

# Clubhouse Peer-run Program

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Engrossed Substitute Senate Bill 5092; Sections 215(29) and 1214(40); Chapter 334; Laws of 2021  
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## Acknowledgements

The Washington State Health Care Authority (HCA) Division of Behavioral Health and Recovery (DBHR) would like to acknowledge HCA Clubhouse and peer-run organization consultants in supporting new and existing organizations in our expansion efforts across the state of Washington.



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## Executive summary

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The purpose of this report is to provide an update on the expansion efforts as well as the ongoing supports provided to Clubhouses and other consumer-run, consumer-operated and recovery café-type services across the state. This report is comprehensive, referencing the two funding sources (HB 5092 and SB 5476) that support Clubhouse and peer-run organizations.

For clarification, “Clubhouse” in this report references the Clubhouse International Model. When referencing peer-run organizations, this is all-inclusive of recovery café, peer-run, and peer-operated models. The intent is to recognize the unique characteristics as it aligns with the specific models, funding sources, and expansion efforts.

For nearly 70 years, Clubhouse programs have benefitted individuals and communities working toward mental wellness and recovery. Clubhouses have demonstrated positive clinical and social outcomes. Based on the core principles of peer support, self-empowerment, and functionality within a community setting, Clubhouses strive to help members:

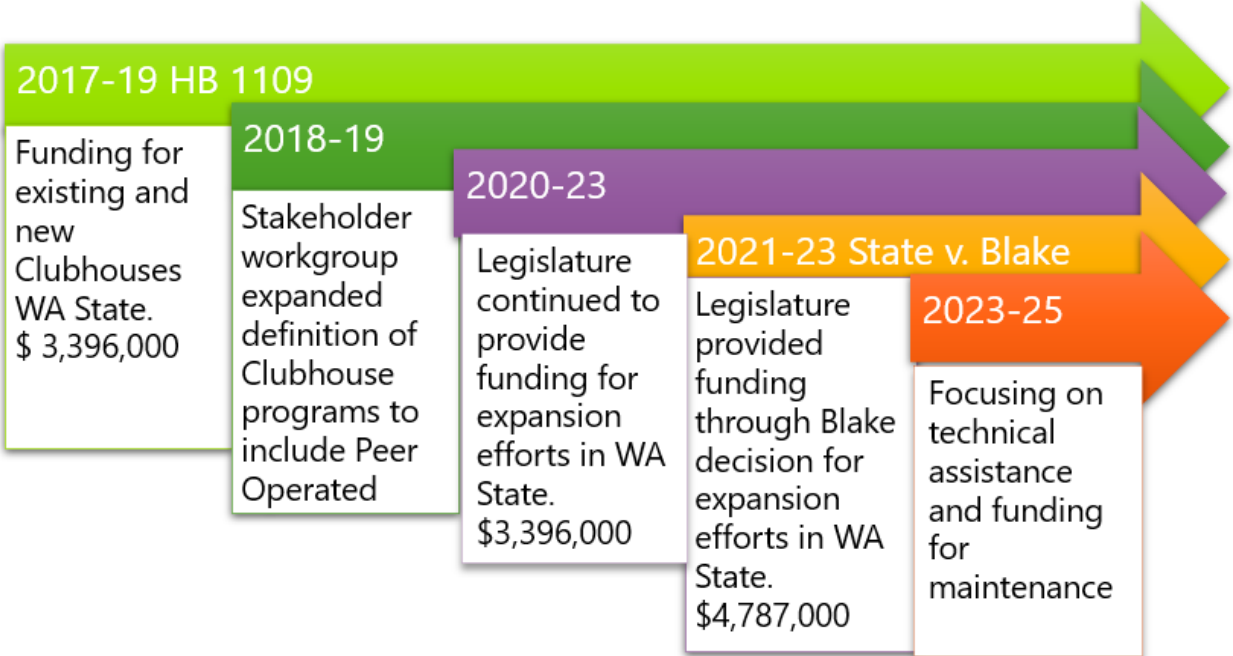
- Participate in mainstream employment and educational opportunities
- Find community-based housing
- Join health and wellness activities
- Reduce hospitalizations
- Reduce involvement with the criminal justice system
- Improve social relationships, satisfaction, and quality of life

