December 2022

Case Studies of Worker Cooperatives in Health

Alliance Collective

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School of Management
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Abstract: Can a nonhierarchical organization set its own rules? Can it avoid reproducing hierarchy and exploitation in order to better support its clients and workers? Can it survive, as a consensus-based organization, within the system of capitalism and within institutional settings that expect hierarchy?

This case study examines Alliance Collective, an anti-authoritarian therapy collective of practitioners who describe themselves as "humans with radical values" who "actively oppose the 'mental health industrial complex.'"

Their internal organizational practices challenge taken-for-granted professional and organizational norms—norms for how to organize the work of mental health provision, how to compensate practitioners and staff, and how to approach clinical supervision.

Alliance Collective is forging new ground as a horizontal health services organization infused with anarchistic values. It is a young experiment, and it remains to be seen how it will evolve as it butts up against external institutional pressures and internal challenges, and its members' own critical reflection.

Topics: Organizational Sociology, nonhierarchical organization, cooperative organization

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Alliance Collective's newest clinician, Claudia Maisch, worked in a group private practice before joining the nonhierarchical therapy practice. She recalls:

> "I experienced a lot of difficulty with the hierarchical structure and the way that the practice was run. It was very profit-driven in a way that felt not aligned with how I value mental health work."

She joined Alliance, one of the only psychotherapy practices in the country to be structured as a worker cooperative, in early 2022, because its approach felt more respectful, less exploitative, and more authentically aligned with her values as a mental health practitioner.

History

Alliance has evolved rapidly through three organizational stages since 2018 when it was founded as a solo practice by Billy Somerville. In its second phase, from 2019 through mid-2021, Alliance functioned as a horizontal organization, a collective of therapists working together in a nonhierarchical cooperative way, but without the formal legal framework of a cooperative. Since July 2021, it continues to operate as a collective, but now "all of our operating agreements and business entity filings match the way that we are actually organized," says Somerville.

They are a worker cooperative, albeit one with a bifurcated structure as required by the corporate practice of medicine laws in the state of New York (see below).

Billy Somerville had seen the mental health bureaucracy up close. He had been immersed in the system as a doctoral student in clinical psychology when as part of his training he worked in three New York City hospitals, a counseling center, and community mental health and outpatient clinics.

"Some of my training experiences" in traditional mental health institutions were "pretty traumatizing." As a graduate student in training, Somerville's work was overseen by clinical supervisors at each site. He was "eager to get out from under the thumb" of what he at times experienced as "abusive power" by supervisors who, recognizing something different and radical in his approach, seemed to be trying to "forcefully break that" in him, in order to socialize him into the dominant professional practice paradigms of clinical psychology.

A desire for autonomy was his motivation for starting a solo private practice. He soon realized, however, that he could not work alone over the long term. "I was going to wither and die in isolation," he says. He wanted to try to turn the sole practice into a group, a community. "It just took some time to build the community aspect of the work, in addition to the autonomy," Somerville says.

A key development came in February 2019, when Somerville co-organized an "NYC Anarchist Mental Health Conference Event" at a church near Washington Square Park in Manhattan.[1] Almost 100 people attended, mostly New York-based mental health practitioners and students.

It was at the conference that he met Juliet Spier, who had recently finished social work school. "I was disillusioned," she says, having found social work school to be "another institution that was enforcing the status quo." They decided to work together to form Alliance Collective, together with part-time administrator Kara O'Brien, to organize the work of therapy in a radically different way. In the collective, all major decisions would be made through consensus and each worker would earn the same hourly wage in a spirit of mutual support and solidarity. They would intentionally prioritize individual autonomy but get the benefits of connectedness too. The design would be grounded in anti-authoritarian values and a fundamental recognition that systemic oppression is "the cause of most mental health problems."[2] Since then, three more clinicians—Dawn Sánchez, Teresa Shen, and Claudia Maisch—have joined the nonhierarchical organization.

Juliet Spier reports feeling fortunate to have joined Alliance directly out of social work school. "Here are people who want to collaborate with me, who want to share power, who want to dismantle hierarchy and capitalism. And they're really life-giving as well," she says. She knows graduate school colleagues working in more traditional private practice and agency settings who describe being exhausted and burned out, and who are struggling to make ends meet. "They put in so much labor, and so much of the profit of their labor, it just goes straight to their boss's vacation home while they don't know how they're going to pay for groceries. That's the private practice experience. I talk to people who are in agencies, and just really struggling with their mental health, because of all the vicarious trauma that they're experiencing and the overwhelming ridiculous caseloads, especially during the pandemic. It's really hard to see."[3]

Juliet Spier, Claudia Maisch, and Teresa Shen are Licensed Master Social Workers (LMSWs). They are qualified to work directly with patients, but are still completing the supervised practice hours that the state of New York requires to become Licensed Clinical Social Workers (LCSWs).[4] Remembering when she first graduated from social work school, Claudia recalls:

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[1] One event announcement said: "Attention anarchist/leftist mental health workers and students! Please join us for a free one-day conference to resource- and skill-share, build community, and strategize how to better incorporate anarchist values into our work. Topics to be addressed include: mutual aid self-therapy (MAST), radical case conferencing, non-hierarchical peer supervision, anti-capitalist private practice, and whatever else you would like to share in your own break-out session."

