

BP 87 & BP 109: The Clubhouse Model
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Existing MIDD Program/Strategy or New Concept Name: Clubhouse

New Concept ☐ **Attach New Concept Form)**

Type of category: New Concept

SUMMARY: This briefing paper proposes establishment of the Clubhouse model in Seattle. Clubhouses are community-based centers that offer members opportunities for friendship, employment, housing, education, and access to medical and psychiatric services through a single caring and safe environment. This helps members achieve a sense of belonging and become productive members of society. Membership in a clubhouse is open to anyone who has a history of mental illness. This idea of membership is fundamental to the clubhouse concept: being a member of an organization means that an individual has both shared ownership and shared responsibility for the success of that organization. Established in 1994, the non-profit and non-governmental organization International Center for Clubhouse Development (ICCD) has helped communities develop and nurture new and existing clubhouses. The ICCD oversees the creation and evolution of Clubhouse Accreditation quality standards. Further, the ICCD develops and delivers training and consultation with clubhouses to achieve and maintain accreditation. The clubhouse is an inexpensive but highly effective solution that focuses on sustained long-term recovery for those with mental health conditions.

Collaborators:

Name	Department
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Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Bill Wilson	PPM III	BHRD

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

- 1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This briefing paper proposes establishment of the Clubhouse model in Seattle. Clubhouses are community-based centers that offer members opportunities for friendship, employment, housing, education, and access to medical and psychiatric services through a single caring and safe environment. This helps members achieve a sense of belonging and become productive members of society. Membership in a clubhouse is open to anyone who has a history of mental illness. This idea of membership is fundamental to the clubhouse concept: being a member of an organization means that an individual has both shared ownership and shared responsibility for the success of that organization.

Established in 1994, the non-profit and non-governmental organization International Center for Clubhouse Development (ICCD) has helped communities develop and nurture new and existing clubhouses. The ICCD oversees the creation and evolution of Clubhouse Accreditation quality standards. Further, the ICCD develops and delivers training and consultation with clubhouses to achieve and maintain accreditation. The clubhouse is an inexpensive but highly effective solution that focuses on sustained long-term recovery for those with mental health conditions.

Despite the model's proven effectiveness and success in other locations, Seattle is one of the few major cities in the US without a certified clubhouse. Previous attempts to establish a clubhouse in King County included the ICCD certified Wallingford House. Wallingford House was operated by King County behavioral health provider, Community Psychiatric Clinic (CPC). The operations of Wallingford House, however, could not be sustained beyond the first few years because of heavy reliance on Washington State Medicaid. Beyond the City of Seattle, HERO House in Bellevue is the only accredited clubhouse in King County, and one of only two accredited clubhouses in the State of Washington. Since December of 2005, Hero House has served close to 600 members and actively serves roughly 150 individuals each year. Though effective, HERO House is limited in reach by funding and location. It has been proposed to first increase support for HERO house; and second, to create a new clubhouse facility in downtown Seattle designed to serve downtown and south central Seattle residents. Seattle Union Gospel Mission has begun taking steps toward developing a Clubhouse.

Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

This proposal fits within MIDD I strategy 2b, Community Based Care, in that this proposal *increases employment among individuals with mental illness*. This proposal fits within three MIDD II strategies:

- Prevention and early intervention: This proposal can, "*Keep people healthy by stopping problems before they start and preventing problems from escalating*," in that it increases access to training services; increases availability of behavioral health information in a non-traditional setting; reduces risk factors for substance use and mental health disorders; and increases access to employment services.
- Recovery and Reentry: This proposal can, "*Empower people to become healthy and safely reintegrate to community after crisis*," in that it increases access to person centered, culturally appropriate services, increases availability of peer services, increases access to employment services and increases the application of recovery and resiliency principles in services provided.
- System Improvements: This proposal can, "*Strengthen the behavioral health system to become more accessible and deliver on outcomes*," in that it increases provider workforce retention and expanded workforce; increases cultural diversity of workforce; increases accessibility of services and treatment on demand; improves client experience; and supports a recovery oriented system of care

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New**

Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

B.1.a. “What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program?”

In other words, what is the mental health or SUD need being addressed, and who is the target population?

Individuals with serious mental illness may experience isolation and lack purpose in their lives. Clubhouses address the need of providing assistance for people living with the effects of mental illness in the restoration or development of their role as a capable and contributing member within their community. Clubhouses provide the opportunity to recover meaning, purpose, and dignity through work and community. The target population for a clubhouse is adults with a serious mental illness who wish to participate in a structured program with staff and peers and have identified psychosocial rehabilitative goals that can be achieved in a supportive and structured environment.

B.1.b. “What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented?”

In other words, after identifying the service gap (a lack of informal settings for psychosocial rehabilitation), and then deciding to not implement the proposal designed to address the gap, what service gap will be created?

The decision to not fund clubhouses would result in maintaining the status quo, which is a lack of informal settings for psychosocial rehabilitation.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

The development and ongoing support for clubhouses addresses the above identified need in the following ways:

- Higher Employment: Studies have shown that the clubhouse model produces higher rates of employment, longer job tenure, and higher earnings than other programs offered for people with mental illness.¹ One study of 17 clubhouses demonstrated that longer job tenure and higher earnings correlates to longer clubhouse membership.²
- Reduced Hospitalization: Studies demonstrate a correlation between clubhouse membership and reduced hospitalization. In one study, membership in a clubhouse reduced the number of hospitalizations by one third and reduced the average number of hospital days by 70 percent.^{3,4}

¹ Johnsen, M., McKay, C., Henry, A., & Manning, T. D. (2004). What does competitive employment mean? A secondary analysis of employment approaches in the Massachusetts Employment Intervention Demonstration Project. In W. Fisher (Ed.) *Employment for Persons with Severe Mental Illness*, Volume 13, Research in Community and Mental Health. Oxford, UK: Elsevier.

² McKay, C., Johnsen, M., & Stein, R. (2005). Employment outcomes in Massachusetts clubhouses. *Psychiatric Rehabilitation Journal*, 29 (1), 25-33.

