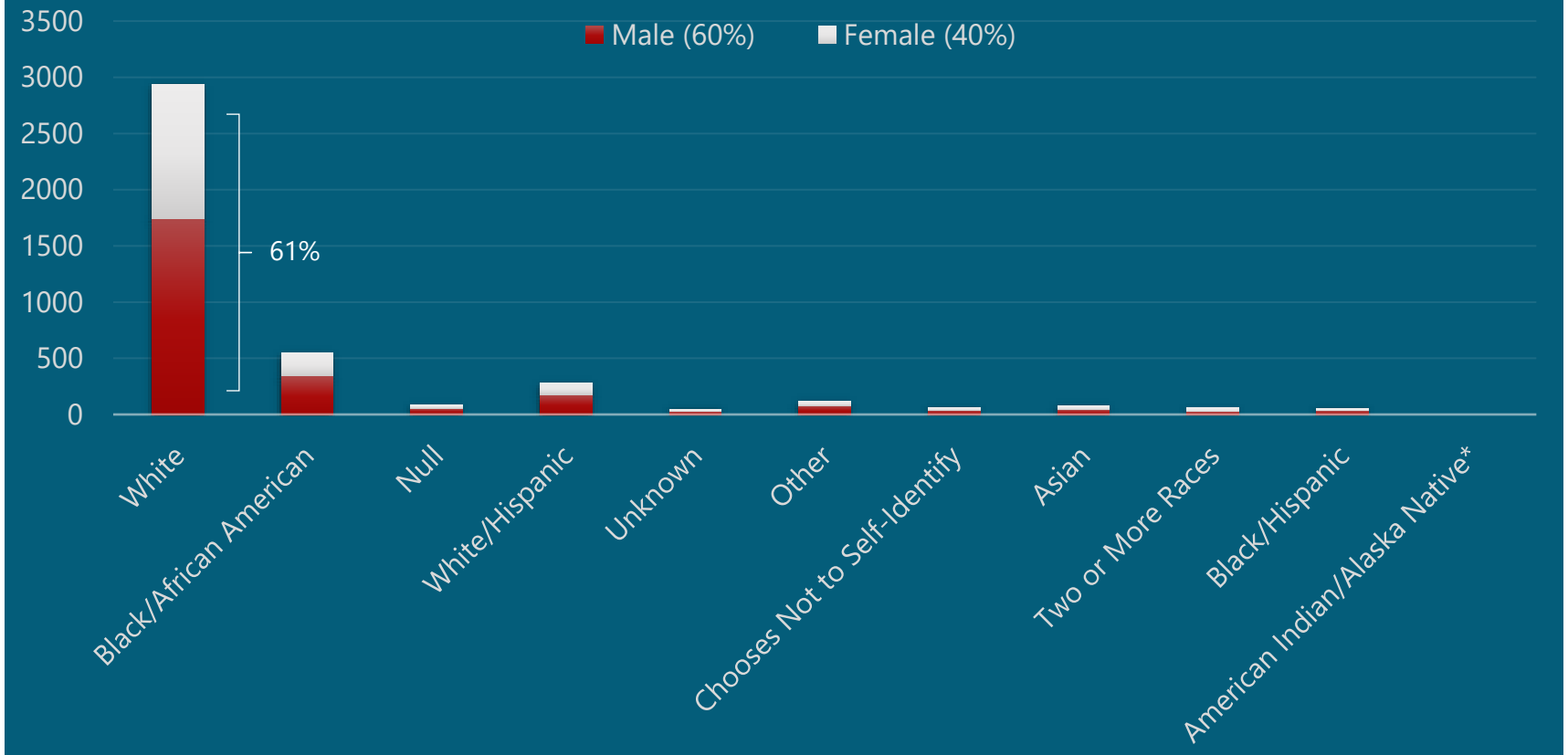
CLUBHOUSES

Clubhouses in MA



Race and Gender** of Enrolled Clubhouse Members: 8/29/23

N=4,289



**Current reporting does not support additional gender categories

Age of Clubhouse Members		
26 & Under	296	7%
27-35	634	15%
36-45	682	16%
46-55	905	21%
56-65	1,194	28%
65+	578	13%
Total	4,289	100%

Clubhouse Services Overview

Clubhouse Services is:

An intergenerational Psychosocial Rehabilitation Service, providing support that is culturally and linguistically responsive through a membership-based community center, whereby:

- Each DMH Active Member has equal access to all Clubhouse Services with no differentiation based on diagnosis, race, gender, gender identity, age, sexual orientation, religion or physical or cognitive ability
- Daily activities are organized around a set structure (Work Ordered Day/WOD) and Members and staff work together in all areas of Clubhouse operation
- Each DMH Active Member has an Action Plan
- All staff have generalists' roles, and receive on-going appropriate supervision and training on the principles and values of recovery-oriented Psychosocial Rehabilitation Services
- Services are delivered in-person and remotely, and are culturally and linguistically responsive and inclusive, particularly for communities that have been traditionally underserved
- Responsibility for the operation of the Clubhouse lies with the DMH Active Members, staff, and the Clubhouse's Director, but ultimately with the Contractor