To determine the best strategy to implement the proviso, HCA convened a stakeholder workgroup comprised of national subject matter experts, existing Clubhouse personnel, individuals receiving services, agency representatives, behavioral health advocates, and behavioral health organization (BHO) staff. The group was charged with identifying options and the estimated costs to implement Clubhouse programs statewide using a Medicaid waiver or state plan amendment. The group examined how to apply a variety of innovative programming models within an integrated behavioral health environment that reflect the values Clubhouse programs represent, including:

- Focus on recovery, not just treatment
- Peer support
- Consumer control or “empowerment”
- Support work and paid employment as essential elements for consumer recovery

# Background

## Program origins



The HCA Clubhouse Peer-run Program expansion initially received funding from the Legislature in 2017 to support the efforts to expand Clubhouse services across the state of Washington for new and existing Clubhouses. In 2018, the stakeholder work group expanded the definition of “Clubhouse” and was charged with identifying options and estimated cost to implement Clubhouse programs statewide using a Medicaid waiver or state plan amendment.

The work group had two objectives:

1. Assist in determining how the proviso funds should be distributed to expand Clubhouse and peer-run organization services.
2. Contribute to the recommendations for future Apple Health (Medicaid) funding.

The workgroup identified three funding categories for the solicitation of proviso funds.

- **Start-up:** Start-up activities will help determine community need for Clubhouse services and to develop business plans to create sustainable Clubhouse services. Activities include management structure development drafting bylaws, evaluation plans, assessing community needs, business planning, obtaining any necessary certification or licensing, community outreach, identifying interventions, site development, pursuit of foundations/grants, sustainability, and board development.
- **Program development:** Program development activities to launch services and agencies that are still in the process of establishing their Clubhouse programs. Activities are related to initial service activities. These include growing management and business models on developing new

programming, including a summary and project plan, staff training activities, developing the capacity to deliver services and initial service provision.

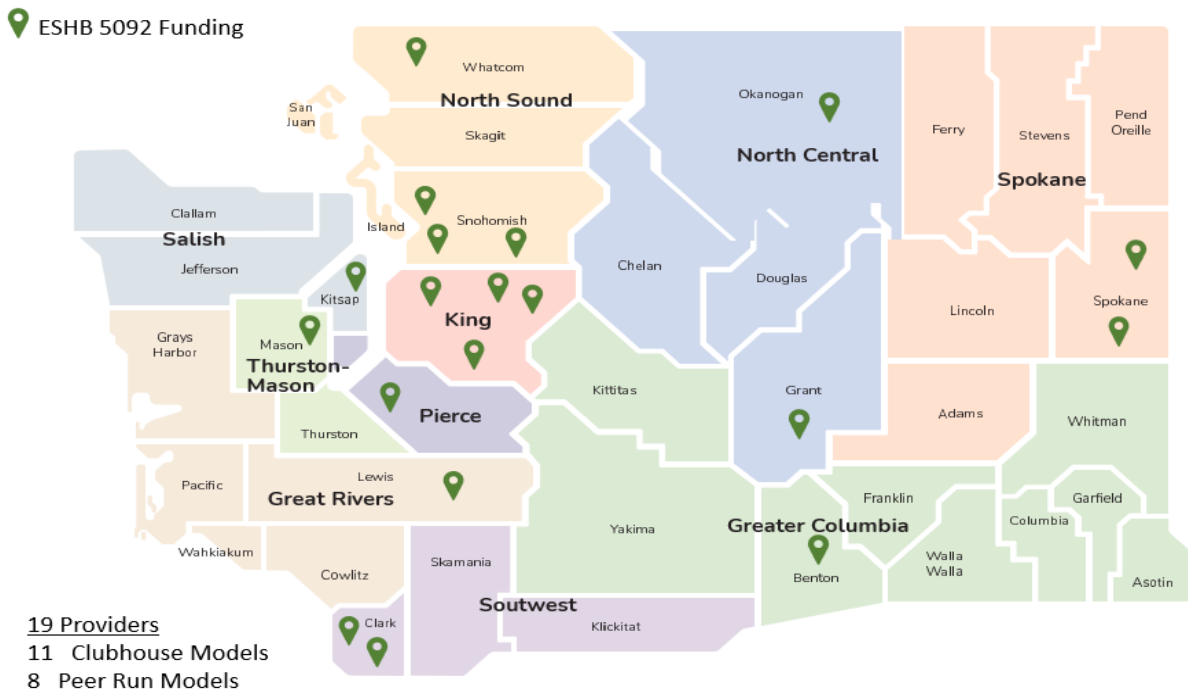
- **Program expansion:** Expansion of Clubhouse programs to serve additional populations or sites, including sustainability planning and feasibility study. Activities include expansion of current services to additional populations and locations and strategies to maintain these efforts (sustainability plan).