³ Wilkinson, W. (1992). New Day, Inc. of Spartanburg: Hospitalization study. *Psychosocial Rehabilitation Journal*, 16(2), 163-168.

⁴ Propst, R.N. (1997) Stages in Realizing the International Diffusion of a Single Way of Working: The Clubhouse Model. *New Directions for Mental Health Services*, genesiscub.org.

- Reduced Incarcerations: Studies have shown that individuals' involvement with the criminal justice system is substantially diminished during and after clubhouse membership.⁶
- Improved Well-Being: Compared with individuals receiving services as usual, clubhouse members were significantly more likely to report that they had close friendships and someone they could rely on when they needed help.⁷⁸

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

B.3.1. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need?

See above, B2

B.3.2. Why would this New Concept/Existing MIDD Strategy/Program be expected to work?

Evidence suggests that clubhouses provide their intended services. See above, B2

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence based practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

The Clubhouse Model was accepted for inclusion on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence Based Practices and Programs (NREPP) in 2011. The review indicates that the Clubhouse Model surpassed the minimum levels of research required for inclusion. The ICCD continues to research clubhouses, and advocate and communicate their efforts aimed at improving public awareness of the effectiveness of our Clubhouse approach.⁹

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

B.5.1. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program?

⁵ Di Masso, J., Avi-Itzhak, T., Obler, D. (2001). The Clubhouse Model: An outcome study on attendance, work attainment and status, and hospitalization recidivism. *Work: A Journal of Prevention Assessment & Rehabilitation*, 17(1), 23-30.

⁶ Johnson, Jay; Hickey, Scott. Arrests and incarcerations after psychosocial program involvement: Clubhouse vs. jailhouse. *Psychiatric Rehabilitation Journal*, Vol 23(1), 1999, 66-69.

⁷ Warner, R., Huxley, P., & Berg, T. (1999). An evaluation of the impact of clubhouse membership on quality of life and treatment utilization. *International Journal of Social Psychiatry*, 45(4), 310-320.

⁸ Hancock, N., Bundy, A., Honey, A., Helich, S., & Tamsett, S. (2013). Measuring the later stages of the recovery journey: Insights gained from clubhouse members. *Community mental health journal*, 49(3), 323-330.

⁹ Gillen, A. C., Elefantis, A. B., Hodgson, A. B., & Hennessy, K. D. (2013). The International Reach of SAMHSA's National Registry of Evidence-based Programs and Practices. *International Journal of Mental Health*, 42(4), 78-94.

King County could expect to see the following, based on the outcomes of past research:

- Increased employment among clubhouse members.¹⁰¹¹
- Reduced Hospitalization of clubhouse members.¹²¹³¹⁴
- Reduced Incarcerations of clubhouse members.¹⁵
- Improved Well-Being for clubhouse members.¹⁶¹⁷

B.5.2. What indicators and data sources could the County use to measure outcomes?

The following indicators and data sources are potential ways for King County to measure clubhouse outcomes:

- Attendance of members (frequency and duration of visits)
- Decreased street presence
- Roles and responsibilities assumed by each member within the clubhouse
- Level of completion of assigned tasks, work streams within the clubhouse
- Number of referrals made to third party providers
- Frequency and duration of transitional employment placements
- Employer reviews of employee's attendance, quality of work, timely delivery, and overall attitude during project assignment
- Year-end member self-assessment of individual progress: changes in symptoms, confidence level / self-esteem, willingness to work, and overall satisfaction with the clubhouse

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All children/youth 18 or under | <input type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |
| <input checked="" type="checkbox"/> Adults | <input type="checkbox"/> Immigrant/Refugee |

¹⁰ Johnsen, M., McKay, C., Henry, A., & Manning, T. D. (2004). What does competitive employment mean? A secondary analysis of employment approaches in the Massachusetts Employment Intervention Demonstration Project. In W. Fisher (Ed.) *Employment for Persons with Severe Mental Illness*, Volume 13, Research in Community and Mental Health. Oxford, UK: Elsevier.

¹¹ McKay, C., Johnsen, M., & Stein, R. (2005). Employment outcomes in Massachusetts clubhouses. *Psychiatric Rehabilitation Journal*, 29 (1), 25-33.

¹² Wilkinson, W. (1992). New Day, Inc. of Spartanburg: Hospitalization study. *Psychosocial Rehabilitation Journal*, 16(2), 163-168.

¹³ Propst, R.N. (1997) Stages in Realizing the International Diffusion of a Single Way of Working: The Clubhouse Model. *New Directions for Mental Health Services*, genesisclub.org.

¹⁴ Di Masso, J., Avi-Itzhak, T., Obler, D. (2001). The Clubhouse Model: An outcome study on attendance, work attainment and status, and hospitalization recidivism. *Work: A Journal of Prevention Assessment & Rehabilitation*, 17(1), 23-30.

¹⁵ Johnson, Jay; Hickey, Scott. Arrests and incarcerations after psychosocial program involvement: Clubhouse vs. jailhouse. *Psychiatric Rehabilitation Journal*, Vol 23(1), 1999, 66-69.

¹⁶ Warner, R., Huxley, P., & Berg, T. (1999). An evaluation of the impact of clubhouse membership on quality of life and treatment utilization. *International Journal of Social Psychiatry*, 45(4), 310-320.

¹⁷ Hancock, N., Bundy, A., Honey, A., Helich, S., & Tamsett, S. (2013). Measuring the later stages of the recovery journey: Insights gained from clubhouse members. *Community mental health journal*, 49(3), 323-330.

- | | |
|--|--|
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Veteran/US Military |
| <input type="checkbox"/> Families | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input type="checkbox"/> GLBT |
| <input type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

As identified in B.1.a., the target population for a clubhouse is adults with a serious mental illness who wish to participate in a structured program with staff and peers and have identified psychosocial rehabilitative goals that can be achieved in a supportive and structured environment.

- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:**

The proposed geographic locations of proposed programs are Bellevue and Seattle. People living throughout King County may access the services provided in these locations.