[2] See the Alliance Collective website here: https://alliancecollective.coop/.

[3] A 2018 review and meta-analysis found burnout prevalent among mental health workers: https://www.cambridge.org/core/journals/european-psychiatry/article/burnout-in-mental-health-professionals-a-systematic-review-and-metaanalysis-of-prevalence-and-determinants/8DE6B29F7AD65E2442726CA8D1F7F876 .

[4] LMSWs must operate under the supervision of a licensed psychologist, psychiatrist or LCSW, while an LCSW can independently provide these services.

> "I was looking at my options in the field. I found that in private group practices, often there is maybe one LCSW and then they hire a bunch of LMSWs and pay them 'fee for service,' which means you only get paid a percentage of your fee per clinical hour and you don't get paid for any of the other kind of work that you do for your patients."

In Alliance Collective, by contrast, practitioners are not exploited in the sense that their labor is not generating profits for someone else. They make decisions jointly. They hold one another in a circle of mutual support. That in turn, they argue, improves the quality of patient care.

Today, the cooperative has six workers, four full-time and two part-time. All of its workers are members of the cooperative. The clinicians include a Licensed Clinical Psychologist, a Licensed Clinical Social Worker, and three Licensed Master Social Workers. In addition, there is one part-time administrator, Kara O'Brien. The total annual revenue is $200,000. There is no cost to purchase a worker-owner share.

The cooperative is predominantly female and half BIPOC (Black, Indigenous and people of color). Five of the six worker owners are cisgender women; one individual, Billy Somerville, is a cisgender man. Three of the five therapists are BIPOC; the cooperative includes one Afro-Latina member, one Latina member, one Asian member, and three White members, including the administrator. The therapists expressly use anti-racist, LGBTQIA-affirming, and feminist models of care in their work.

Compensation is organized on an hourly pay system, as opposed to salaries. Unusually even among worker cooperatives, Alliance Collective makes no distinction between a clinical hour versus an administrative hour, versus something else; "work is work." That rule of thumb extends to the work of the administrator Kara, who earns the same pay rate as the therapists. All collective members receive the same hourly pay rate, period. "That has been a central aspect of our model so far–the idea that labor is labor and should not be valued differently," collective members say.[5][6] To log their work hours, worker members use apps on their phones and then share them once a month, for transparency and to catch any clerical errors.

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[5] The administrator's role has shifted over time. She used to respond to voicemails, set up initial consultations, and do other direct service work with clients and potential clients, but now serves as more of a financial advisor and occasional bookkeeper. (Email correspondence from Alliance Collective received June 14, 2022.)

[6] Cooperatives overall have markedly more egalitarian pay structures than conventional companies. Flat and equal pay is not required by the worker cooperative model, however. According to the 2017 Census of Individuals in Worker Cooperatives, a national survey of 1,147 people employed in 82 worker cooperatives across the country, the median pay ratio in worker cooperatives was 1.5 to 1, meaning the highest paid employee received just 50 percent more than the lowest paid in the typical cooperative studied. Eight co-ops in the sample had completely flat wage scales in which every individual in the company earns the same amount of pay (Schlachter and Prushinskaya 2021).

The hourly pay rate is $40 per hour in 2022.[7] Billy Somerville, as the owner of the psychology practice, is the only individual who is not paid as a contractor. Everyone else receives an IRS form 1099, rather than a W-2, in an intentional decision intended to retain more autonomy from the state. Pay had been just $30 per hour before 2020. “That wasn’t quite feeling like enough, so we had a meeting about it. We decided that we would bump it from $30 up to $40. … We can probably do that again soon,” Somerville says.

They serve about 70 clients altogether. Somerville, as a clinical psychologist, takes insurance clients; about 75% of his client roll pays with insurance. Dawn Sánchez, an LCSW, also sees insurance clients. It is harder for LMSWs to qualify for insurance. All LMSWs can, however, see Medicaid clients if they are being supervised by a Medicaid provider. Many of the LMSWs’ clients pay out of pocket. The rates are flexible depending on a client’s ability to pay. Very low rates must be approved by the collective, which considers the overall finances of the cooperative in making the decision.