Between 2018 and 2020 HCA achieved targeted outcomes of 14 Clubhouse and peer-run organizations to receive funding through expansion efforts of HB 5092. In July 2021, the balance of funding for HB 5092 was solely designated to expand Clubhouses in Washington State.

The Clubhouse Peer-run Program partnered with HERO House NW to lead a concerted effort to increase Clubhouse models in Washington State. There was a target to increase by nine Clubhouse models for SFY 21, with a result of five new Clubhouses. The remaining budget was divided among the 11 Clubhouses for a “one-time” funding opportunity for technology and program service enhancement including Clubhouse International trainings, support services, and facility improvements.

HCA continues to support the 19 contracted providers for ongoing operations and services. Collaboration among Foundational Community Supports Medicaid Waiver has assisted several providers to resource both supported employment and supportive housing services. The map below indicates the expansion efforts and provider locations funded by ESSB 5092 as of June 2022.

### Clubhouse & Peer Run Expansion 2019-2022



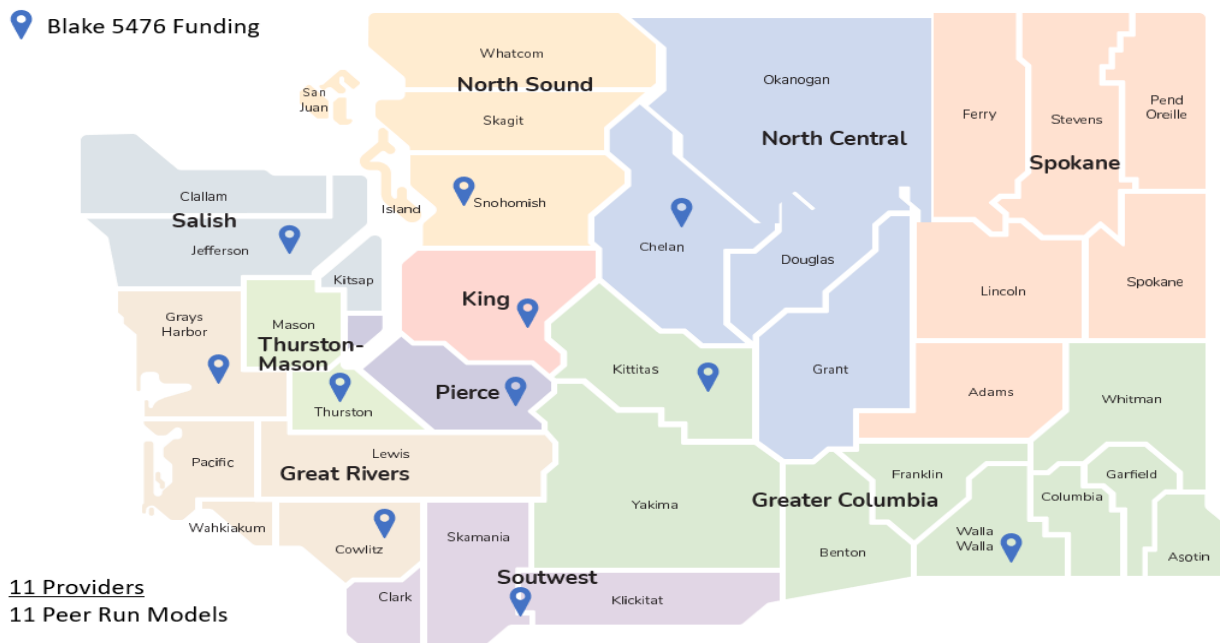
## Engrossed Senate House Bill 5476

HCA's Clubhouse Peer-run Program received additional funding from State v. Blake 5476 with a primary focus of expanding peer services to areas lacking programming to address substance use disorder throughout Washington State. HCA achieved its expansion goal for SFY 22 of providing funding to an additional 11 peer-run agencies. Per legislative directive, the program was able to extend to into rural and Eastern Washington locations including Chelan, Grays Harbor, Cowlitz, Kittitas, Skamania and Klickitat Counties.

