ARTICLE

Adapting Services to Engage Young Adults in ICCD Clubhouses

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Topic: This article describes efforts to develop and offer supports for young adults within two clubhouse programs affiliated with the International Center for Clubhouse Development (ICCD). Purpose: In response to a need to address service gaps and create supports to engage young adults transitioning to the adult mental health system, the authors describe the background, development, and adaptations of services and supports for young adults within their respective clubhouse programs. The authors highlight details and challenges associated with program adaptation and success stories of transition aged youth actively engaged in their clubhouses. Sources Used: Published literature, personal observation, and member feedback. Conclusions and Implications for Practice: These clubhouse programs share successful strategies used to engage young adults including outreach efforts led by young adults, developing supports and linkages with local educational institutions, addressing housing issues specific to young adults, and using current technologies that young adults find appealing. These strategies may prove useful to other service models that serve this population. Clubhouses affiliated with the ICCD show promise in expanding their approach and services to engage and support young adults.

Keywords: clubhouse, young adults, mental health, psychiatric rehabilitation

Introduction

During young adulthood, people transition into major adult life activities that can involve completing school or vocational training; obtaining employment; becoming financially independent and living on their own; and forming long-term relationships (United States Government Accountability Office [US GAO], 2008). However, for the 6-7 million young adults diagnosed with a psychiatric disorder that are transitioning from the children's system to the adult system (Vander Stoep, Davis, & Collins, 2000) developing these roles can be particularly challenging. Approximately 6-12% of young adults struggle with a serious mental health condition (Davis & Vander Stoep, 1997). In 2009, 11.0 million adults aged 18 or older in the United States (US) reported having serious mental illness in the past year.
and the highest percentage among any age group was adults between ages 18-25 (Substance Abuse and Mental Health Services Administration, [SAMHSA], 2010). These young adults are at high risk for poor outcomes including dropping out of school or college, increased involvement with the criminal justice system, and unemployment (Haber, Karpur, Deschenes, & Clark, 2008; Heflinger & Hoffman, 2008; & US GAO, 2008). Compounding these issues is the lack of transition services available to support this population and the lack of coordination between child and adult mental health systems (Clark & Unruh, 2009).

A variety of published literature highlights these issues and the need for multiple supports for young adults. Not only do services have to be available, but mechanisms need to be established that increase access to services and funding for them (Manteuffel, Stephens, Sodheimer, & Fisher, 2008). Aside from mental health needs, young people may need assistance with obtaining employment, education, housing, community integration, mentoring and peer supports, and/or developing social networks (Clark, Unger, & Stewart, 1993; Haber et al., 2008; Jivanjee, Kruzich, & Gordon, 2008; Rosenberg, 2008). While key supports for these young adults have been identified, they have not been broadly implemented. Clearly, we need new initiatives in diverse settings that are supportive and appealing to young adults as they transition to adulthood.

In this paper, we describe initiatives and strategies used in two clubhouses (Genesis Club and Fountain House) affiliated with the International Center for Clubhouse Development (ICCD) that have integrated supports for young adults. These initiatives were not part of formal research or evaluation efforts, yet they provide useful information by highlighting ways to improve services to engage young adults in ICCD clubhouses.

**The Clubhouse Model**

Historically, the Clubhouse Model has been an effective approach for adults diagnosed with serious mental illnesses. Clubhouses provide a variety of services including employment, outreach, education, housing, advocacy, wellness activities, recreational opportunities, and social supports (McKay, Yates, & Johnsen, 2007). Clubhouses refer to their participants as “members” and clubhouse staff function as generalists (Dougherty, 1994). The Work-Ordered Day provides opportunities for members and staff to work side by side as peers in a rehabilitative environment (Jackson, 2001; Waters, 1992). Membership is available for life and members can participate as much as they wish. Choice is a key aspect of the Clubhouse Model and members are encouraged to participate in all aspects of clubhouse operations, including decision-making and leadership efforts (Fountain House, 1999). Within the clubhouse, there is an emphasis on work, through the Work-Ordered Day, the clubhouse work units, and in the greater community through mainstream Transitional, Supported, or Independent Employment (TE, SE, or IE) opportunities (McKay, Johnsen, & Stein, 2005). The clubhouse’s TE program provides a unique approach enabling young adults to explore a variety of positions and work settings.

