

**Incarceration Prevention and Reduction Task Force  
Joint Behavioral Health and Legal and Justice Systems Committees**

11:30 a.m. - 1:00 p.m., June 14, 2022. Hybrid meeting

If you require special assistance to participate, please contact the County Council Office at least 96 hours in advance.

**Meeting Participation Information**

Attend in person at the County Council Office, 311 Grand Avenue, Suite 105, Bellingham, or via Zoom Webinar. Attendees will join the Zoom Webinar without audio or video controls. Webinar Host will invite attendees to speak at the appropriate time during the meeting

[Link to join meeting](#)

Call in phone number: (253) 215-8782

Webinar ID: 812 5395 8349

Password: 17783

**AGENDA**

Land Acknowledgement Statement: Before we begin, we acknowledge that we are gathered on the traditional and unceded territory of the Lummi, Nooksack, Samish and Semiahmoo People who have cared for and tended this land since time immemorial. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference. We begin this effort to acknowledge what has been buried by honoring the truth. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.

**Packet Pages**

**1. Call to Order**

**2. National Alliance on Mental Illness (NAMI) Clubhouse International model** *(from Behavioral Health Committee)* ..... 1 – 6 and [Video Presentation/Alan Friedlob and Ruth Davidson](#)

**3. Mental Health Sentencing Alternative: [RCW 9.94A.695](#)** *(from Legal & Justice Systems Committee) Report/Eric Richey & Maia Vanyo*

**4. Whatcom County Alternative Response Program** *(from Legal & Justice Systems Committee) Update/Perry Mowery*

**5. Other Business**

**6. Public Comment**

1. If you would like to speak, virtually “raise your hand.”
  - a. Online: select the Raise Hand icon
  - b. Phone: Press \*9
2. When called upon to speak, unmute your microphone. Inform the Webinar Host if you would like to enable your video during your comments.
3. Please state your full name for the record.
4. Staff will disable your microphone when you are done speaking.

**7. Adjourn**

*Meeting summary of the previous meeting is included at the end of the packet for information only. Committee members may suggest changes and/or corrections to the draft summary to [jlassite@co.whatcom.wa.us](mailto:jlassite@co.whatcom.wa.us). Audio recordings are the official meeting record and can be found on the IPRTF and committee [website](#).*

## Upcoming Meetings

Visit the [Task Force website meeting calendar](#) for the most up-to-date meeting schedule

At this time, all meetings are held in a hybrid format. Members of the public may attend meetings via Zoom webinar or in person at the County Council office, 311 Grand Ave Suite 105, Bellingham.

<u>IPR TASK FORCE</u>	<b>COMMITTEES</b>				
Monthly 2 <sup>nd</sup> or 3 <sup>rd</sup> Monday 9-11 AM	<u>BEHAVIORAL HEALTH</u> Monthly 3 <sup>rd</sup> Tuesday 9:00-10:30 AM	<u>LEGAL &amp; JUSTICE SYSTEMS</u> Monthly 2 <sup>nd</sup> Tuesday 11:30 AM – 12:30 PM	<u>CRISIS STABILIZATION FACILITY</u> Quarterly, 3 <sup>rd</sup> Thursday 9:30-11:00 AM	<u>INDEX</u> Bi-monthly 1 <sup>st</sup> Thursday 1:30-3:00 PM	<u>STEERING</u> Monthly Various Thursdays 11:00 AM - 12:30 PM
July 18 August 15 September 19 October 17 November 14 December 19	July 19 August 16 <b>September 20 (11:30-1:00)</b> October 18 November 15 <b>December 13* (11:30-1:00)</b>	July 12 August 9 <b>September 20*</b> October 11 November 8 <b>December 13</b>	July 21 October 20	August 4 October 6 December 1	July 7 August 4 September 8 October 6 November 3 December 8

# **Clubhouses: Communities Creating Opportunities for People with Mental Illness**

Joel D. Corcoran, Clubhouse International

## ***What is a Clubhouse?***

A Clubhouse is first and foremost a community of people. Much more than simply a program, or a social service, a Clubhouse is most importantly a community of people who are working together toward a common goal.