Innovative expansion efforts by providers include pop-up locations in frontier communities and specific program services for marginalized and underserved populations. Recovery Café of Clark County utilized the funding to establish three "pop-up cafes" currently operating in Washougal, Stevenson, and Goldendale. Peer WA Olympia has expanded services to rural areas such as Grays Harbor, Lewis, and Mason Counties by removing transportation barriers for access to services at their Olympia location. The Moore Wright Group opened a new recovery café in Aberdeen offering recovery support and innovative online and in-person workforce development training.

Chai Rivers Recovery Café located in rural Kelso in Cowlitz County, opened its doors in a remote area lacking recovery programming. Caring with Compassion Community joined as an HCA provider offering services for Black, Indigenous, People of Color and marginalized communities in Graham. REBOOT Recovery is offering services to veterans, first responders, and all families to heal from trauma and address the mental health and suicide epidemic through peer-led services. Trilogy Recovery Center is engaging youth, adults, and families impacted by justice involvement with peer services. The map below indicates the expansion efforts and provider locations funded by ESSB 5476 as of June 2022.

### Peer Run Expansion 2021-2022



## Expansion overview

In SFY 2021-2023 HCA continued expansion efforts for Clubhouses and peer-run organizations across the state. This was accomplished by providing two procurements for 2021-2022. The first procurement focused on the Clubhouse International Model with funds from the operating budget for HB 5092. The second procurement utilized General State Funds from the Blake Proviso (SB 5476)

SFY 2021-2023 expansion efforts for HB 5092 focused solely on the expansion of Clubhouse for the balance of unobligated funds (\$1,428,000). This included Hero House to support expansion efforts and support for new and existing organizations receiving funding. This resulted in the expansion of nine new HCA funded Clubhouses in nine Washington State behavioral health regions.

In SFY 2021-2022, with the addition of General State Funds in the Blake Proviso (SB 5476) HCA distributed \$1,673,000 to 11 new peer-run/peer-operated or recovery café-type programs for expansion.

In SFY 2022-2023, Blake Proviso (SB 5476) distributed an additional \$3,114,000 to 10 new peer-run agencies and provided maintenance funding for the 11 existing Blake-funded organizations. The procurements concentrated on underserved and marginalized communities in regions that did not have peer-run/peer-operated or recovery café. Blake Proviso (ESSB 576) also provided funding for four peer-run consultants to support new and existing HCA Clubhouse peer-run organizations.

The comprehensive map below indicates the HCA Clubhouse peer-run provider locations and expansion efforts funded by ESSB 5092 and ESHB 5476 as of July 2022.