Currently there are 199 clubhouses in the US and over 339 worldwide that network through the ICCD and support over 55,000 members (ICCD, 2011). The ICCD maintains a set of International Standards for Clubhouse Programs, supports clubhouse development, oversees a training curriculum, and conducts the certification of clubhouses worldwide (ICCD, 2010). While clubhouses are widely disseminated, the concept of supporting young adults in clubhouses is relatively new.

ICCD clubhouses in the US serve approximately forty-five members per day with an active membership of approximately one hundred and forty-five. Clubhouse members in the US are approximately 56.64% male, 7.07% are between the ages of 18 and 25, 7.97% are between 25 and 30, 18.73% are between 31 and 40, 29.41% are between 41 and 50, 24.22% are between 51 and 60, 9.24% are over 60, and 3.39% are unknown. Over forty percent (44.63%) of clubhouse members have a diagnosis of Schizophrenia or a Schizophreniform Disorder, 17.96% have a diagnosis of Bipolar Disorder, 14.25% have Major Depression, and 5.34% have other diagnoses. Diagnostic information was unknown or unavailable for 18.82% of clubhouse members. Approximately sixty percent (59.57%) of US clubhouse members are Caucasian, 21.69% are African American, 5.0% are Hispanic, 3.9% are Asian, 1.69% are American Indian or Alaska Natives, 1.42% are Native Hawaiian or other Pacific Islanders, and 6.22% are unknown.

**Fountain House**

Fountain House in NYC is an ICCD-certified clubhouse and an international clubhouse training center. Fountain House serves approximately 318 members per day and has an average active monthly membership of 854. Their membership is approximately 60% male, 54.7% non-Caucasian, and an average age of 47.5 years. Diagnoses include Schizophrenia (65%), Bipolar Disorder (25%) or Major Depression (10%).

Fountain House created their Young Adult Program in 1997 to address the specific needs of youth transitioning to adulthood. With additional support
In 2004, Fountain House's education and housing services were enhanced to address identified needs of young people who were dealing with their illness alone or aging out of children's and adolescent programs.

The Young Adult Program holds weekly meetings to arrange outreach presentations, coordinate clubhouse tours for prospective members, plan social outings, organize the quarterly newsletter, track program statistics, apply for grants, schedule trips to High Point (FH's 500-acre farm in New Jersey), and other projects. The program builds upon the existing resources of the clubhouse to streamline service provision for young adults.

### Genesis Club

Genesis opened in 1988 in Worcester, MA. Genesis is an ICCD-certified clubhouse and an international clubhouse training center serving approximately 106 members per day with an average active monthly membership of 339. Their membership is approximately 47% male, 25% non-Caucasian, and an average age of 43 years. Member diagnoses include Schizophrenia (54%), Bipolar Disorder (20%), Major Depression (9%), Anxiety Disorders (9%), and Personality Disorders (8%).

In 2006, Genesis had six active members between the ages of eighteen and twenty-five.

In the past, Genesis paid scant attention to the children's mental health system likewise; providers did not include the clubhouse as a service option for young adults. Typically, young adults referred to Genesis would fail to follow through on referrals to the clubhouse made by case managers or social workers, or the young adults would complete the clubhouse orientation process but would stop attending within a month or two. Genesis staff and members explored why this was happening, and what programmatic changes were necessary to create an environment within the clubhouse that was attractive to young adults. Genesis initiated a dialogue with mental health providers to understand why young adults in the children's mental health system were not connecting with outpatient services in the adult mental health system only to learn that these young adults were not connecting with any psychosocial rehabilitation programs in the adult mental health system. However, they were hospitalized, involved with the criminal justice system, and “couch surfing” (living temporarily with other young adults).