A Clubhouse is a community intentionally organized to support individuals living with the effects of mental illness. Through participation in a Clubhouse people are given the opportunities to rejoin the worlds of friendships, family, important work, employment, education, and to access the services and supports they may individually need. A Clubhouse is a restorative environment for people who have had their lives drastically disrupted, and need the support of others who believe that recovery from mental illness is possible for all.

## ***“Clubhouse”***

The descriptive name of “Clubhouse” was taken from the original language that was used to communicate the work and vision of the first Clubhouse, Fountain House in New York City, started in 1948. As the first community of its kind, Fountain House has served as the model for all subsequent Clubhouses that have developed around the world. Fountain House began when former patients of a New York psychiatric hospital began to meet together informally, as a kind of “club.” It was organized to be a support system for people living with mental illness, rather than as a service or a treatment program. Communities around the world that have modeled themselves after Fountain House have embraced the term “Clubhouse,” because it clearly communicates the message of membership and belonging. This message is at the very heart of the Clubhouse way of working.

## ***Membership***

A Clubhouse is a membership organization, and therefore the people who come and participate are its members. 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, as having membership in an organization means that an individual has both shared ownership and shared responsibility for the success of that organization. To have membership in an organization means to belong, to fit in somewhere, and to have a place where you are always welcome. For a person living with the effects of mental illness, these simple things cannot be taken for granted. In fact, the reality for most people with mental illness is that they have a constant sense of not fitting in, of

## CLUBHOUSE INTERNATIONAL 2022 NEW CLUBHOUSE DEVELOPMENT TRAINING

---

isolation, and rejection. Mental illness has the devastating effect of separating people from others in society.

“Mental patient”, “client” “disabled”, “consumer,” “user” -- these are the terms with which people living with mental illness are accustomed to being defined. The rest of society, then, segregates them according to these labels, and wholly defines them by these images. The person with mental illness, then, is seen as someone who needs something, who is primarily a burden that needs to be managed.

The Clubhouse turns this all around. Here, a person who has struggled with mental illness is seen first as a valued participant, a colleague, and someone who has something to contribute to the rest of the group. Each person is a critical part of a community engaged in important work. A Clubhouse is designed to be a place where a person with mental health problems is not a patient and is not defined by a disability label.

In a Clubhouse program each member is given the message that he or she is welcome, wanted, needed and expected each day. The message that each member’s involvement is an important contribution to the community is a message that is communicated throughout the Clubhouse day. Staff and other members greet each person at the door of the Clubhouse each morning, with a smile and words of welcome.

The daily work of the Clubhouse community, too, is organized and carried out in a way that repeatedly delivers this message. This is not difficult, because in fact the work of the Clubhouse *does* require the participation of the members. The design of a Clubhouse engages members in every aspect of its operation, and there is always much more work than can be accomplished by the few employed staff. The skills, talents, and creative ideas and efforts of each member are needed and encouraged each day. Participation is voluntary but each member is always invited to participate in work which includes clerical duties, reception, food service, transportation management, outreach, maintenance, research, managing the employment and education programs, financial services, and much more.

Membership in a Clubhouse community gives a person living with mental illness the opportunity to share in creating successes for the community. At the same time, he or she is getting the necessary help and support to achieve individual success and satisfaction.

### *Values*

Clubhouse communities are built upon the belief that every member can sufficiently recover from the effects of mental illness to lead a personally satisfying life. Clubhouses are communities of people who are dedicated to one another’s success -- no matter how long it takes or how difficult it is. The Clubhouse concept is organized around a belief in the potential for productive contributions from everyone,

even the member struggling with the most severe effects of mental illness. Clubhouse communities hold the conviction that work, and work-mediated relationships, are restorative and provide a firm foundation for growth and important individual achievement (Beard, Propst, Malamud, 1982). In the Clubhouse world it is also a strongly held belief that normalized social and recreational opportunities are an important part of a person's path to recovery.

### ***Meaningful Relationships (the core ingredient)***

The Clubhouse environment and structures are developed in a way to ensure that there is ample opportunity for human interaction and that there is more than enough work to do. Clubhouse staffing levels are purposefully kept low to create a perpetual circumstance where the staff will genuinely need the members in order to accomplish their jobs. Members also need the staff and other members in order to complete the work, but even more importantly, the relationships that evolve through this work together are the key ingredient in Clubhouse rehabilitation. (Vorspan, 1986). The Clubhouse members and staff as a community are charged with prioritizing, organizing and accomplishing the tasks that are important to make the Clubhouse a successful place for members to move forward in their lives.