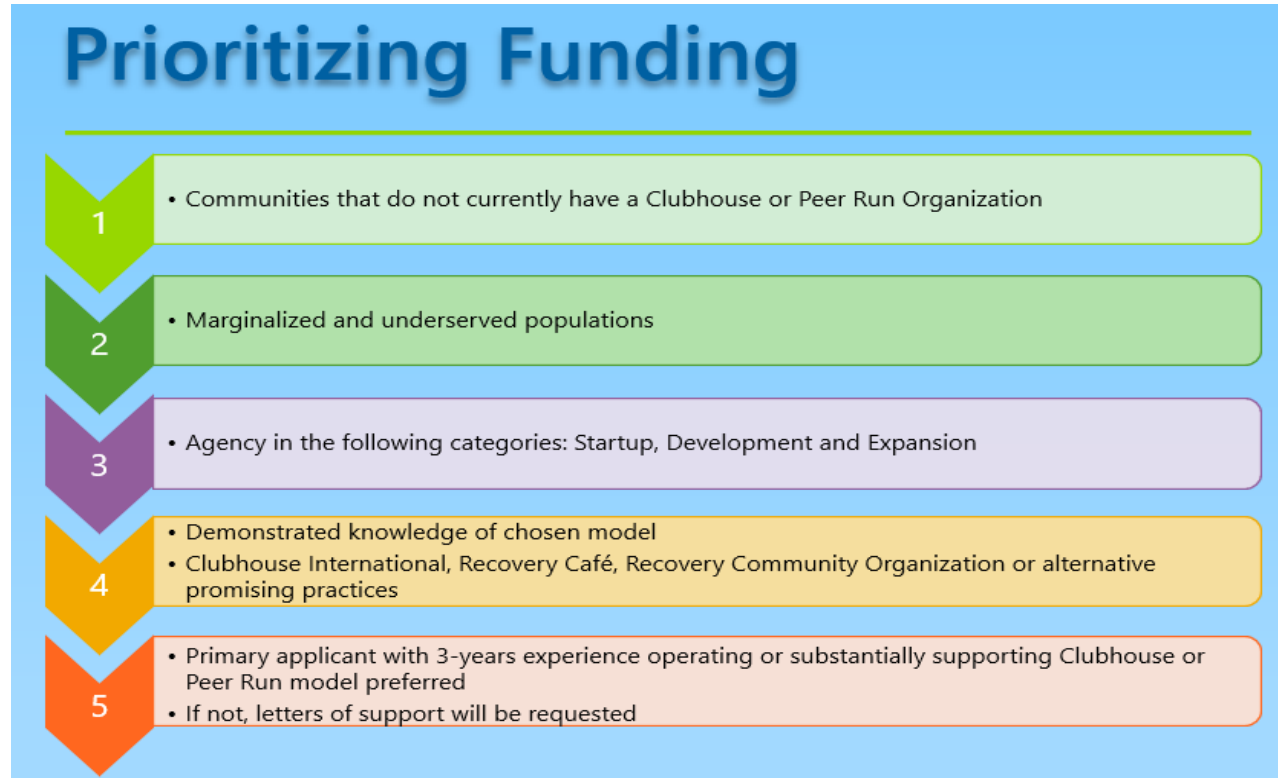
Clubhouse & Peer Run Expansion - Provider Map 2022





## Prioritizing of funding

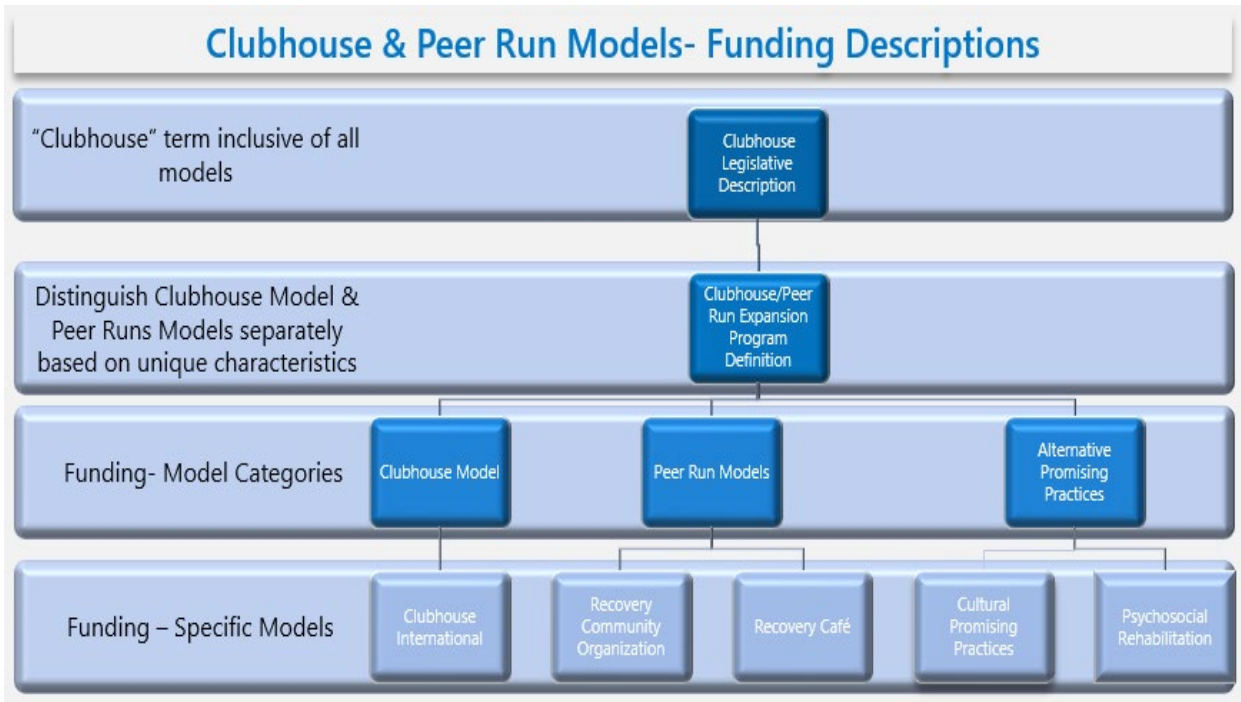
Clubhouse and peer-run program expansion efforts focus on the following priorities in establishing new providers for the funding.