Clubhouse Service Goals

- Increase community integration through natural supports, interpersonal relationships, and the utilization of community resources;
- Become more self-sufficient through self-advocacy, education, and employment;
- Enhance general health and wellness;
- Maintain housing;
- Minimize or eliminate disparities experienced by families and communities that have historically been underserved and marginalized; and
- Participate fully in, and enjoy, their community of choice

Clubhouse Operation & Administration

Work Ordered Day (WOD)

"DMH Active Members and staff shall work together in all areas of the Clubhouse operation… The active participation of Members in clubhouse operations and functions is referred to as the Work Ordered Day (WOD)" (Section 4.1)

- The Clubhouse is organized into **at least three work units**, including a kitchen/food services unit
- The WOD occurs **during clubhouses' normal working hours**, with a clear beginning and end
- **Activities that do not support the WOD** (gaming, book clubs, general discussion groups, etc.) **are conducted at lunch, on breaks, on weekends, or before/after WOD hours**
- The WOD begins with **a community meeting, replicated by unit meetings** to discuss specific tasks
- Participation in the WOD is **encouraged but not required**

Physical Site

"A Contractor must have, at a minimum, one physical site where Clubhouse actives are held. The physical site(s) must be welcoming, clean, bright and reflect the cultures, needs, and interests of the Membership. (Section 4.2.1):

- Contractors must have plans developed in consultation with Clubhouse Members and DMH for the cleaning, updating, or replacement of critical Clubhouse infrastructure.
- Among other criteria, sites must:

a. be accessible to public transportation to the extent feasible
b. have space that accommodates the WOD and Clubhouse Services
c. be well maintained
d. have no staff-only or member-only spaces
e. have a full kitchen
f. be in a building physically separated from a mental health center or institutional setting; and
g. be sited to best facilitate membership, particularly of individuals from communities that have been traditionally underserved or marginalized

Physical Accessibility

"The Clubhouse building must be physically and programmatically accessible to Members and staff." If a clubhouse does not meet ADA Accessibility standards, then at minimum the following building elements must be accessible (e.g. wheelchair access) (Section 4.2.1):

- **The entry to the Clubhouse**
- **At least two first floor means of egress**
- **First floor common areas, including meeting rooms**
- **First floor bathroom**
- **Dining Areas**

A transition period is available to programs unable to meet this standard. Bidders seeking a transition period must indicate this in their response.

Virtual & Remote Services

"DMH considers in-person attendance optimal, though Clubhouses must make information and services available to members remotely who either cannot attend in person, or who choose to not attend in person for valid personal, clinical, or health-related reasons." (Section 4.4)

- **Website,** with updated contact information, available in at least two languages, accessible to the blind, independent of the parent organization
- **All Service components** and **some WOD components** to be available remotely upon request/as needed
- **Remote Access Assistance**, whereby clubs will help members:
  - Acquire devices
  - Secure adequate data plans
  - Receive training/TA to use the device(s)

International Standards for Clubhouse Programs (2020)