Relationships between members and staff develop naturally as they work together side-by-side carrying out the daily duties of the Clubhouse. All of the staff have generalists roles in the Clubhouse and are involved in all of the Clubhouse activities including the daily work duties, the evening social and recreational programs, the employment programs, reachout, supported education and community support responsibilities. Members and staff share the responsibility for the successful operation of the Clubhouse. Working closely together each day members and staff learn of each other's strengths, talents and abilities. They also develop real and lasting friendships. Because the design of a Clubhouse is much like a typical work or business environment, relationships develop in much the same way.

In a Clubhouse the staff role is not to educate or treat the members. The staff are there to engage with members as colleagues in important work and to be encouraging and engaging with people who might not yet believe in themselves. Clubhouse staff are charged with being colleagues, workers, talent scouts and cheerleaders.

### ***The Basic Components of a Clubhouse***

1. **A Work Day**

The daily activity of a Clubhouse is organized around a structured system known as the work-ordered day. The work-ordered day is an eight-hour period, typically Monday through Friday, which parallels the business hours of the working community where the Clubhouse is located. Members and staff work side by side, as colleagues, to carry the work that is important to their community. All of the work in the Clubhouse is for the

CLUBHOUSE INTERNATIONAL  
2022 NEW CLUBHOUSE DEVELOPMENT TRAINING

---

Clubhouse and not for any outside agency or business. There are no clinical therapies or treatment-oriented programs in the Clubhouse. Members volunteer to participate as they feel ready and according to their individual interests.

**2. The Employment Programs**

As a right of membership Clubhouses provide members with opportunities to return to paid employment in integrated work settings through both Transitional Employment and Independent Employment programs. Transitional Employment is a highly structured program for members returning to work in community-based business and industry. Transitional Employment placements are at the employer's place of business, are part time (15-20 hours per week), and include a lot of on the job and off site support from Clubhouse staff and other members.

These placements generally last from six to nine months. Members then can try another placement or move on to independent employment. This program is specifically designed as a vocational rehabilitation program where a member can gain or re-gain the skills and confidence necessary to have a job while he or she is employed in a "real world" position. The only requirement from the member to participate in Transitional Employment is the expressed desire to work.

Independent employment is a program of the Clubhouse through which members, when ready, are given help from the Clubhouse to apply for and acquire a job of their own. The Clubhouse then provides on-going support and encouragement for the members as long as they remain employed and request assistance. There is no on-site support at the place of business for members in independent employment. All of the support is at the Clubhouse.

**3. The Evening, Weekend and Holiday Programs**

In addition to the work opportunities, Clubhouses provide evening, weekend, and holiday social and recreational programming. Members and staff together organize structured and non-structured social activities. These activities are always scheduled outside of the work-ordered day. Holidays are celebrated on the day on which they fall. Activities are scheduled at the Clubhouse and in the community.

**4. Community Support**

People living with mental illness often require a variety of social and medical services. Through the work day at the Clubhouse members are given help accessing the best quality services in their community. Help is given to members in acquiring and keeping affordable and dignified housing, good mental health and wellness and general medical services, government disability benefits and any other services they may need.

CLUBHOUSE INTERNATIONAL  
2022 NEW CLUBHOUSE DEVELOPMENT TRAINING

---

Members and staff from the Clubhouse provide all of this support and assistance.

5. **Reach-out**

Part of the daily work of the Clubhouse involves keeping track of all of the active members. When a member does not attend the Clubhouse or is in the hospital a “reachout” telephone call or visit is made to the absent member. Each member is reminded that he or she is missed, and welcome and needed at the Clubhouse. This process not only encourages members to participate but it is an early warning system for members who are experiencing difficulties and may need extra help.

