THE CLUBHOUSE APPROACH
The Recovery Support Clubhouse model in Georgia was developed in response to the challenge to retain youth in substance use treatment. Georgia’s Recovery Support Clubhouses developed an approach that:
- Provides an alternative to traditional treatment
- Prioritizes youth and family engagement
- Takes a person-centered approach to recovery

CLUBHOUSE YOUTH MEMBERS
Georgia’s nine Recovery Support Clubhouses serve adolescents ages 13-17 recovering from substance use issues.

METHODS
The Child and Adolescent Needs and Strengths (CANS) assessment tool was used to determine need and assess change over time among 219 clubhouse members. Need was determined using the first assessment conducted upon enrollment in the program. Change was measured comparing results from the most recent CANS re-assessment to the first assessment conducted. Areas with the highest need at first assessment were explored with two programmatic variables: 1) length of enrollment and 2) frequency of attendance.

RESULTS
Diverse Needs
The 219 clubhouse members represented in this sample displayed a variety of needs. More than 45% of youth demonstrated high need in the following five areas:
- Lack of healthy coping skills (50.9%)
- Substance use severity (49.1%)
- Substance use peer influence (45.7%)
- Legal involvement with juvenile justice (48.2%)
- Substance use stage of recovery (47.9%)
Additionally, clubhouse members demonstrated levels of anxiety and depression at enrollment.
- Depression (37%)
- Anxiety (32%)

Improved Outcomes
Youth with high needs demonstrated improvement over time in each of the five need areas identified. Additionally, a substantial proportion of youth who demonstrated levels of anxiety and depression at first assessment experienced improvement at re-assessment.

DISCUSSION
The Recovery Support Clubhouse program is supporting youth whose needs span substance use, juvenile justice, and mental health. Length of enrollment in the program and frequency of attendance appear to play a role in improvement in youth outcomes. More qualitative data collection would be required to understand what additional factors are supporting improvement, in what context, and for whom.

Correlations were run between the five high needs identified and length of enrollment and frequency of attendance.

Frequency of attendance influences improved coping skills.
- Statistically significant at the .05 level (.033)
- Negative directionality: as frequency of attendance increases, need level decreases (e.g. youth coping skills improve)

Length of enrollment influences substance use peer influence.
- Statistically significant at the .01 level (.004)
- Negative directionality: as length of clubhouse enrollment increases, need level decreases (e.g. substance use peer influence improves)

For more information, please contact the Georgia Health Policy Center at 404.413.0314 or visit us online at www.ghpc.gsu.edu

Urinary Drug Screen Findings in Order of Prevalence
1. THC
2. Amphetamine
3. Cocaine
4. Benzodiazepines
5. Other Opiates
6. Ethyl/Alcohol
7. Oxycodeine
8. MDMA
9. Methamphetamine
10. Oxycodone

Substances Not Found in Urinary Drug Screens
1. Heroin
2. Phenobarbital/Barbiturates
3. Methadone
4. Fentanyl

Race
- White/Caucasian
- Black/African American
- Multiracial
- Asian
- Native American
- Hispanic
- Not Hispanic
- Other

Percent of youth whose outcome improved, did not change, and worsened over time

Percent of youth whose mental health outcome improved, did not change, and worsened over time

80% of clubhouse members are male