1. The Clubhouse Peer-run Program adheres to the legislative directive identifying this as the primary funding priority in all expansion efforts. This is the first consideration in reviewing submissions for funding.
2. In the interest of ensuring equitable access to program services in Washington State, this priority has been identified to promote fostering diverse and inclusive partnerships with our colleagues and the people we serve in our communities.
3. As determined by the workgroup in 2018, the agency categories of startup, development, and expansion offer funding to new and existing organizations in supporting expansion efforts.
4. Organizations are expected to identify and depict knowledge of the model to be incorporated with the funding in their community. Model selection determines the funding source that will be utilized for expansion.
5. HCA Clubhouse Peer-run Program recognizes the success of experienced agencies and the importance of providing opportunities for new and/or grassroots community organizations dedicated to serving their communities.

## Overview of models

The Clubhouse Peer-run Program recognizes the complexity in communicating the various models for expansion of recovery services for mental health and substance use and cooccurring disorders. The following chart has been developed to clarify program category descriptions.



### Clubhouse International Model

A Clubhouse is organized to support people living with mental illness. During their participation in a Clubhouse, members gain access to opportunities to rejoin the worlds of friendships, family, employment, and education, as well as the services and support they may need to continue their recovery. A Clubhouse provides a restorative environment for people whose lives have been severely disrupted because of their mental illness, and who need the support of others who are in recovery and believe that mental illness is treatable.

### Peer-run (operated) models

The Clubhouse Peer-run Program acknowledges the definition of peer-run organizations as a program or organization in which a majority of the people who oversee the organization’s operation and are in positions of control have lived experience with mental health or substance use. This is often referred to as consumer-operated services. The program currently recognizes the following peer-run models.

### Recovery community organizations (RCO)

Faces & Voices of Recovery defines a recovery community organization as an independent, nonprofit organization led and governed by representatives of local communities of recovery. RCOs’ core principles include (1) Recovery vision of long-term recovery, (2) Authenticity of voice, and (3) Accountability of voice in representing recovery communities. RCOs may provide one or more of the following: capacity building

of recovery institutions, peer recovery support services, advocacy, education/employment, and outreach. (Faces & Voices of Recovery, Retrieved from <https://facesandvoicesofrecovery.org/>)

## **Recovery café**

A recovery café is a consumer-run organization for individuals experiencing substance use or co-occurring disorders who come together to support each other in their recovery. A recovery café is an alternative, therapeutic, supportive community. It is a physical location, which is drug- and alcohol-free, where individuals interact in positive, safe, recovery-oriented environment to support each other. Recovery cafes typically teach skills, provide access to housing, social and health services, and provide education and opportunities to form healthy relationships. (Recovery Café Network, retrieved from <https://recoverycafenetwork.org/our-model/>)

## **Alternative promising practices**

The Clubhouse Peer-run Program incorporated this category to support the legislative directive to expand Clubhouse peer-run programs throughout the state that would potentially not identify as Clubhouse or peer-run models. In doing so, HCA supports expansion priorities to frontier or rural communities addressing disparities in equitable access to services. This category also supports promising practices that align with multicultural approaches for underrepresented and underserved communities.