In 2006, Genesis established a young adult committee to obtain input from committee members. Young adults highlighted the importance of seeing other young adults when they become involved with the clubhouse and the need to accept young adults as social, talkative, energetic people who have strong goals and aspirations.

Genesis and Fountain House began collaborating to address this important issue. Both clubhouses modified their intake and outreach systems; however, additional changes were necessary to improve clubhouse services and engage young adults.

### Methods

In addition to increasing access to services at Genesis and Fountain House, teams consisting of four young adult members and two staff from each clubhouse held a two-day “retreat” early in the collaboration to discuss evolvement of their respective young adult initiatives, emerging issues, and strategies for addressing them. Each community (New York City and Worcester) offered unique challenges, yet these meetings revealed that both clubhouses identified similar issues and the following themes.

### Referrals and Linkage with Child Systems

Most of the young adult referrals are from hospitals or other treatment programs (e.g. Outpatient Clinics, Continuing Day Treatment, Integrated Treatment and Recovery Programs, vocational rehabilitation, etc.), Departments of Mental Health, schools, homeless shelters, and existing members.

Initially, Genesis staff and members met with child and adolescent service providers and became aware that these professionals did not view the clubhouse as an appropriate place to refer young adults. However, based on what young adults were saying, Genesis believed that the clubhouse’s emphasis on employment, education, housing, and social supports could meet their needs and goals. Rather than waiting for young adults to find the clubhouse, Genesis arranged meetings with potential referral agencies to discuss the changes taking place at the clubhouse with young adult members taking an active role in these conversations. Often, young adults would identify and help the clubhouse establish a connection with the agency that had provided their children’s services.

### Outreach

Fountain House provides targeted outreach to referral sources and other programs in NYC and clubhouse staff and members visit referral sources, prospective members’ homes, and other locations. Their outreach dispels common fear or stigma associated with mental illness; educates youth and mental health professionals about the services that the clubhouse offers, describes the changes that each clubhouse made to engage young adults, and supports the development of rela-
tionships and connections with the clubhouse before young adults become members.

During the community presentations, Fountain House emphasizes how the clubhouse can meet the needs of young adults and describes how the clubhouse can tailor the work of the units to their specific interests and talents. The strongest impact during these community presentations was the testimony from young adult members who spoke about how the clubhouse supports their goals. Genesis finds opportunities for young adult members to present to other sixteen and seventeen year olds and have school groups tour the clubhouse.

**New Member Orientation and Engaging New Members**

Integration throughout the clubhouse is a key component of the Young Adult Program at Fountain House. When a young adult first visits the clubhouse, critical connections are established when a young adult member conducts their clubhouse orientation. This orientation leads to the development of important relationships with specific units and specific workers. Often, young adult members are active in multiple areas of the clubhouse. For example, young adult members like the flexibility of answering phones in the Reception Unit and doing computer work in the Clerical Unit in the morning, having lunch, and doing an Internet scholarship search in the Education Unit in the afternoon.

**Involvement in the Work-Ordered Day and Use of Current Technologies**

Young adult members benefit from the relationships built through the activities of the Work-Ordered Day, the work units, and social activities. Each of the work units engages young adults differently. Yet, both clubhouses have made their work more technology-focused (computer-centered) and they encourage young adult members to take the lead in helping the clubhouse improve its use of current technologies. For example, Genesis uses the Internet to outreach young adult members to maintain connections, or find leads to housing or employment opportunities. Young adult members help maintain and update the clubhouse websites regularly and assist with maintaining clubhouse Facebook pages that allow members to network with each other.