MEMBERSHIP

RELATIONSHIPS

SPACE

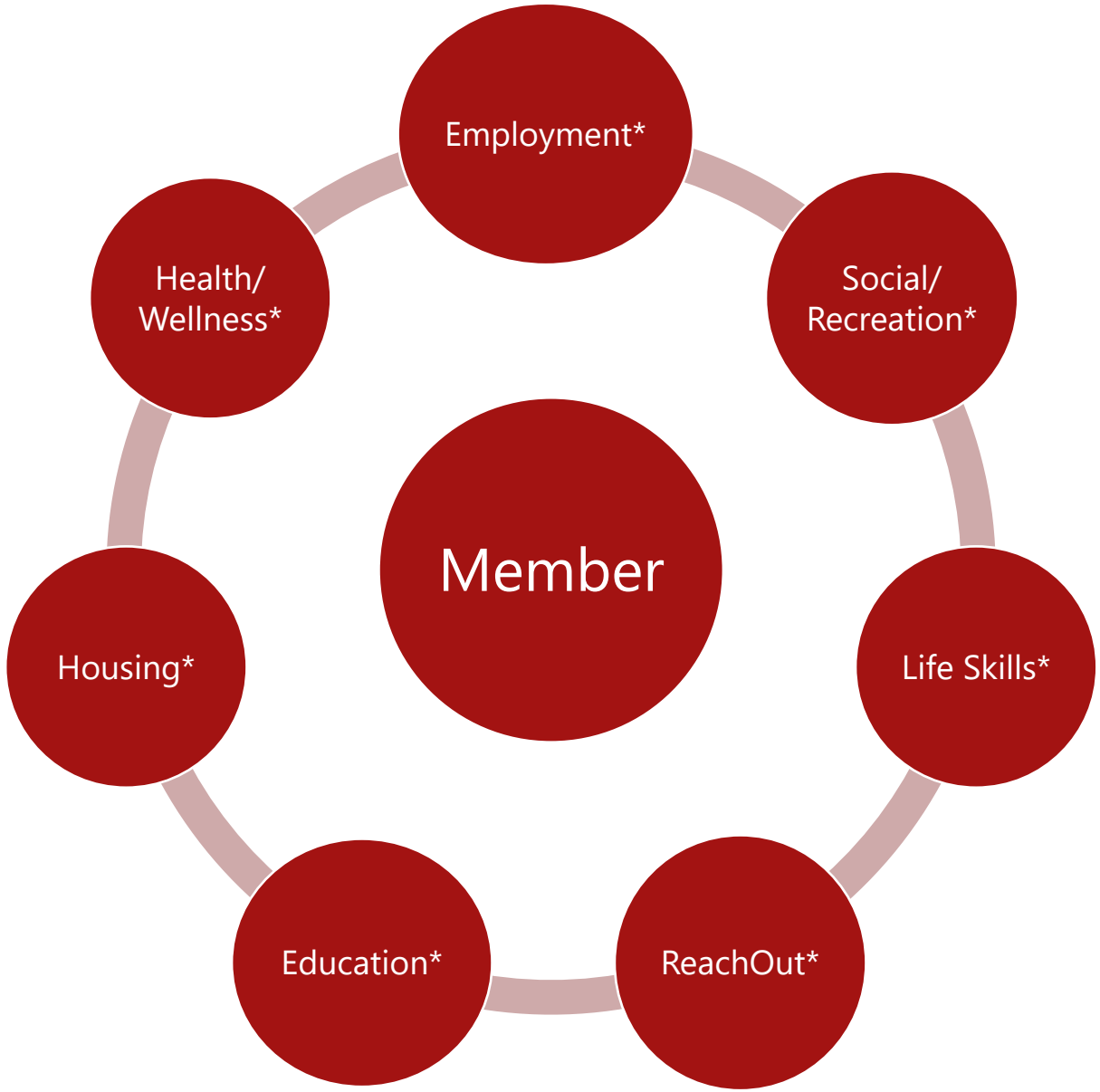
WORK-ORDERED DAY

Translate »

Clubhouse Service Components

Service Components

**Inc. Community Linkages*



Community Linkages

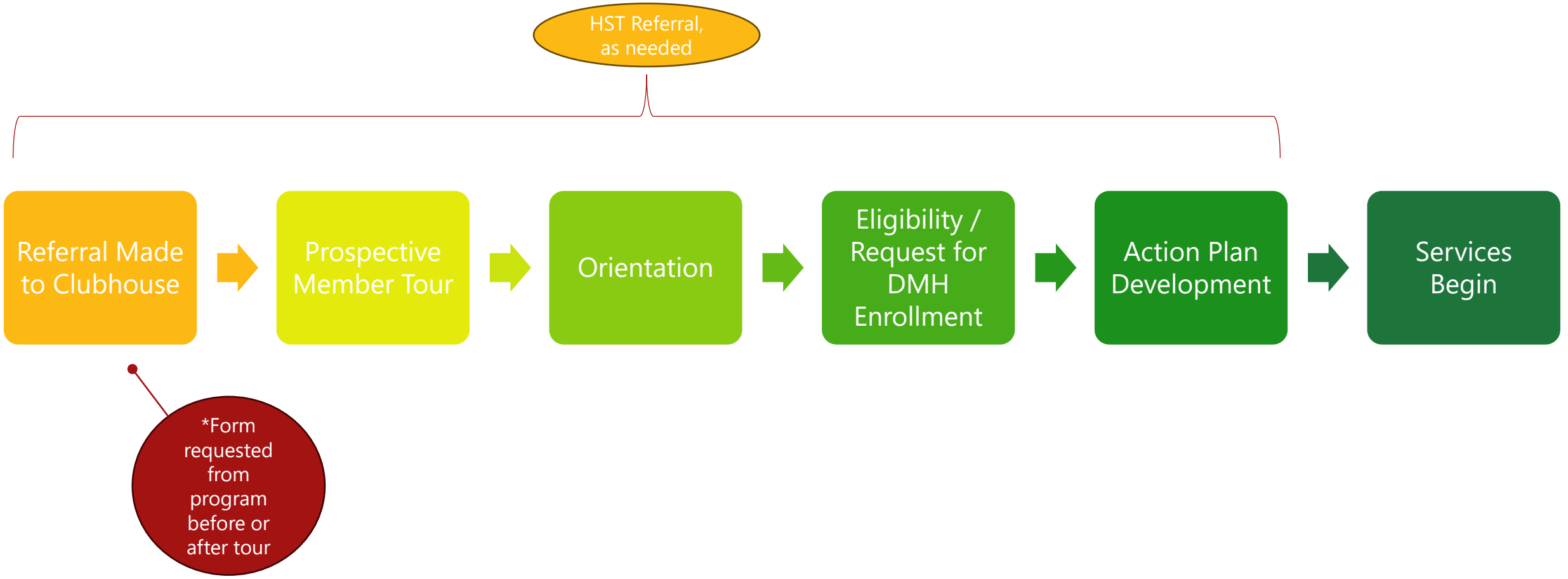
- **Interventions made when providing other services** addressing Members' needs/goals.
- **Increase awareness of and access to clubhouse services**, particularly in communities that have been underserved and marginalized
- Are established and/or maintained **with assistance from the Clubhouse**
- Pertain to services and resources available to the general public.
  - Health & Wellness
  - Employment
  - Education
  - Socialization/Recreation
  - Life Skills
  - Housing

ReachOut

- DMH defines ReachOut as services **delivered by staff**:

  - When Members are isolated in the community or hospitalized, and/or
  - When services are required to maintain the connection between the Member and the Clubhouse during times of personal or communal stress, and/or
  - To ensure a Member's basic needs (e.g., food, shelter, medical care, human contact, etc.) are being met, and/or
  - That a Member's mental or physical health does not deteriorate in the absence of Clubhouse support
  - Reachout services **may** address current Action Plan goals or emerging critical needs and may be conducted in the format (e.g., telephonically, remotely, in person) of the Member's choosing.