## **Psychosocial rehabilitation model**

The National Alliance on Mental Illness (NAMI) defines psychosocial rehabilitation as a model that helps people develop the social, emotional, and intellectual skills they need in order to live happily with the smallest amount of professional assistance they can manage. Psychosocial rehabilitation uses two strategies for intervention: learning coping skills so that they are more successful handling a stressful environment, and developing resources that reduce future stressors. Treatments and resources vary from case to case but can include medication management, psychological support, family counseling, vocational and independent living training, housing, job coaching, educational aide, and social support. (Psychosocial Rehabilitation Model, retrieved from <https://www.nami.org/About-Mental-Illness/Treatments/Psychosocial-Treatments.>)

## **Cultural promising practices**

Inclusion practice promotes a greater respect and understanding of each other in our daily interactions, values our human differences, honors our broad diversity, and helps ensure equity in our policies and actions. We do this through fostering diverse and inclusive partnerships with our colleagues and the people we serve in our communities by broadening our reach and deepening our understanding of cultural values. The Clubhouse Peer-run Program's intent in providing this category is to create opportunities for culturally responsive services for mental health and/or substance use recovery programming that meets the needs of specific populations.

## Staff and partners

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The Clubhouse and peer-run expansion program is a collaborative effort with HCA staff and subject matter expert consultants. The development of these partnerships with community and internal stakeholders, as well as Clubhouse and peer-run organizations throughout the state supported in successful outcomes for expansion.

### HCA staff

HCA hired a Clubhouse Peer-run Program Manager on November 1, 2021. The position's primary focus is the expansion of Clubhouse and peer-run organizations across the state by administering, managing, and providing oversight implementation of service in every region. Additionally, staff assists Clubhouses and peer-run organizations to access sustainable Medicaid and non-Medicaid funding while remaining true to their evidence-based models or best practices to leverage funding.

### Consultants

HCA's Clubhouse Peer-run Program is partnering with five organizations: Hero House NW, Peer Workforce Development, Consumer Voices Are Born, Recovery Café of Clark County, and Recovery Café Seattle to support new and existing providers receiving funding. The consultants also played an important role co-facilitating informational webinars during the procurement process providing presentations related to specific models.

The learning collaboratives, webinars, and one-to-one consultation services assist with model specific fidelity with two categories Clubhouse model and Peer-run models (Recovery Community Organizations, Recovery Café). The first Clubhouse International Model learning collaborative was September 29, 2021, and the peer-run model learning collaborative was on September 30, 2021. As of June 2022, successful expansion efforts have led to increased attendance of four to eleven providers for Clubhouse and more than 30 providers for peer-run model. The consultants offer the following services to HCA providers:

**Learning Collaboratives**

- Interactive discussions
- Provider identified topics
- Monthly meetings
- Facilitated by consultants

**Webinars**

- Informational webinar topics
- Providers identified topics
- Occur quarterly
- Presented by consultants

**One to One Consultations**

- Provider support: model fidelity and services
- Provider requested support
- Accessible to HCA funded Clubhouse/ Peer Run organizations
- Provided by consultants

## Program outcomes

HCA's Clubhouse Peer-run Program requires organizations to include in project plans efforts to establish fidelity to the model identified in application, goals towards establishing employment, and education within service delivery with quarterly tracking and reporting.

**ESHB 5092 (2020-2021):** The chart below represents data collected from 14 organizations' quarterly status reports. The deliverables indicate the number of individuals engaging or completing services.

Completing goal plans	Referred to employment services	Individuals employed	Referred for education services	Completing educational outcomes
2382	807	282	408	266

**ESHB 5092 (2021-2022):** The chart below represents data collected from 20 organizations' quarterly status reports. As the Clubhouse Peer-run Program evolved, the deliverables identified were revised to best represent the scope of work provided by the organizations. The deliverables indicate the number of individuals engaging or completing services.