**Employment Supports**

Clubhouses have an array of employment opportunities to help members of all ages obtain employment. Late teens are typically entering the workforce for the first time and the children’s mental health system may not have addressed their employment needs. Every young adult at Genesis states employment as a goal. Genesis supports this optimism through goal planning and rapid job placement with strong supports. Both clubhouses offer young adults a variety of paid work experiences through Transitional, Supported, and Independent Employment (TE, SE, and IE) (McKay et al., 2005) even if they have been unsuccessful in the past. Individualized one-on-one supports such as job searching, networking, creating resumes and cover letters, and mock interviews are available. These opportunities allow young adults to identify career goals, develop a positive work ethic, and build confidence in their roles in the workforce. Young adults see themselves working and pursuing life dreams, rather than a life involved with the mental health system.

**Education Supports**

The high rates (68%) of young adults diagnosed with serious mental illnesses not participating in post-secondary education (US GAO, 2008) pushed Genesis to develop an array of supports to help members succeed. Genesis expanded its supported education component and strengthened the link between the clubhouse’s employment and education services to support young adult member goals of obtaining a high school diploma or earning a college degree. Established relationships with educational institutions are available to assist young adults with completing high school and obtaining post-secondary education. Today, these clubhouses offer guidance in determining educational goals; assistance with school/training searches; financial aid, and scholarship applications; and/or linkage to degree programs (e.g. English as Second Language, General Equivalency Diploma). Staff and members accompany young adults on campus tours and coordinate with on-campus supports (e.g. disability services, counseling, and tutoring). Staff and member teams outreach young adult members on campus regularly to help members with time management and schedule deadlines, maintaining syllabus requirements, advocating with professors as needed, or to discuss a difficult class. Fountain House provides space and resources for quiet study hours so students can complete papers and projects and prepare for exams.

**Social Activities**

Socialization is most noticeable within the Young Adult Program at Fountain House during the Work-Ordered Day where members of all ages interact, develop friendships, and overcome shyness. Social outings are planned (theme parks, sporting events, movies, etc.) and Young Adult Program members exchange cell phone numbers or connect on Facebook to arrange get-togethers. Often Young Adult Program members act as unofficial mentors; making newer members feel comfortable in the clubhouse, offering advice, or simply providing a constant source of support and encouragement. Creating a social space for young
adults did not mean restructuring Fountain House in a way that allows a subset of members to live by a different set of expectations from the rest of the membership. However, young adults that have not been actively attending the clubhouse often come to Friday evening socials to reconnect with their peers.

Housing

Fountain House began expanding supports for young adults with housing needs when they noticed the difficulties that young adults experienced with their housing were different from those of other members. Typical housing issues for young adults include making curfews, working with residence staff, paying rent/money-management, and learning what constitutes appropriate levels of noise, cleanliness, etc.

Fountain House provides focused support to young adults to ensure greater success in their transition to independent housing environments. Working with young people that currently live or have lived in clubhouse housing, Fountain House is creating a training curriculum for housing staff on how to work with young people. The clubhouse plans to develop a mentorship program that would provide opportunities for young adults to address housing-related issues with a member having a similar experience. Additionally, Fountain House is discussing the possibility of developing a residence specifically for young adults with other agencies in NYC to cultivate an environment of mutual support and empowerment during these critical and transformative years.

Results

Since 2006, Genesis has provided supports to 241 young adults. Currently, Fountain House’s Young Adult Program has 92 members actively engaged in the work units. We provide details regarding young adult member demographics and participation in clubhouse services in Table 1.

At Fountain House, young adults bring new life and energy to daily routines. Fountain House provides support and encouragement to all of their members so they may achieve their goals. Clubhouse membership is lifelong and the clubhouse will remain a resource for the rest of their lives if members wish. However, the expectation is that with the advocacy and support of the Young Adult Program at Fountain House, these young adults will lead independent and fulfilling lives.

Personal Narratives from Young Adult Members

Beth Griffin, 20

“When I was fifteen, children’s services came and removed me from my parent’s home, and thank God, they did. I never could have imagined the road that was to follow that difficult time. I was somewhat optimistic, thinking, great, now I have the chance to lead a more normal life. I was very wrong.

The first experience I had was in an open residential program. For the next four years, I was sent to countless hospitals and locked residential programs. When I was discharged at the age of eighteen, things seemed pretty grim and hopeless. Years in institutions rendered me socially inept, and set me apart from my family in ways that I am still trying to repair.