CLUBHOUSE REFERRAL PATHWAY



RECOVERY LEARNING COMMUNITIES (RLCs)

Welcome to the Metro Boston Re
https://www.mbrlc.org
Import favorites | DMH Links | Tickets - EOTSS Ser... | New folder | New folder | Login - EOTSS Servi...

MBRLC Services

1) Peer Run Service

We Offer peer-to-peer services for people in recovery from mental health and/or substance use issues, through the utilization of peer support, advocacy, education, career coaching and job readiness in a trauma-sensitive and person-centered manner.

2) No Cost

All Recovery Center services, groups, classes and activities are without charge.

3) No Insurance/ Referral, Drop in basis

Everyone who enters our Recovery Centers is welcome and becomes an instant member. Our goal is to listen to the needs and desires of our community members and then to provide specific groups, classes, and activities based on their input.

Type here to search
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7:27 PM
9/26/2023

RLC Values

Though each RLC operates independently of other RLCs, all RLCs are peer support spaces. This means their practices and offerings are shaped by the following values:

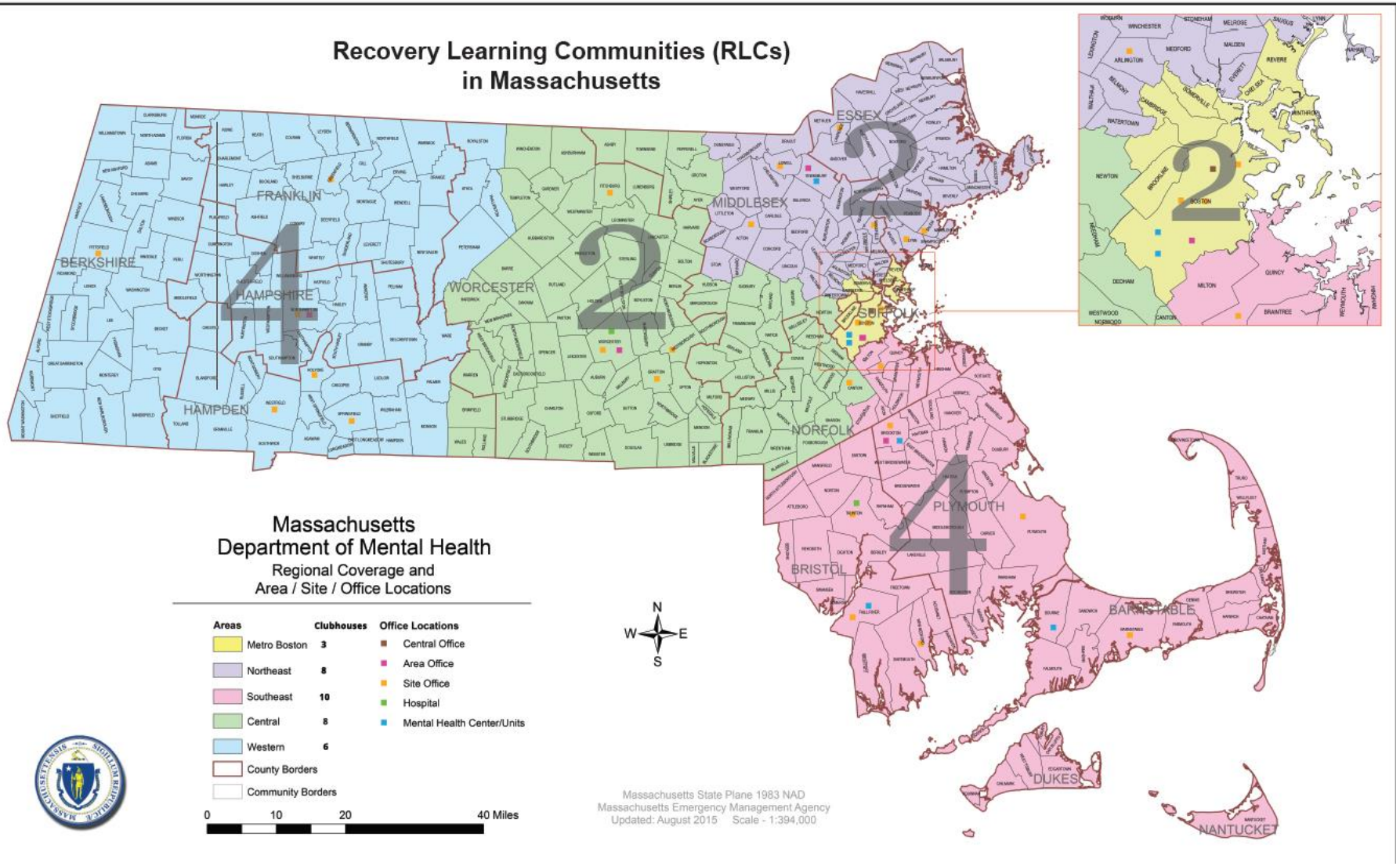
- **Respect for self-determination**. No service may be mandatory, nor feel coerced. Each person is treated as the expert in their own experience.
- **Mutuality**. Support resists stereotypical power dynamics in mental health, such as helper/helped, fixer/broken, healthy/sick, and reasonable/mentally ill. This should be reflected in the language used, the voluntary nature of events, the absence of discussion of people receiving services without their participation, and a focus on connection.
- **Recovery and hope**. The belief that all people have the capacity to recover and build meaningful, purposeful lives. Services should center a person's own understanding and definition of recovery in their supports.
- **Genuine connection**. Genuine relationships are the foundation of peer support and peer-to-peer supportive events. Practices that undermine genuine connection include conditional access, tracking of any kind, or supervision by providers of attendance or participation in any peer support group or activity.