6. **Education**

Many Clubhouse members have had their education plans interrupted by mental illness. Some have not finished secondary school and others had their university experience disrupted. The Clubhouse offers educational opportunities for members to complete or start certificate and degree programs at academic institutions and adult education programs. The Clubhouse also utilizes the talents and skills of members and staff to provide educational opportunities in the Clubhouse.

7. **Housing**

Safe, decent dignified housing is a right of all members. The Clubhouse helps members to access quality housing. If there is none available for members the Clubhouse seeks funding and creates its own housing program.

8. **Decision-making and Governance**

Decision-making and governance are an important part of the Clubhouse work. Members and staff meet in open forums to discuss policy issues and future planning for the Clubhouse.

Clubhouses also have an independent board of directors or advisory board that is charged with oversight management, fundraising, public relations and helping to develop employment opportunities for members.

### *Summary*

Although Fountain House started more than sixty years ago and has been replicated more than four hundred times around the world, the Clubhouse concept is still a radically different way of working in the field of community mental health. Most program models still focus on assessing a person’s level of disability and limiting the expectations based on that assessment. Most use teaching or treatment as the vehicle for providing rehabilitation. In a Clubhouse the expectations are high and

CLUBHOUSE INTERNATIONAL  
2022 NEW CLUBHOUSE DEVELOPMENT TRAINING

---

mutual work, mutual relationships, and meaningful opportunities in the community are the vehicles of choice.

**References:**

Anderson, S. B. (1998). *We Are Not Alone: Fountain House and the development of Clubhouse culture*. New York, New York, Fountain House

Beard J. H., Propst, R, & Malamud, T. (1982) The Fountain House model of psychiatric rehabilitation. *Psychiatric Rehabilitation Journal*, 5, 47-53. Boston, MA

ICCD, (2002) *The International Standards for Clubhouse Programs*. New York, New York

Vorspan, R., (1986), *Attitudes and Structure in the Clubhouse Model*, *The Fountain House Annual*, Vol. 4, New York, NY

**Incarceration Prevention and Reduction Task Force:  
Joint Behavioral Health Committee and Legal and Justice Systems Committee**

Meeting Summary for March 15, 2022

*Agenda item links to YouTube video are functional at the time this meeting summary was created, however, YouTube links may change. Links in this document will not be updated. Please refer to the time notation on each agenda item.*

---

**1. Call to Order**

Behavioral Health Committee Chair Dan Hammill called the meeting to order at 11:31 a.m. The meeting was held via remote-only Zoom Webinar.

Members Present: Doug Chadwick, Chris Cochran, Bill Elfo, Arlene Feld, Heather Flaherty, David Freeman, Dan Hammill, Deborah Hawley, Mike Hilley, Stephen Gockley, Raylene King, Rhyan Lopez, Jackie Mitchell, Perry Mowery, Mike Parker, Darlene Peterson, Eric Richey, Donnell Tanksley, Brien Thane, Bruce Van Glubt, Maia Vanyo,

Members Absent: Nathan Bajema, Brian Estes, Seth Fleetwood, Flo Simon, Michael G. Smith, Courtney Taylor

**2. [Competency and Restoration \(Continued from December joint meeting\) \(00:01:10\)](#)**

Susan Copeland, Darla Dawson, Erik Nygård, and Thomas Kinlen, all of DSHS, were present at the meeting to give a presentation and discuss this agenda item.

Kinlen explained the Sell vs. United States case. Main points included:

- When an individual is in restoration, medication is almost always attempted. If the person does not agree to medication voluntarily the Sell case allows practitioners to force medication for the purpose of competency restoration after following a legal process.
- The facility would request a Sell hearing. If the prosecutor agrees, a hearing would be held in which the state would need to demonstrate a compelling state interest in forced medication.
- If the judge orders forced medication, facility staff will work with the patient to explain the process and administer the medication, which might involve a manual hold of the individual.
- This process can take anywhere from two to six weeks and often involves the individual being transported back to jail for the hearing.
- Copeland added that Residential Treatment Facilities (RTFs) cannot progress with treatment while waiting for a Sell order and explained what happens after the order comes through.

Parker asked if a Sell hearing can be held virtually to speed up the process. Copeland said that each RTF is set up to do that and it was determined that Whatcom County does remote Sell hearings as well.