- 3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

C.3.1. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program,

A successful expansion of the clubhouse model within King County would require maintaining and growing partnerships with other service providers. King County Behavioral Health and Recovery Division is at the forefront of shepherding these partnerships, which may include:

- Referents who may include mental health providers, schools, employers and jails;
- The Peer Bridger program and other Peer Support networks;
- Businesses, including transitional employment placement providers;
- Existing collaborators for HERO house already include NAMI-Eastside and Greater Seattle, Eastside Legal Assistance Program, the Eastside Mental Health Stakeholders Forum, Easy Riders Coalition, Washington State Coalition of Mental Health Professionals and Consumers; and
- Existing collaborators of the Seattle Union Gospel Mission who could support a downtown Seattle clubhouse include the Search and Rescue Program, Morning Watch, and Mental Health Outreach Program, the Downtown Seattle Association's (DSA) Metropolitan Improvement District (MID), the Washington Recovery Alliance Governance Board, the Multidisciplinary Team of the City Center Initiative in Seattle, the Pioneer Square Strategy Group, Seattle Outreach Coordination meetings, and DSA Clean and Safety Committee.

C.3.2. With whom would we collaborate or partner?
See above.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

- 1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

One of the key drivers that might impact the need for this project is the very current challenge related to an increasing homeless population in Seattle/King County. There is a substantial commitment by both Seattle and King County to fund strategies that reduce homelessness. Clubhouse offers an effective strategy to get people off the street and participating in constructive activity that moves them toward employment.

- 2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**
- 3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

The individuals who actively use the Clubhouse might decrease their interactions with their outpatient mental health provider who will still need to see and support the individual's psychiatric medication management at a minimum. Key relationships between treatment providers and the Clubhouse needs to be developed and maintained to assure the holistic treatment response that people need can be assured.

- 4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

People who are not willing to approach the traditional treatment system (often those who are homeless) may not have a place that can help them get a step up. Documented research on existing clubhouses indicates that members and their communities benefit from higher employment rates, a decrease in hospitalization, reduced incarceration, improved well-being, and reduced cost of services in comparison to other programs.

- 5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

D.5.a. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program?

Traditional outpatient treatment programs exist to treat persons with serious and persistent mental illness.

D.5.b. At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc.

The clubhouse is an inexpensive but highly effective solution that focuses on sustained long-term recovery for those with mental health conditions.

D.5.c. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

This proposal is a merger of two different concepts.

E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

E.1.a. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care

Clubhouse adds to the treatment continuum a program focused on employment for people with serious and persistent mental health illness. Clubhouses provide family members, friends, businesses, downtown stakeholders, and neighbors living with mental illness a low-cost option for gaining respect, hope and unlimited opportunity to access the same world of friendship, housing, education, and employment as the rest of the community.

E.1.b. How does this fit within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?

The proposal offers a program that addresses the needs of the people and the goals targeted in the Behavioral Health Integration, Health and Human Services Transformation and All Home initiatives.

- 2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

See the answer to E.1.a

- 3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

See the answer to E.1.a

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

The current clubhouse has a location but may need additional staff. Implementing the additional proposed clubhouse in Seattle requires a physical location for the service to be provided, staff and the associated equipment and supplies. Additionally, the proposed new clubhouse would need to complete the ICCD certification process.

2. Estimated ANNUAL COST. Over \$500,000. Provide unit or other specific costs if known.

The estimates are the following:

- Pilot/Small-Scale Implementation: \$ 120,000/year, serving 10-15 people daily;
- Partial Implementation: \$230,000/year, serving 20-30 people daily and 150 unduplicated/ year;
- Full Implementation: \$600,000 per year, serving 50-70 people daily, and 500 unduplicated/ year.

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

At this time, there are not other fund sources for this. At one time, employment oriented programs like clubhouses were funded by Medicaid, but that funding ceased in 2010. It is possible that a Medicaid waiver could make that funding source possible in the future.

4. TIME to implementation: less than 6 months.

a. What are the factors in the time to implementation assessment?

One clubhouse already exists and one is in development, but substantially in place.

b. What are the steps needed for implementation?

The clubhouse projects seeking funding are substantially ready to initiate services if they are funded.

c. Does this need an RFP?

The new clubhouse development would potentially require a request for qualifications as clubhouses funded by BHRD need to possess ICCD certification. Currently, as indicated earlier, there are very few ICCD clubhouses in the state.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (Optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

New Concept Submission Form begins on the next page.

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Working Title of Concept: Seattle Clubhouse

Name of Person Submitting Concept: Larry Clum

Organization(s), if any: Seattle's Union Gospel Mission

Phone: 253-350-8014

Email: lclum@ugm.org

Mailing Address: PO Box 202, Seattle, WA 98111

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

The Seattle Clubhouse is a membership-based community where people living with persistent mental illness come to rebuild their lives. Participants -who are called members, not patients - share ownership and responsibility for the success of the organization. They work in a unique partnership with a small staff, building on strengths instead of focusing on illness. The Clubhouse provides an accepting place to spend the day, valuable work to perform within the organization, opportunities to socialize with friends and co-workers, and access to employment within the wider community. Membership is for life and provides ongoing support. The Seattle Clubhouse community is built upon the belief that every member can sufficiently recover from the effects of mental illness to lead a personally satisfying and productive life. The Clubhouse is a community of people dedicated to one another's success. Recovery is achieved in the Clubhouse through work and work-mediated relationships, which are proven to be restorative and provide a firm foundation for growth, self-respect, and individual achievement.

The clubhouse is an inexpensive but highly effective solution that focuses on sustained long-term recovery for those with mental health conditions. A clubhouse is an internationally recognized evidence-based program that takes the form of a community center for those with mental illness to find peer support, achieve self-reliance and become productive members of society. Founded in 1994, Clubhouse International promotes the development of Clubhouses throughout the world and provides a set of Clubhouse standards, a well-documented training process, and certification for Clubhouses.

The Seattle Clubhouse will be a member of the Clubhouse International Network and will aspire to meet the standards. There are 320 clubhouses worldwide, across 28 countries, serving over 100,000 members each year, and they have proven successful with rehabilitation, recovery, and reintegration into the community. More specifically, documented research on existing clubhouses indicates that members and their communities benefit from higher employment rates, a decrease in hospitalization, reduced incarceration, improved well-being, and reduced cost of services in comparison to other programs. This success prompted the formation of Clubhouse International (also known as "ICCD") in 1994, which is a multi-national non-profit that develops best practices, delivers training, and provides accreditation to new clubhouses that meet and maintain high quality standards.