RLC Services

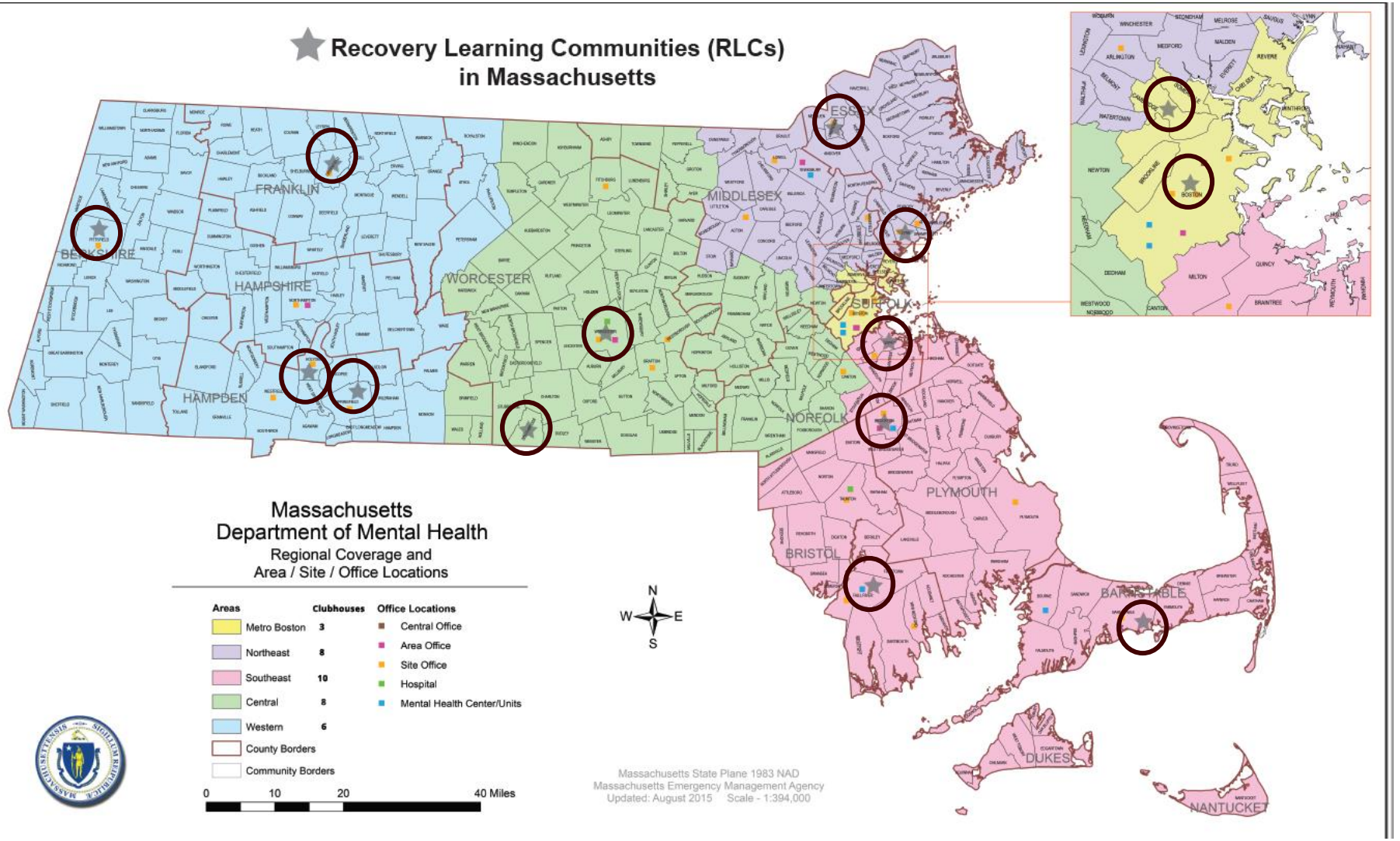
Each RLC offers different supportive events. Checking the area-specific RLC websites provides information on the type and frequency of supportive events. RLC supportive events vary by location, though you will commonly find:

- **Peer support groups** hosted in person or virtually. Common approaches include Hearing Voices and Alternatives to Suicide, affinity-based support, and trauma-oriented groups. ***You must check the calendar of events for the specific group offerings***.
- **Community-building events** such as art nights, movie nights, or chat hours
- **Skill-building groups** such as journaling, meditation, sewing, or kickboxing
- **Occasional group trips** such as to the beach
- **Advocacy opportunities** such as connection to established advocacy organizations or other forums

Recovery Learning Communities (RLCs) in Massachusetts



**RLCs typically have a central office location with multiple community centers. Supportive services and events are generally accessed in the community centers or online.