Hammill asked if race and ethnicity are tracked at the RTFs and if treatment was provided for substance use disorder (SUD) at RTFs. Copeland responded that their RTFs are not licensed to do SUD treatment and that the Research and Data Analytic Team collects that data.

Gockley asked what the problems were with Whatcom and what improvements have been made. Copeland explained that there were time delays due to slow communication and setting the hearing dates. She added that things are improving. DSHS staff and committee members continued to discuss the delays and communication issues.

**Incarceration Prevention and Reduction Task Force:  
Joint Behavioral Health Committee and Legal and Justice Systems Committee**

Meeting Summary for March 15, 2022

*Agenda item links to YouTube video are functional at the time this meeting summary was created, however, YouTube links may change. Links in this document will not be updated. Please refer to the time notation on each agenda item.*

---

Richey said that the first factor in a Sell hearing is determining that there is an important governmental interest in compelling medication, and that generally this would only be the case for felonies.

Committee members and the DSHS staff members continued to discuss competency restoration and processes within RTFs. Topics of discussion included:

- The prevalence of substance use disorder co-occurring with mental health issues and the ability of RTFs to administer medication for substance use disorder
- What happens to individuals after they are released from an RTF and how to provide a useful discharge summary to jails in order to facilitate a warm hand-off and prevent a return to the RTF
- Supports available in Whatcom County post-release, the gaps that still exist, and opportunities for added supports in the future

King brought up concerns about Senate Bill 5664, which will authorize officers to detain a mentally ill individual if they are not complying with medication requirements. She said that the last thing we want is to be detaining more mentally ill individuals.

Whatcom County Jail Chief Wendy Jones presented to the committee on the competency determination process. She shared a flow chart and went into detail about each step described on the chart. She pointed out steps in which longer delays may occur.

Committee members asked questions of Chief Jones regarding her presentation and other subjects related to the jail. Discussion ensued around topics including:

- The jail's ability to administer medication and the fact that they do not have people on staff who can provide psychological services and other resources needed to administer medication involuntarily.
- Remote competency evaluations, which are currently being done in Whatcom County, but can still be delayed since a judge has to make a legal declaration regarding competency after the medical determination has been made.
- Statistics regarding the number of inmates currently in the competency determination process. Chief Jones estimated that between 50 and 75 people go through the process each year.

Feld asked what needs to change and Jones replied that they need a way to move folks through the steps more quickly. She said the longer it takes to get someone through the system, the higher the chance that they will decompensate while in the jail. Vanyo explained the roadblocks to speeding up the process from the defense perspective.

Dawson said that if someone is waiting in jail for competency restoration and seems to be improving during that time, there is a process to request a re-evaluation, which could result in the individual being moved through the system more quickly. Vanyo commented that it is very rare for one of her clients to self-restore.

**Incarceration Prevention and Reduction Task Force:  
Joint Behavioral Health Committee and Legal and Justice Systems Committee**

Meeting Summary for March 15, 2022

*Agenda item links to YouTube video are functional at the time this meeting summary was created, however, YouTube links may change. Links in this document will not be updated. Please refer to the time notation on each agenda item.*

---

Mitchell asked about Senate Bill 5664 and if it would help. Jones said that the biggest problem with the legislation is that there is nowhere to put folks who are detained for failing to follow instructions for community restoration.

**3. Current Use Data on the Crisis Stabilization Center**

This item was not discussed.

**4. Reentry Services**

This item was not discussed.

**5. Update on the Sequential Intercept**

This item was not discussed.

**6. [Other Business \(1:25:53\)](#)**

Hammill asked if it was possible for there to be an additional joint meeting in April. It was decided that they would hold a joint meeting during the next scheduled Behavioral Health Committee on April 19.

**7. [Public Comment \(01:31:12\)](#)**

Atul Deshmane thanked the committee members for the meeting and asked for the document from Chief Jones to be shared.

Brel Froebe asked if after an individual has gone through competency restoration, if they go back to trial and whether treatment would be sufficient rather than further prosecution if the root cause of the crime was mental illness. Richey replied that this issue is more complex than mental illness being the cause and treatment being the answer. King brought up the difference between competency and insanity.

**8. Adjourn**

The meeting adjourned at 1:05 P.M.