Remarkably, despite the model's proven effectiveness and success in other locations, Seattle is one of the few major cities in the US without a certified clubhouse. There is only one ICCD-accredited clubhouse serving King County – Hero House in Bellevue. Since December of 2005, Hero House has served close to 600 members and actively serves roughly 150 individuals each year. Though effective, Hero House is unable to meet the demand in King County, and its location in Bellevue prevents Seattle residents from actively participating in its programs.

Previous attempts to establish a clubhouse in Seattle included Wallingford House, which had also received ICCD certification. The operations of Wallingford House, however, could not be sustained beyond the first few years because of heavy reliance on Washington Medicaid, which changed their funding model for a different type of service delivery that made Clubhouse much less lucrative to its

auspice agency, Community Psychiatric Clinic (CPC). The state would pay by a magnitude of 10X more than what they were reimbursing Clubhouse if CPC would change the model to a day treatment/drop-in center, which they did in 2014.

To address these issues systematically and renew enthusiasm for a Seattle clubhouse – amidst the clear need – the Seattle Union Gospel Mission (UGM) is working closely with Clubhouse International to establish “Seattle Clubhouse,” a clubhouse that will serve downtown and south central Seattle. By leveraging existing infrastructure, adopting Clubhouse International’s best practices from the outset, and selecting a central location that is easily accessible by members, Seattle Clubhouse is well-positioned to overcome the challenges faced by past programs and fully support those working towards their own long-term, sustained recovery.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

Persistent mental illness is a devastating disruption to a person's life that separates and isolates them from typical daily activities. Approximately 25-30% of Seattle's homeless population lives with a serious mental illness. In a recent study of 25 major US cities, mental illness was the third largest cause of homelessness for single adults. The services currently available in our county are inadequate to meet these people's needs. Existing programs are underfunded and focus on temporary treatment instead of offering an ongoing recovery process.

Building a Clubhouse program in Seattle will provide family members, friends, businesses, downtown stakeholders, and neighbors living with mental illness a low-cost option for gaining respect, hope and unlimited opportunity to access the same world of friendship, housing, education, and employment as the rest of the community.

The Clubhouse model has been implemented in more than 400 communities in 28 countries since its inception in 1948 and has proven successful with rehabilitation, recovery, and reintegration into the community. Clubhouse International is a global network that promotes the development and success of Clubhouses through its training and certification programs. The Clubhouse has evolved over the past 60 years "driven by the unfolding implications of a single conviction - that mental illness is not the whole of a person, and that people with the illness retain normal healthy needs, capabilities, and aspirations." (quote from Jonathan Beard, Clubhouse founder and advocate).

3. How would your concept address the need?

Please be specific.

The vision of Seattle Clubhouse represents Seattle's commitment to people living with the effects of mental illness, that they will not be abandoned, but restored to full membership in our community as capable and contributing persons. The mission of Seattle Clubhouse is to give to people whose lives have been disrupted by mental illness the opportunity to recover meaning, purpose, and dignity through work and community. The primary benefits of the Clubhouse to members and the community is to provide meaningful activity that helps people with mental illness stay out of hospitals and off the street by having the opportunity to achieve social, financial, and vocational goals. Current research on existing Clubhouses has shown the benefits of the Clubhouse model and the positive results that have been achieved. The Seattle Clubhouse expects to achieve results comparable to other certified Clubhouses. Lifting from Clubhouse International's best practices, Seattle Clubhouse will offer the following support for its members:

Work-Ordered Day: The clubhouse is designed to provide the opportunity to work for all members

organized around a work-ordered day, structured as an 8-hour period. Monday through Friday, members and staff work together as colleagues to carry out the tasks involved in running the clubhouse. Members volunteer to participate as they feel ready and according to their individual interests. The clubhouse work includes cooking and cleaning, gardening, fundraising, research, assisting each other with housing, outreach, intake and orientation of new members, new staff orientation, administering the employment programs, assistance with education, planning social activities, and assisting members to obtain services from the wider community.

Employment Programs: The clubhouse provides members with opportunities to return to paid employment. Transitional employment is a highly structured program for members returning to work. The clubhouse contracts with employers for jobs that it guarantees to fill. The clubhouse then trains members to do the job and assures that a member or staff person fulfills the commitment. These placements generally are part-time, include a lot of support from the clubhouse staff, and last from 6 to 9 months. When concluding placement, the member can choose to try another placement or move to supported or independent employment. Supported employment is a program through which members, when ready, are given help from the clubhouse to apply for and acquire a job of their own. Assistance from the clubhouse, either at the clubhouse or on-site when requested, is available. Independent employment assistance is provided at the clubhouse for members who are ready and want to find jobs on their own within the larger community.

Social and Recreational Programs: The clubhouse organizes structured and unstructured social activities for the members. These activities are always scheduled outside the workday. On evenings and weekends, members and staff have the opportunity to get to know each other outside the pressures of the clubhouse workday.

Community Support: Members are given support in acquiring and keeping affordable housing, good mental health and general medical services, government disability benefits, and any other services they may need. The SUGM team brings with it strong local networks to almost every social service provider in King County (Sound Mental Health, DESC, Evergreen Treatment Services, to name a few examples), and these will provide seamless referral links for Seattle Clubhouse members.

Educational opportunities: The clubhouse assists members to complete education that has been disrupted or to start certificate and degree programs at academic or adult education programs. The clubhouse may also take advantage of the talents and skills of staff and members to provide in-house educational opportunities.

“Reach out”: Part of the daily work of the clubhouse involves keeping track of members. When a member does not attend the clubhouse, a reach-out telephone call or visit is made to let the member know that he or she is missed.

Decision-making and governance: Members and staff meet in open forums to discuss policy issues and future planning for the clubhouse.