CLUBHOUSES (MCC)

- https://www.massclubs.org/massachusetts-clubhouses

METRO BOSTON RLC

- https://www.mbrlc.org/

CENTRAL MA RLC

- https://www.kivacenters.org/

WESTERN MA RLC

- https://www.Wildfloweralliance.org/

SOUTHEAST RLC

- https://www.southeastrlc.org/

NORTHEAST RLC

- https://www.nilp.org/nerlc/

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Questions?

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What's Next?

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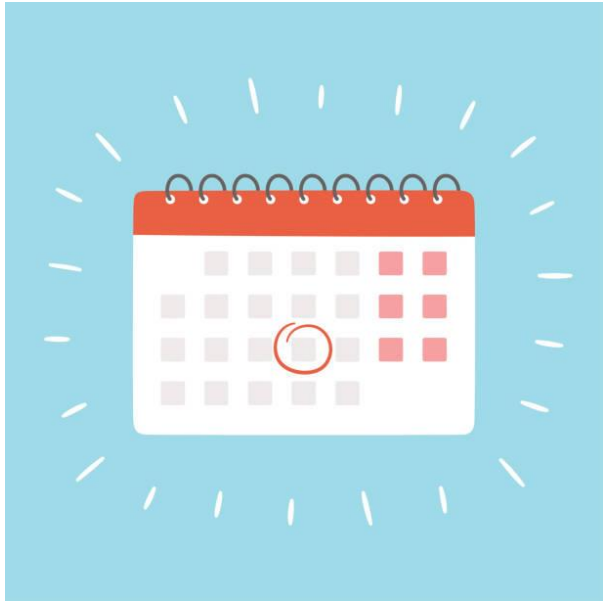
Upcoming Meetings & Trainings

October CTLP Office Hours

Tuesday, October 24, 2023

1:30pm-2:30pm

- Ask technical assistance questions & share experiences
- EOEA staff available to address questions from the ASAP network related to CTLP
- No formal presentation by EOEA



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Appendix

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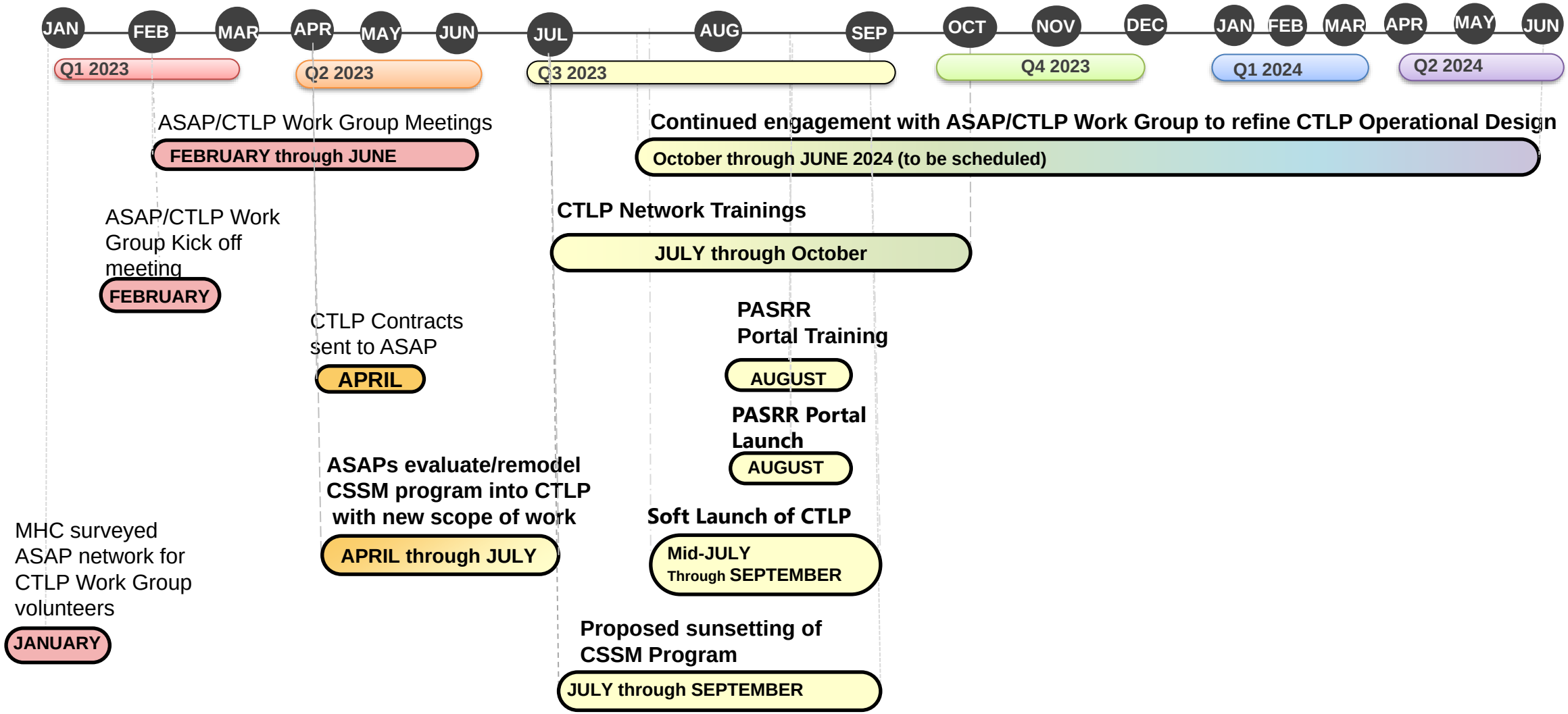
CTLP Operational Implementation Timeline CY2023 into CY2024