I was released from a Brief Inpatient Residential Treatment program on my nineteenth birthday. The program director suggested that I check out Genesis Club. I was sent to a group home, and I thought to myself that I might as well just give up because things would never change. The first time I walked into Genesis was two days later, and I believe that my negative thinking altered in that moment. Here was a place that I had previously thought was similar to a day-treatment program, but upon walking in I realized that I had been misinformed. People were busy and they seemed to have a purpose, people had friends and things to do, and what was greatest of all? They were smiling; they were not dragging themselves around or lying on dirty furniture. Time went by and I started to enjoy the friends I was making and the work I was doing.

Everything going on in the work units was a common task of the members and the staff. I could help with anything I wanted, whether it is grant-writing, making policies, or just cleaning the bathroom. I had never had a job before, and like many other things, I did not really think that it would happen, yet I got a Transitional Employment job at The American Red Cross. It was a friendly work environment, the people were kind to me, and I was able to acquire some excellent lifelong working skills. They included customer service skills, switchboard operation, and even public speaking, as part of the job required me to direct a classroom of students for the state exams. High School was something that I wanted to finish, and it bothered me for a long time that I did not, but Genesis was able to help me get my G.E.D. Now I feel that I have built a strong foundation in employment and education that will make my future goals more attainable. Today, I still look forward to coming into the club and going to the Housing Unit, where I feel I am a part of something. I have been offered supports by all the members and staff and I am doing better now than ever before.”

David Gendler, 19

“I started going to Genesis as soon as possible after graduating high school. I had been reached by the club-house and I was very interested. Even before my orientation was over, I was helped with understanding the bus routes and I was seeing how Genesis could help me in many ways. Roughly a year later, I now am in college and work in a computer shop. College would not have happened anytime near when it
Nelson Olivera, Age 24

Nelson was born in the Bronx and placed in foster care at age three because of his mother’s substance abuse. “She chose her habits over me,” he explains. Adopted at age seven, he was raised by a foster family in Brooklyn. He was hospitalized whenever he “had a breakdown” and several times for suicide attempts. He spent time in residential treatment facilities in upstate New York and Pennsylvania and alternated between youth shelters and inpatient psychiatric wards in New York City.

In February 2006, Nelson was referred to Fountain House while living in a 24-hour supervised congregate care facility. “Coming to Fountain House set me on the right path,” he says. “They invested time in me because they saw I had potential, even when I did not.”

Nelson has lived in one of Fountain House’s community residences and moved on to his own supportive apartment. He has worked Transitional Employment jobs at American Express, Morgan Stanley, and other respected corporations. Nelson is enrolled at Borough of Manhattan Community College (BMCC) and plans to transfer to John Jay College of Criminal Justice.

Nelson’s journey has not been without its difficulties. “There were times when I doubted myself or my illness prevented me from seeing the big picture,” he explains. “Fountain House has been like a big brother to me through tough times and good times. It has brought structure to my life and helped me build my confidence. The staff at Fountain House is great. Fountain House hires young, open-minded people that are easy to relate to. They do not treat you

Table 1—Demographics and Outcomes of Young Adults Participating in ICCD Clubhouses