4. Who would benefit? Please describe potential program participants.

The Seattle clubhouse will potentially serve 500-600 adults in King County each year with and active membership of approximately 150 people and an estimated daily attendance of 50-75 members. Membership is voluntary, long term, an open to anyone living with persistent mental illness who meets the Clubhouse membership criteria. Naturally, the community benefits along with the participants,

especially family members who have a new resource to engage their loved-one with during the work week that is not so much focused on their illness, but rather their recovery, work-skills, community and improved well-being. Seattle's Union Gospel Mission is uniquely positioned with their Community Mental Health Program, now in operation over three years and well-connected to county service providers, police and hospitals, to benefit these partners with a new kind of referral that complements and strengthens their existing treatment plans services and interventions. For example, an outreach clinician from DESC's HOST program, would greatly benefit from having an open resource for their homeless client to engage in during the work-ordered day to build confidence, self-esteem and work-mediated friendships. This could greatly increase their success in their treatment plan goals of restoring that person to community, housing, and improved health and well-being.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

The primary benefits of the clubhouse to members and the community is to provide meaningful activity that helps people with mental illness stay out of hospitals and off the street by having the opportunity to achieve social, financial, and vocational goals. Current research studies on existing clubhouses demonstrate a number of positive outcomes that have been achieved, which include the following:

Higher Employment: Two studies have shown that the clubhouse model produces higher rates of employment, longer job tenure, and higher earnings than other programs offered for people with mental illness. A study of 17 clubhouses has shown that longer job tenure and higher earnings correlates to longer clubhouse membership.

Reduced Hospitalization: In one study, membership in a clubhouse reduced the number of hospitalizations by one third and reduced the average number of hospital days by 70%.

Reduced Incarcerations: Studies have shown that individuals' involvement with the criminal justice system is substantially diminished during and after clubhouse membership.

Improved Well-Being: Compared with individuals receiving services as usual, clubhouse members were significantly more likely to report that they had close friendships and someone they could rely on when they needed help.

Seattle Clubhouse expects to achieve results comparable to other certified clubhouses, and has developed a monitoring and evaluation plan to track the following metrics:

- Attendance of members (frequency and duration of visits)
- Decreased street presence (hours spent on streets before Clubhouse and after), decreased emergency room visits/hospitalizations, decreased 911 calls, decreased incarcerations, decreased homelessness.
- Roles and responsibilities assumed by each member and timing
- Level of completion of assigned tasks, work streams
- Number of referrals made to third party providers (for treatment, in-patient care, or other services such as housing assistance, etc.)
- Frequency and duration of transitional employment placements
- Employer reviews of employee's attendance, quality of work, timely delivery, and overall attitude during project assignment
- Year-end member self-assessment of individual progress: changes in symptoms, confidence

level / self-esteem, willingness to work, overall satisfaction with the clubhouse

Tracking these metrics will allow Seattle Clubhouse staff to produce year-end impact assessments that report on how members' attendance and participation in clubhouse activities correlate with improved outcomes relating to reduction in symptoms, increased confidence and self-reliance, employability, sustained recovery and well-being. The metrics will also aid in estimating the impact Seattle Clubhouse has had on "societal costs," community impact, and other economic benchmarks.

All research studies pertaining to claims above are available on request from Larry Clum or can be found on the Clubhouse International Website: http://www.iccd.org/program_overview.html

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- ☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☐ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

There are no mental health Clubhouses in Seattle, like HERO House in Bellevue; these are not half-way houses or mental health drop-in centers (which have a role to play as well), but places where folks whose lives have been disrupted by mental illness can have the opportunity to recover hope, purpose and dignity through work and community. Clubhouse embodies the idea of "recovery community". Here is what one homeless individual living with mental illness said to me recently, "Currently, our mental health system is a failure. When I begin to get really functional, I lose the services that helped me get there." Clubhouse International is a highly successful, evidence-based program that forms supportive communities for those living with the effects of mental illness. Clubhouses give folks a right to participate and be needed in a community that is structured by the members' own voices and values; it is a place to be known and in which to take pride. Rates of job placement, reduction in homelessness and incarceration are well documented with this model, yet remarkably, Seattle does not have one. See <http://www.iccd.org/>. The SUGM Mental Health Program views Seattle as poised for a Clubhouse in the downtown area. When recovery from mental illness is observed in our community, it can have repercussions far beyond the improved well-being of the individual with mental illness. It will decrease stigma towards mental illness, showing the community that people can and do recover even from serious and persistent forms of illness. It will give families, police officers, mental health court judges, hospital and mental health clinicians a new resource in our community that we all can be proud of referring to anyone living with mental illness. It will improve health, social, and justice outcomes for people in our community living with severe mental illness as it currently doing in 320 other communities around the world.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Seattle's Union Gospel Mission (SUGM) has an 84-year track record of serving, rescuing and transforming those in greatest need in the greater Seattle area. Due to its strong reputation in the community, and its partnerships with downtown organizations like the Metropolitan Improvement District, it is an ideal auspice agency for Clubhouse. With its highly successful Search and Rescue Program, Morning Watch, and Mental Health Outreach Program, it is positioned to move people off the streets and into their lives. The SUGM helps individuals in crisis by providing safe shelter, hot meals, and links to treatment. Once individuals have addressed their immediate needs, and when they feel ready, they will be referred to Seattle Clubhouse to start the process of community reintegration, vocational training, and sustained long-term recovery.

Like SUGM, the "Clubhouse addresses the first disability, poverty," which was noted by a member in a former Seattle Clubhouse several years ago. It provides a place for people on the street with mental illness (whom SUGM staff have built relationships with), to come, to have meaningful work, meaningful relationships and a place to return to. It is a place that provides a daily nutritious meal prepared for the community by members of the community. SUGM's first two pillars of meeting needs are poverty and hunger.

With the Downtown Seattle Association's (DSA) Metropolitan Improvement District (MID) partnership (The Community Mental Health Program is co-funded by SUGM and MID), a Clubhouse transitional and supported employment program would be highly successful due to an abundance of employer connections in the city who are very supportive of the program. In other words, transitional employment placements (TEP's) will be easily instituted, which is a pillar of a highly successful certified Clubhouse program. Both DSA and SUGM's executive leadership teams have toured HERO house in Bellevue and came away very impressed.