Patient Demographics: Working Class Clientele

Each clinician serves a different demographic and class mix of clients; they strive intentionally to work with working-class people and people marginalized through systems of oppression.

Claudia works primarily with White and LatinX people in their 20s and 30s.-“I am trying to bring in more folks who are Latinx and immigrant-identifying because that’s an area of the work that I feel like I can offer the most,” she says, as a Latina social worker. She offers couples therapy as well as individual therapy. A lot of her clients are couples who are working on “relationship conflict, communication, parenting and co-parenting.” A handful is queer or polyamorous. She has chosen to cap her caseload at 26 clients, a decision that would have been discouraged or forbidden in other more profit-driven settings.

Juliet’s clients range in age from 20 years into their forties. Most have gig jobs or working-class jobs; some are artists or care workers. Many of Billy and Juliet’s clients are working-class people who live or lived in the Bushwick-Ridgewood area of Brooklyn and Queens, near where the Alliance offices were located before the pandemic hit and they began primarily doing telehealth.

Legal Structure

Many health professionals who wish to start worker cooperatives in the United States face a statutory challenge: Corporate practice of medicine laws generally ban licensed medical professionals and nonprofessionals from co-owning an entity that provides professional medical services; the laws vary by state and are particularly strict in New York. These laws are intended to protect consumers by keeping outside investors without medical credentials from diluting the

[7] Nationwide the median Social Worker earned $24.23 per hour or $50,390 in 2021, and the median psychologist earned $38.96 per hour or $81,040, according to the U.S. Bureau of Labor Statistics. See: Social Workers: https://www.bls.gov/ooh/community-and-social-service/social-workers.htm; Psychologists: https://www.bls.gov/ooh/life-physical-and-social-science/psychologists.htm

quality of patient care in the health practice. Unintentionally, these laws present a block to the formation of worker cooperatives in health care, because in a cooperative all workers--including the administrative and other nonmedical staff—become co-owners together with the employees with medical licenses. Indeed part of the express intention of the cooperative model is to include worker-owners of all ranks and skill sets together as equal owners. A workaround to this barrier is to bifurcate the business into two entities by creating a separate management services organization (MSO), which operates as a worker cooperative. Nonprofessionals and people with different licenses can legally own the MSO, which conducts most of the functions of the business--except for the provision of clinical care. The MSO is contracted to serve the health practice, which continues to employ the professional staff in compliance with the laws.[8]

In 2019, wanting to turn the collective formally into a worker cooperative, they received free assistance from the ICA Group, the Massachusetts-based consulting and research organization that assists businesses in converting to worker ownership, thanks to discretionary funds from New York City Council administered through NYC Small Business Services Agency for the Worker Cooperative Business Development Initiative.[9]

They also received a small grant for legal work from Sustainable Economies Law Center (SELC). An attorney connected with SELC produced a memo of recommendations for Alliance in December 2019. The memo addressed "what structure Alliance should consider to operate as much like a cooperative as possible while avoiding violations under the above laws that can be implicated when non-professionals and professionals work collaboratively and share profits." In addition to describing New York state's restrictions on the corporate practice of therapy and prohibitions on splitting fees with non-professionals, the memo also describes federal and state anti-kickback statutes and laws as statutory barriers to the creation of worker cooperatives in the mental health sector.[10]

As a solution, the memo recommended that Alliance create a Management Service Organization (MSO). "By keeping the management entity separate from the professional entities, the practice can avoid the prohibition of the corporate practice of the professions," the memo states, and include licensed professionals and nonprofessional staff.

Alliance Collective followed this recommendation, creating an MSO that would be structured like a worker cooperative. In effect, therefore, they bifurcated the practice into two legal entities.

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[8] Additional rules ban mental health professionals with different licenses, for example, psychiatry and social work, from co-owning the same business. Specific laws and restrictions vary by state. Federal and state anti-kickback statutes and laws pose additional statutory barriers to the creation of worker cooperatives in the mental health sector.

[9] The Worker Cooperative Business Development Initiative is funded through New York City Council discretionary funding and administered through New York City Small Business Services (SBS).

[10] Memo re: Legal cooperative structure with professional members by Law Office of Sara Stephens, Dec. 24, 2019, to ICA Group.

First, there remains the psychology practice, Alliance Psychological Services of New York, a Professional Limited Liability Company (PLLC), a business structure designed for licensed professionals. Legally, Billy remains the sole owner of the Alliance Psychological Services of New York because he is the only one allowed to own a practice, as a psychologist. All other Alliance clinicians are contractors with the PLLC.