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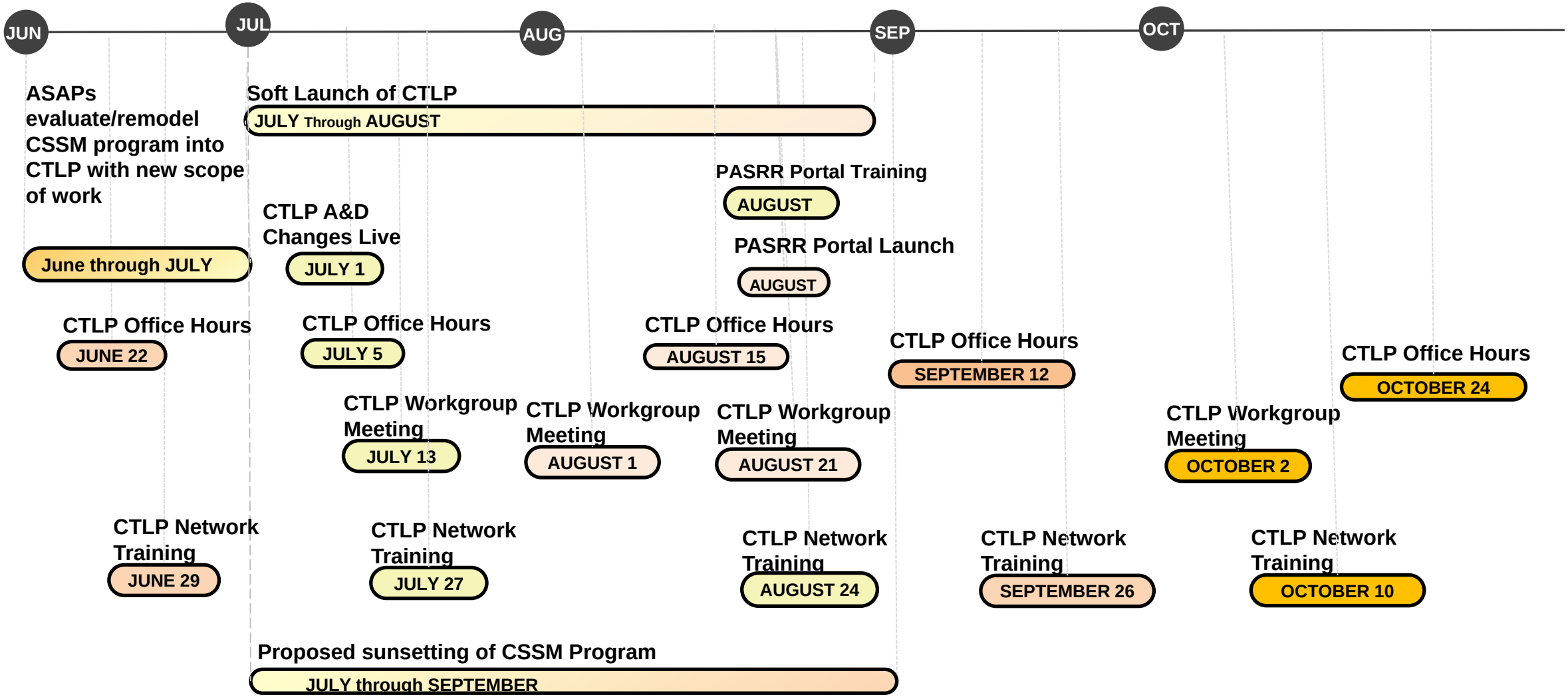
CTLP Operational Implementation Timeline: CTLP Soft Launch and Trainings (updated)