Referrals and support will also come from other social service providers and recovery advocates from around the county and state. Larry Clum, the Community Mental Health Director at SUGM, sits on several committees and work groups in the County, including the Washington Recovery Alliance Governance Board, the Multidisciplinary Team of the City Center Initiative in Seattle, the Pioneer Square Strategy Group, Seattle Outreach Coordination meetings, and DSA Clean and Safety Committee.

With a strong private donor base, SUGM will not be dependent on MIDD funds alone for the Clubhouse and will not have to deter from best practices to accommodate ever-changing state and federal government grant requirements. SUGM plans to leverage their funding base and stakeholders to build, support and raise a diversified funding model for Seattle Clubhouse that includes both government and private funds. Seattle's Union Gospel Mission is already an approved 501(c)3 organization, and is well-positioned for sustaining the Clubhouse model.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ \$120,000 per year, serving 20 (10-15 daily attendance) people per year

Partial Implementation: \$ \$230,000 per year, serving 150 (20-30 daily attendance) people per year

Full Implementation: \$ \$600,000 per year, serving 500 (50-70 daily attendance) people per year

87 Working Title of Concept: The Clubhouse Model: HERO House

Name of Person Submitting Concept: Kailey Fiedler-Gohlke

Organization(s), if any: HERO House

Phone: 425-614-1282

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Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

HERO House is a Clubhouse International and Washington State accredited clubhouse that is located in Bellevue, WA. HERO House is the only clubhouse that exists in King County and one of only two accredited clubhouses in the state of Washington. The clubhouse is first and foremost a community of people who are working towards a common goal - reclaiming their lives through recovery from mental illness.

The Mission of HERO House is to provide psycho-social rehabilitation and employment programs for adults living with a diagnosis of mental illness. These services facilitate their recovery through increased Hope, greater Empowerment, meaningful Relationships and abundant Opportunities. At HERO House, we welcome members who are recovering from depression, anxiety, bipolar disorder, schizophrenia, etc., and help them rejoin their communities and flourish in meaningful ways. We help people reclaim their independence through education, advocacy, pre-vocational skill-building, socialization, employment placement and retention, and work order days.

The corner stone of the clubhouse model is the Work Order Day. Melanie Sennett from Stepping Stone Clubhouse stated that "The Work Order Day has mainly involved focusing on the strengths, talents and abilities of members in running the daily operations of the clubhouse and substantial attention paid to the employment needs of members." The Work Order Day provides the structure and routine that is lacking in many individuals daily lives. The underlying belief of the Work Order Day is that regardless of a member's disability, everyone member has the right to work and the skills, talents and abilities to do so. The sense of belonging that the Work Order Day promotes helps members to increase their self-esteem and confidence. Developing self-esteem, purpose and confidence are the foundations that are essential in order for members to set additional goals such as employment or study, according to Melanie Sennett. The encouragement and focus on strengthening of each individual's skills in side-by-side engagement by staff is unique to this model, and is the very reason why the clubhouse model is changing the way we look at recovery from mental illness.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

According to the World Health Organization, 80% of people with mental illness are unemployed. According to the National Alliance on Mental Illness (NAMI), 60% of these are interested in procuring

employment and two-thirds of those interested in work can actually hold a job successfully if given the support. Yet, only 2% of the people in the public mental health system receive this help. HERO House is already able to help about 50% of its members that request employment services. This is formidable coverage compared to the national percentage, but even the process at HERO House is bottlenecked due to lack of resources and funding. There is a constant backlog of members looking for these services and are often turned back due. Recently, we have also put an education and retraining program in place at HERO House to help a growing need within the member base. Persistent mental illness is a devastating disruption to a person's life that separates and isolates them from typical daily activities. Approximately 25-30% of Seattle's homeless population lives with a serious mental illness. In a recent study of 25 major US cities, mental illness was the third largest cause of homelessness for single adults. The services currently available in our county are inadequate to meet these people's needs. Existing programs are underfunded and focus on temporary treatment instead of offering an ongoing recovery process.

Building a Clubhouse program in Seattle will provide family members, friends, businesses, downtown stakeholders, and neighbors living with mental illness a low-cost option for gaining respect, hope and unlimited opportunity to access the same world of friendship, housing, education, and employment as the rest of the community.

The Clubhouse model has been implemented in more than 400 communities in 28 countries since its inception in 1948 and has proven successful with rehabilitation, recovery, and reintegration into the community. Clubhouse International is a global network that promotes the development and success of Clubhouses through its training and certification programs. The Clubhouse has evolved over the past 60 years "driven by the unfolding implications of a single conviction - that mental illness is not the whole of a person, and that people with the illness retain normal healthy needs, capabilities, and aspirations." (quote from Jonathan Beard, Clubhouse founder and advocate).

3. How would your concept address the need?

Please be specific.

HERO House has a three tiered Employment program in place – Transitional, Supportive, and Independent Employment. Members who have not worked in some time and would like to tread the waters gently can start out in Transitional Employment. This employment type is part-time, the position is “owned” by the clubhouse, its core responsibilities fall on clubhouse staff and is for a fixed period of time. After that time-period, a new member can work in the same role, at that same job. Supportive Employment is tantamount to full-time employment along with support, if needed, provided by HERO House. Lastly, Independent Employment is when members choose not to disclose their involvement with HERO House with their full-time employer. To-date, 34 members are gainfully employed in Supportive Employment. 17 of the 18 members who got placed with jobs in 2015 through HERO House are steadily retaining their jobs. This is remarkable because the non-clinical model of HERO House has proven effective in bringing independence and realistic hope in the lives of these members. This evidence-based practice comes a full circle, something which the clinical-aspect of care alone falls short in. HERO House is a safe sanctuary where members find a place of support and trust through meaningful relationships with fellow members, staff and the community at large. This comes about through regular socials and other programs based on common interests. Through side-by-side participation in all aspects of the clubhouse’s function – from the daily functions of the business to being part of the Board of Directors, HERO House is a true pillar of strength and fortitude. Hence, social inclusion and member advocacy are a rallying cause for positivity in mental health. In this active process of recovery, the clubhouse model is an invaluable lifeline.

