

SB 5328 - S AMD 352
By Senator Lovelett

ADOPTED 03/03/2021

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds that:

4 (1) A clubhouse is a member organization where people living with
5 mental illness can find fellowship, hope, opportunity, and recovery.
6 Clubhouse programs offer vocational training, wellness programs,
7 employment opportunities, participative community, and an end to
8 isolation for persons whose lives have been severely disrupted by
9 mental illness.

10 (2) Strong evidence supports the clubhouse model when implemented
11 with fidelity. The most effective clubhouses obtain development
12 training, support, and accreditation through clubhouse international.

13 (3) Washington state supports several clubhouse programs using
14 general fund dollars, but can go farther to help clubhouses gain
15 access to medicaid funds while allowing them to maintain fidelity to
16 evidence-based models. As a result, clubhouse programs receive
17 insufficient funding and support, which prevents these programs from
18 spreading widely throughout the state or reaching their full
19 potential to assist persons with mental illness to find community and
20 new purpose in recovery. Similar issues are confronted in Washington
21 state by other peer-run organizations.

22 (4) Assisting clubhouses and peer-run organizations to access
23 sustainable medicaid and nonmedicaid funding while remaining true to
24 their evidence-based models and essential character as clubhouses and
25 peer-run organizations requires careful attention to detail, ranging
26 from the level of the design of the state medicaid plan to the design
27 and enforcement of regulations for the licensure and operations of
28 clubhouses and peer-run organizations by the department of health.
29 The state must provide a streamlined behavioral health agency
30 licensing process which is tailored for clubhouses and other peer-run
31 organizations. Regulations for medicaid services provided in a
32 clubhouse or peer-run organization should be adapted to allow these

1 entities to leverage federal funding to the extent possible while
2 allowing them to maintain fidelity to their evidence-based models and
3 essential character as clubhouses and peer-run organizations. In the
4 case of clubhouses, funding should be structured to provide
5 incentives and support for the clubhouses to move towards
6 accreditation by clubhouse international.

7 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.24
8 RCW to read as follows:

9 Subject to the availability of amounts provided for this specific
10 purpose, the authority shall:

11 (1) Make sufficient funding available to establish clubhouse
12 services in every region of the state provided by a clubhouse which
13 is accredited by clubhouse international or in the process of
14 pursuing accreditation by that body;

15 (2) Establish a learning collaborative to assist clubhouses and
16 peer-run organizations to achieve fidelity to appropriate evidence-
17 based models;

18 (3) Collaborate with the department to design the state medicaid
19 program to be as accommodating as possible to clubhouses and peer-run
20 organizations to allow these entities to maximize opportunities to
21 access medicaid funding while at the same time maintaining fidelity
22 to evidence-based models and their essential character as clubhouses
23 and peer-run organizations; and

24 (4) Facilitate partnerships if needed between independent
25 clubhouses or peer-run organizations and licensed or certified
26 behavioral health agencies to help the clubhouses or peer-run
27 organizations obtain referrals, client evaluations, or other
28 assistance needed to meet requirements necessary for them to access
29 funding under the medicaid program.

30 NEW SECTION. **Sec. 3.** (1) The department of health shall
31 collaborate with the Washington state health care authority and
32 appropriate stakeholders to review and redesign the licensure and
33 oversight process for clubhouses and peer-run organizations in order
34 to accommodate to their ability to obtain medicaid reimbursement
35 while simultaneously maintaining fidelity to evidence-based models
36 and their essential character as clubhouses and peer-run
37 organizations. This shall include efforts to:

1 (a) Identify changes to behavioral health agency rules to
2 streamline licensure requirements for clubhouses and peer-run
3 organizations and to create accessible pathways towards licensure;

4 (b) Identify changes to operational rules for providing medicaid
5 services within clubhouses and peer-run organizations, including but
6 not limited to day support services which are within allowable
7 federal guidelines, and to the extent possible allow these entities
8 to provide those services to be provided with fidelity to evidence-
9 based models while maintaining their essential character as
10 clubhouses and peer-run organizations; and

11 (c) Allow independent clubhouses and peer-run organizations to
12 meet requirements in part by forming partnerships with licensed and
13 certified behavioral health agencies to assist them with federally
14 required tasks that are not an essential part of maintaining fidelity
15 to their evidence-based model.

16 (2) The department shall adopt necessary rule changes by June 30,
17 2022."

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18 On page 1, line 1 of the title, after "clubhouses" strike the
19 remainder of the title and insert "and peer-run organizations for
20 persons with mental illness; adding a new section to chapter 71.24
21 RCW; and creating new sections."

EFFECT: Removes direction for the Health Care Authority to add clubhouse service modality to Medicaid state plan. Directs the Health Care Authority to provide sufficient funding to establish clubhouse services in every region of the state provided by a clubhouse which is accredited by Clubhouse International or pursuing accreditation, and to collaborate with the Department of Health and stakeholders to review and redesign the licensure and oversight process for clubhouses and peer-run organizations to accommodate their ability to obtain Medicaid reimbursement while maintaining fidelity to evidence-based models and their essential character as clubhouses and peer-run organizations.

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