Number enrolled or initiating services	Completed employment goals	Individuals employed	Completed educational goals	Completing educational outcomes
3278	812	370	609	428

**ESHB 5476 (2021-2022):** The chart below represents data collected from 11 organizations' quarterly status reports. The deliverables indicate the number of individuals engaging or completing services.

Number enrolled or initiating services	Completed employment goals	Individuals employed	Completed educational goals	Completing educational outcomes
2596	299	51	443	684

**ESHB 5092 & ESHB 5476 (2020-2022):** Chart of specific models and expansion as of July 2022.

Catagory	Model Description	Total Models
Clubhouse	Clubhouse International	14
Peer-run	Recovery Community Orgnaization (RCO)/Peer-operated	13
Peer-run	Recovery Café (Emerging or Existing)	15
Alternative	Alternative Promising Practices	2
Total Providers		44

## Federal Medicaid funding

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The ESHB 1109 (2019) directed HCA to work with the Centers for Medicare and Medicaid Services to review opportunities to include Clubhouse services as an optional “in lieu of” service in managed care organization contracts in order to maximize federal participation. As CMS notes (Preamble p. 156), an “in lieu of service” is “a substitute service or setting for a service or setting covered under the State plan.” Thus, the “in lieu of” option seemingly would not permit federal financial participation for services completely unrelated to covered state plan services. However, an exception to this may occur when a new authority to states under the final rule cover short stays in institutions for mental diseases (IMD). Currently Washington’s Medicaid State Plan under Title XIX of the Social Security Act has a section entitled Rehabilitation Services which includes a service modality called Day Support. The Day Support modality aligns with the Clubhouse services as defined in the 2018 Developing Clubhouse Programs Report to the Legislature. Day Support can be provided within clubhouse settings so the “in lieu of service” is not necessary.

Day Support: An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization, and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.

Managed care organizations (MCO) and behavioral health organization (BHO) contracts have been modified to add clarifying language to provide day support within Clubhouse settings and additional funding appropriated by the Legislature has been added to their rates.

## Budget

**Total Annual Budget Amount HB 5092:** State General Funds (\$3,396,000) and Medicaid (\$16,200,000).

**Total Annual Budget Amount SB 5476:** State General Funds \$1,673,000 for fiscal year ending June 30, 2022; \$3,114,000 for fiscal year ending June 30, 2023; and \$3,890,000 for fiscal biennium ending June 30, 2023.

## Conclusion

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This report provides a statewide summary of the HCA Clubhouse Peer-run Program that used Engrossed Substitute Senate Bill 5092 and Engrossed Senate House Bill 5476 for fiscal year 2022 (July 2021-June 2022) and expansion efforts for fiscal year 2023 (June 2022-July 2023).

The report describes the efforts made in expanding Clubhouses and peer-run models in Washington. Legislation directed prioritization for expansion into areas that do not currently have this type of programming. In 2019, the program had nine HCA funded Clubhouse peer-run programs. As of July 2022, there are 44 HCA funded Clubhouse peer-run programs covering all 10 behavioral health regions in the state.

Since the onset of the program in 2018, collaboration efforts through stakeholder workgroups, consultation services, and program learning collaboratives and reviews has assisted in shaping the Clubhouse Peer-run Program in meeting the needs of our communities. Innovative approaches with expansion efforts were utilized, such as the addition of alternative promising practices model to create opportunities for tribal nations and pop-up locations to reach frontier communities. These efforts show the dedication to reach underserved localities and people seeking recovery for mental health and substance use disorders.

As part of this progression, the development of an effective method of communicating aspects of the Clubhouse Peer-run Program internally and externally resulted in the description categories. This offered clarification on program requirements as it pertains to funding, model fidelities, and procurement processes.

The Clubhouse Peer-run Program has experienced challenges with the federal Medicaid funding identified in this report. Obstacles for the program and providers include resistance due to rigorous and complex behavioral health agency accreditation processes, conflict with organizations' fidelity models, and barriers associated with adhering to requirements.

With the success of the Clubhouse Peer-run Program's expansion efforts, the focus moving forward will be to continue maintenance funding for providers, quality improvement trainings, data collection, technical support, onsite monitoring, and ongoing development of consulting services to support new and existing providers regarding fidelity and positive outcomes in service delivery.