The vision of Seattle Clubhouse represents Seattle's commitment to people living with the effects of mental illness, that they will not be abandoned, but restored to full membership in our community as capable and contributing persons. The mission of Seattle Clubhouse is to give to people whose lives have been disrupted by mental illness the opportunity to recover meaning, purpose, and dignity through work and community. The primary benefits of the Clubhouse to members and the community is to provide meaningful activity that helps people with mental illness stay out of hospitals and off the street by having the opportunity to achieve social, financial, and vocational goals. Current research on existing Clubhouses has shown the benefits of the Clubhouse model and the positive results that have been achieved. The Seattle Clubhouse expects to achieve results comparable to other certified Clubhouses. Lifting from Clubhouse International's best practices, Seattle Clubhouse will offer the following support for its members:

Work-Ordered Day: The clubhouse is designed to provide the opportunity to work for all members organized around a work-ordered day, structured as an 8-hour period. Monday through Friday, members and staff work together as colleagues to carry out the tasks involved in running the clubhouse. Members volunteer to participate as they feel ready and according to their individual interests. The clubhouse work includes cooking and cleaning, gardening, fundraising, research, assisting each other with housing, outreach, intake and orientation of new members, new staff orientation, administering the employment programs, assistance with education, planning social activities, and assisting members to obtain services from the wider community.

Employment Programs: The clubhouse provides members with opportunities to return to paid employment. Transitional employment is a highly structured program for members returning to work. The clubhouse contracts with employers for jobs that it guarantees to fill. The clubhouse then trains members to do the job and assures that a member or staff person fulfills the commitment. These placements generally are part-time, include a lot of support from the clubhouse staff, and last from 6 to 9 months. When concluding placement, the member can choose to try another placement or move to supported or independent employment. Supported employment is a program through which members, when ready, are given help from the clubhouse to apply for and acquire a job of their own. Assistance from the clubhouse, either at the clubhouse or on-site when requested, is available. Independent employment assistance is provided at the clubhouse for members who are ready and want to find jobs on their own within the larger community.

Social and Recreational Programs: The clubhouse organizes structured and unstructured social activities for the members. These activities are always scheduled outside the workday. On evenings and weekends, members and staff have the opportunity to get to know each other outside the pressures of the clubhouse workday.

Community Support: Members are given support in acquiring and keeping affordable housing, good mental health and general medical services, government disability benefits, and any other services they may need. The SUGM team brings with it strong local networks to almost every social service provider in King County (Sound Mental Health, DESC, Evergreen Treatment Services, to name a few examples), and these will provide seamless referral links for Seattle Clubhouse members.

Educational opportunities: The clubhouse assists members to complete education that has been disrupted or to start certificate and degree programs at academic or adult education programs. The clubhouse may also take advantage of the talents and skills of staff and members to provide in-house

educational opportunities.

“Reach out”: Part of the daily work of the clubhouse involves keeping track of members. When a member does not attend the clubhouse, a reach-out telephone call or visit is made to let the member know that he or she is missed.

Decision-making and governance: Members and staff meet in open forums to discuss policy issues and future planning for the clubhouse.

4. Who would benefit? Please describe potential program participants.

People – those with a mental illness diagnosis alone, as well as dual diagnoses – chemical and substance dependency, as well as adults who also have developmental disabilities – are all welcome to become members and utilize the resources made available at HERO House. Membership is free, and once a member, the membership is for life-time. HERO House promises to be a game changer in the way its model is setup to help these adults. This is because of the strong support system the clubhouse model uniquely provides. Participation is always voluntary. This is further fortified with the existence of social programs and other programs that enable fostering of friendships in the clubhouse and even some beyond its walls. Interestingly, the cost of employing Generalist staff in this non-clinical model is half that of traditional clinical models (“The Voluntary Nature of the Clubhouse” – M Glickman, 1992), moreover Generalists usually gain expertise in all aspects and functions of the clubhouse. Also noteworthy is the fact that clinical costs such as hospitalizations, etc. are reduced by over 50% in this evidence-based practice (“Costs of Clubhouse” – Colleen E. McKay, 2007). The Seattle clubhouse will potentially serve 500-600 adults in King County each year with an active membership of approximately 150 people and an estimated daily attendance of 50-75 members. Membership is voluntary, long term, an open to anyone living with persistent mental illness who meets the Clubhouse membership criteria. Naturally, the community benefits along with the participants, especially family members who have a new resource to engage their loved-one with during the work week that is not so much focused on their illness, but rather their recovery, work-skills, community and improved well-being. Seattle's Union Gospel Mission is uniquely positioned with their Community Mental Health Program, now in operation over three years and well-connected to county service providers, police and hospitals, to benefit these partners with a new kind of referral that complements and strengthens their existing treatment plans services and interventions. For example, an outreach clinician from DESC's HOST program, would greatly benefit from having an open resource for their homeless client to engage in during the work-ordered day to build confidence, self-esteem and work-mediated friendships. This could greatly increase their success in their treatment plan goals of restoring that person to community, housing, and improved health and well-being.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

For Hero House, success is a 100% success rate in job placement and seamless job retention for all of its members. Metrics on monthly employment placement figures along with 90//180/270/etc. days job retention figures are kept meticulously. An added goal here is the elimination of any bottlenecks in the pipeline of job-seeking members coming to HERO House for these services. This implies a well-funded and robust Employment program at HERO House that allows for adding more Employment Specialists to meet current and forecasted demands. We would also like to develop relations starting with at least 5%

of the Top 100 companies in greater King County with the goal of multiple placements at each in Transitional employment. We are currently reaching out to these companies and the progress is being tabulated systematically. A robust Education and retraining program helps members complete their required schooling and quickly procure employment in their fields of expertise. Guidance is also available for members to independently market themselves in the post-education, job-procurement phase. Resources such as laptops, licensed software, miscellaneous education supplies and additional hours of open-time at the clubhouse would be made available. A buddy-study system, an in-house library and check-out system of books, media, laptops, and a peer-to-peer tutoring program are all planned as well. With the success of the Education program we hope to develop strong relations and open lines of communication with the Disability Student Advisors at the preferred local institutions. This helps in breaking down barriers that members legitimately face in this process. We have recently received a donation of a handful of refurbished computers from a local Microsoft-certified Computer Refurbisher. These have immediately been deployed and we still require additional computer resources for the needs explained above.