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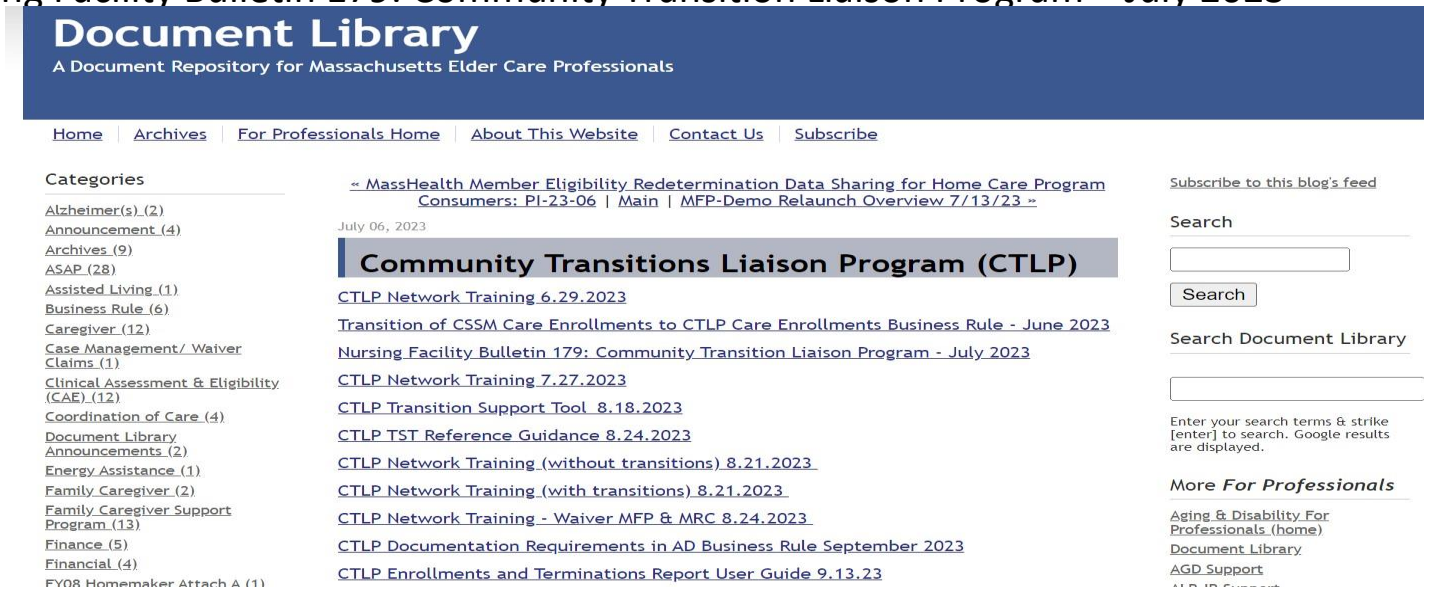
Resources

800AgeInfo – Document Library

https://documentlibrary.800ageinfo.com/2023/06/ctlp.html

- Available documents
  - CTLP Network Trainings
  - CTLP Documentation Requirements in A&D Business Rule – September 2023
  - CTLP Enrollments and Terminations Report User Guide – September 2023
  - CTLP Transition Support Tool & Reference Guide
  - Transition of CSSM Care Enrollments to CTLP Care Enrollments Business Rule – June 2023
  - Nursing Facility Bulletin 179: Community Transition Liaison Program – July 2023



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Resources

800AgeInfo – Document Library

https://documentlibrary.800ageinfo.com/2023/05/cssm-to-ctlp-transition.html

- Available documents
  - CSSM to CTLP ASAP Network Meeting Slide Deck
  - CTLP ASAP Minimum Skill Set Qualifications
- Password Protected Documents
  - Password = EOEA_homecare

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Resources

800AgeInfo – Document Library

https://documentlibrary.800ageinfo.com/2020/09/cssm-business-rule-september-2020.html

Available documents

- CSSM Enrollments and Terminations Report User Guide
- CSSM Business Rule Sept 2020

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CTLP Talking Points

Talking points provided to Nursing Facility Industry 6/15/2023 by MassHealth

Community Transition Liaison Program (CTLP), expansion of current Comprehensive Screening and Service Model (CSSM) Program

- What is the Community Transitions Liaison Program? Who is eligible?
  - The CCSM Program is managed by the Aging Services Access Points (ASAPs) and has been in existence since 2005. This program will be rebranded as the Community Transitions Liaison Program (CTLP) with enhanced funding and focus on supporting all nursing facility residents who are 22 and older, regardless of diagnosis or insurance type, who are interested in transitioning to the community.
  - Each nursing facility will have an assigned CTLP team of two people that will operate out of the regional Aging Services Access Point (ASAP) and will coordinate with other state agencies as needed to best support an individual interested in transitioning into the community.

- How will the CTLP teams get involved? Will they be on the premises?
  - Assigned CTLP teams will work with NF staff, NF Ombudsman, NF residents, family and informal supports as well as others.
  - CTLP teams will have a weekly on-site presence at the nursing facility.
  - CTLP teams will provide marketing materials (e.g., flyer, brochures) with program details and team contact information.
  - CTLP teams will be involved with and provide support in discharge planning meetings.
- What can I expect from the CTLP teams assigned to the residents in my facility?
  - CTLP teams will meet with residents to discuss their needs and provide options for a safe plan to return to community living, assist with applications for housing and public benefits including collecting all necessary documentation, and coordinate with state and community agencies to identify resources and make referrals.
  - To accomplish this CTLP teams may need the following from facilities:
    - Continued access to residents;
    - Access to a conference room or a copy machine;
    - Support to help share information about the CTLP program;
    - Referrals to the CTLP program.

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