<table>
<thead>
<tr>
<th></th>
<th>Fountain House</th>
<th>Genesis Club</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of young adults served since 2006</td>
<td>240</td>
<td>241</td>
</tr>
<tr>
<td>Number of active young adults served</td>
<td>92</td>
<td>81</td>
</tr>
<tr>
<td>Average length of membership (years)</td>
<td>1.48</td>
<td>1.77</td>
</tr>
<tr>
<td>Gender (% Male)</td>
<td>65%</td>
<td>59%</td>
</tr>
<tr>
<td>Age</td>
<td>22.7 years</td>
<td>22.2 years</td>
</tr>
<tr>
<td>(range 16-25)</td>
<td>(range 18-25)</td>
<td></td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>31%</td>
<td>70%</td>
</tr>
<tr>
<td>African American</td>
<td>28%</td>
<td>6%</td>
</tr>
<tr>
<td>Latin American (Latino)</td>
<td>28%</td>
<td>12%</td>
</tr>
<tr>
<td>Asian American</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Other Ethnicities</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Diagnosed with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia/Schizoaffective Disorders</td>
<td>54.7%</td>
<td>22%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>22.2%</td>
<td>35%</td>
</tr>
<tr>
<td>Depression</td>
<td>17.0%</td>
<td>22%</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>-</td>
<td>12%</td>
</tr>
<tr>
<td>Psychotic Disorders NOS</td>
<td>4.7%</td>
<td>1%</td>
</tr>
<tr>
<td>Mood Disorders NOS</td>
<td>1.4%</td>
<td>7%</td>
</tr>
<tr>
<td>Other Diagnoses</td>
<td>-</td>
<td>1%</td>
</tr>
<tr>
<td># Participating in Post-Secondary Education or GED courses</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td># Currently employed in TE, SE, or IE</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td># Currently in clubhouse housing</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td># Participating in clubhouse health promotion activities</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td># Participating in clubhouse social recreational activities</td>
<td>31</td>
<td>26</td>
</tr>
</tbody>
</table>
like a number or a case; they treat you like a person: they give you choices without making judgments. Being part of the Young Adult Program has helped me to interact with people my age who are in a similar situation. My friends here have supported me and been there for me when I needed them most. Now I like to help others so I can give back to the community.”

Impact of the Joint Collaboration
The initial retreats became annual meetings alternating yearly at Genesis or Fountain House. The clubhouses build the agenda several weeks ahead of time through reciprocal email communication involving both clubhouses’ young adult committees. The clubhouses identify issues or topics for discussion at the annual meetings. Issues include supported education, relationships, substance use, the role of the young adult committee, and helping young adults stay focused on goals. Meetings provide opportunities for members and staff from both clubhouses to share their unique goals and experiences.

Both clubhouses describe effective systems and responses, improving the ability of each program to meet the needs of young adult members. Each clubhouse disseminates the information from each meeting at their young adult committee meetings, housewide program meetings, and unit discussions in order to implement change. These meetings continue annually, and were instrumental in creating a one-week, curriculum-based “Engaging Young Adults in the Clubhouse” training for ICCD certified clubhouses held each May. The training includes three days at Genesis and two days at High Point, Fountain House’s farm. Young adults and key staff from the young adult initiatives lead these trainings. Both clubhouses share lessons learned and key strategies to support clubhouses that wish to engage young adults. This training provides an excellent opportunity for dissemination and replication in other ICCD clubhouses worldwide.

Discussion
Young adults question each aspect of the clubhouse, which led these clubhouses to review and improve their structures and processes. These clubhouses suggest that programs seeking to engage young adults take measures to facilitate their engagement: establish relationships with referral sources, organize an outreach program to make them feel welcome, create a support system, and opportunities in the clubhouse for young adults to go to school, find work, and socialize. Another area to address when engaging young adults is the program’s capacity and use of technology, as they may find it appealing. While these two clubhouses provide a great deal of descriptive information about their engagement of young adults, research that examines the impact of clubhouse service use on young adults is needed. It will be important to consider developing studies using standardized measures that examine how clubhouse participation affects service use and any reported improvements in employment, education, housing, social inclusion, and quality of life among young adults. The strategies used by these two clubhouse programs may also be effective in other service models.

The adaptations within these two ICCD certified clubhouses provide useful information with regard to addressing the gap in services for young adults diagnosed with serious mental illness in a widely established program model – ICCD clubhouse. Clubhouses provide an array of supports that include opportunities for education, employment, housing, and increased social networks that may be particularly appealing to young adults. Clubhouses affiliated with the ICCD show promise in expanding their approach and services to engage and support young adults as they transition into the adult mental health service system and adult roles.

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