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6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

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- ☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Mental Health collaborations are becoming increasingly popular. With the implementation of the Affordable Care Act, multifaceted health care services combining mental health care, chemical dependency treatment, and primary care are becoming more prevalent and accessible. Mental Health Courts are combining the criminal justice system with mental health treatment options and diversion. These are excellent steps to improve outcomes for mentally ill individuals and all are making significant strides to reduce the costs of emergency services and jail, but Hero House takes these programs one step further.

HERO House is a key collaborator with mental health providers, but its services are wholly unique. HERO House utilizes a model called the Work Order Day to support its members in training for, obtaining, and maintaining gainful employment. HERO House has three separate employment programs: Supported, Transitional, and Independent. In 2015, HERO House's members achieved a 94% retention rate in maintaining employment.

On any given night, approximately 2075 mentally ill people are homeless in King County. In 2013, DSHS estimated that over **\$10 million** was spent boarding mentally ill individuals. Further, it is common knowledge that a number of mentally ill individuals are incarcerated and with costs of \$224.00 per day at the King County Jail, there must be another solution. See (<https://transitionalresources.org/living-mental-illness/>); (<http://www.seattletimes.com/seattle-news/times-watchdog/Isquoboardingsquo->

mentally-ill-becoming-epidemic-in-state/).

HERO House is an integral solution to these problems. It costs HERO House \$64 per member per day to operate. This rate is significantly less than the costs of boarding or incarceration and the results are much different. In 2014, HERO House members were employed with 23 different employers and earned over \$300,000. HERO House members maintained employment and paid taxes, taxes that contribute to the programs necessary to support mentally ill individuals. That is the epitome of success.

There are no mental health Clubhouses in Seattle, like HERO House in Bellevue; these are not half-way houses or mental health drop-in centers (which have a role to play as well), but places where folks whose lives have been disrupted by mental illness can have the opportunity to recover hope, purpose and dignity through work and community. Clubhouse embodies the idea of “recovery community”. Here is what one homeless individual living with mental illness said to me recently, “Currently, our mental health system is a failure. When I begin to get really functional, I lose the services that helped me get there.” Clubhouse International is a highly successful, evidence-based program that forms supportive communities for those living with the effects of mental illness. Clubhouses give folks a right to participate and be needed in a community that is structured by the members' own voices and values; it is a place to be known and in which to take pride. Rates of job placement, reduction in homelessness and incarceration are well documented with this model, yet remarkably, Seattle does not have one. See <http://www.iccd.org/>. The SUGM Mental Health Program views Seattle as poised for a Clubhouse in the downtown area. When recovery from mental illness is observed in our community, it can have repercussions far beyond the improved well-being of the individual with mental illness. It will decrease stigma towards mental illness, showing the community that people can and do recover even from serious and persistent forms of illness. It will give families, police officers, mental health court judges, hospital and mental health clinicians a new resource in our community that we all can be proud of referring to anyone living with mental illness. It will improve health, social, and justice outcomes for people in our community living with severe mental illness as it currently doing in 320 other communities around the world.

8. What types of organizations and/or partnerships are necessary for this concept to be successful?

Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

The idea of a clubhouse and expanding the clubhouse model within King County would require a partnership with several different organizations. It is imperative that all mental health providers in King County are aware of the services that a clubhouse offers as well as understands the referral process. The clubhouse prides itself on being a major community partner and relies on public and private mental health providers, schools, employers and jails for referrals. Community outreach organizations, such as NAMI-Eastside and Greater Seattle, ELAP, the Eastside Mental Health Stakeholders Forum, Easy Riders Coalition, Washington State Coalition of Mental Health Professional and Consumers, and many others are already strong partners of HERO House. King County Mental Health is at the forefront of this partnership and is a key player in assisting us maintain and grow our operations. The PEER Bridger program and other PEER Support networks are other important partners that enable the clubhouse model to continue to be a success in King County. Finally, Larry Clum with the Seattle Union Gospel Mission has been a strong advocate for the clubhouse model – now expanding in the King County area, as we work in partnership to strengthen the clubhouse model in our community. Seattle's Union Gospel Mission (SUGM) has an 84-year track record of serving, rescuing and transforming those in greatest need in the greater Seattle area. Due to its strong reputation in the

community, and it's partnerships with downtown organizations like the Metropolitan Improvement District, it is an ideal auspice agency for Clubhouse. With its highly successful Search and Rescue Program, Morning Watch, and Mental Health Outreach Program, it is positioned to move people off the streets and into their lives. The SUGM helps individuals in crisis by providing safe shelter, hot meals, and links to treatment. Once individuals have addressed their immediate needs, and when they feel ready, they will be referred to Seattle Clubhouse to start the process of community reintegration, vocational training, and sustained long-term recovery.

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With the Downtown Seattle Association's (DSA) Metropolitan Improvement District (MID) partnership (The Community Mental Health Program is co-funded by SUGM and MID), a Clubhouse transitional and supported employment program would be highly successful due to an abundance of employer connections in the city who are very supportive of the program. In other words, transitional employment placements (TEP's) will be easily instituted, which is a pillar of a highly successful certified Clubhouse program. Both DSA and SUGM's executive leadership teams have toured HERO house in Bellevue and came away very impressed.

Referrals and support will also come from other social service providers and recovery advocates from around the county and state. Larry Clum, the Community Mental Health Director at SUGM, sits on several committees and work groups in the County, including the Washington Recovery Alliance Governance Board, the Multidisciplinary Team of the City Center Initiative in Seattle, the Pioneer Square Strategy Group, Seattle Outreach Coordination meetings, and DSA Clean and Safety Committee.

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Partial Implementation: \$ 230000 per year, serving 150 WITH 20-30 DAILY # of people here people per year

Full Implementation: \$ 600000 # of dollars here per year, serving 500, WITH 50-70 DAILY of people here people per year