Then there is a new entity, the MSO, which is shared equally and democratically, called Alliance Collective. Legally, the Alliance Collective MSO is an LLC. It is taxed as a corporation. Alliance Collective could have opted to make the MSO a cooperative corporation, but it opted to be an LLC because they saw the LLC structure allowing more freedom and flexibility.[11]

"Our structure was, at every step, designed towards minimizing intervention from the State," says Julia Spier. Collective members wanted the freedom to operate in ways that felt comfortable to them internally, without having to conform to certain externally imposed rules. They wanted the freedom to "establish relations to each other and ways of doing business that felt good to us."

The idea, however, is that within the LLC, all worker members--practitioners and administrative workers—are equal members and owners, each with an equal say and a right to a share of the profits. Every worker is currently a legal member—except for new therapist Claudia because formal membership only begins after six months on staff.

What is the relationship between the MSO and the PLLC? What is the role of each?[12] The therapists contract with and are paid by the PLLC. Administrator Kara O'Brien contracts with the MSO and is paid through the MSO.[13]

The PLLC currently pays the MSO $5,000 a month for management services.[14] In the future, surplus could gradually accumulate in the MSO over time that way. As of 2022, however, the

[11] Worker cooperatives may choose from several options when it comes to their legal structure. According to the Democracy at Work Institute: "When forming, worker cooperatives have an important choice to make regarding their legal entity. The business entity types most commonly used by worker cooperatives are the cooperative corporation (which is not available in every state), the limited liability company (LLC), and the C corporation. Worker cooperatives may also choose to operate as an S corporation or general partnership. Each entity type has implications on important issues including taxation, employment law, and access to capital" (https://institute.coop/sites/default/files/ChoicofEntityFinal.pdf).

[12] Two legal documents available for download on Alliance website provide additional detail: the "LLC Operating Agreement" and "The LLC Operating Agreement and LLC↔PLLC Management Services Agreement." See https://alliancecollective.coop/for-therapists.

[13] Individual therapists do their own scheduling and billing through the PLLC, using practice management software that includes electronic medical record, video conferencing, calendar, insurance claim processing and billing services. Clients and insurance companies pay the PLLC. All revenue goes into the PLLC checking account. Billy Somerville is the legal owner of that account but all of the cooperative members have the password and can log into it.

[14] One benefit of this that is consistent with their values is that Billy Somerville's tax burden for the PLLC is reduced, since the expense of the MSO service fee greatly reduces (and in theory eliminates) the PLLC's profit.

value of patronage accounts remains zero and the cooperative has not disbursed any patronage dividends.

If the MSO did accumulate a surplus, it could be distributed to members' internal capital accounts. Each member of the cooperative would receive a portion of the surplus in their account through a formula based on hours worked. If a member then leaves, they would receive a check or bank transfer for the amount.[15]

Consensus Decision-Making in Matters Small and Large

Worker cooperatives across the country vary in their internal organizational, governance, and authority structures.[16] Alliance Collective's commitments to eschew hierarchy in its internal workings and make decisions through consensus for both routine and governance matters, reflect a pure collectivist approach to its worker cooperative structure.

There are no elections and there is no separate elected board of directors. The collective in effect serves as its own board. All worker owners are direct participants in decision making, therefore, around key governance issues including how much to pay themselves and organizational goal-setting.

Importantly at Alliance, decisions—not just governance decisions but all collective decisions—are made by consensus rather than majority vote or top-down directive. (A brief experiment with majority vote early on was quickly abandoned.[17]) The operating agreement states: "The Members will make all decisions based on consensus."

The intention behind consensus is for everyone at the table to be heard so the expressed needs of all accounted for. In contrast to majority-vote decision making, consensus decision making requires that every single individual in the circle consent to a decision.

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[15] The collective says by email: "The main thing to know about the MSO-PLLC relationship is that it is an imposition of New York State legal requirements on our collective, and is not representative of our values or practices….Adding a separate non-clinical entity allowed all of us to co-own something equally, which felt like a worthwhile objective when we started down that road." Additional reflection is provided on their website. See "Afterthoughts on 'Legal' Co-Ownership": https://alliancecollective.coop/for-therapists, which states in part:

> We went through a long, expensive process to find and create a structure that allowed all of us to legally co-own together. At the beginning, that effort seemed right and good. In hindsight, we have mixed opinions … if you are reading this and wondering if it might be possible for a group of people to have a different relationship to each other than the State sees or recognizes, we affirm that that is not only possible but quite likely the most elegant and cost-effective solution to the problem.

[16] Meyers, Joan S. M. Working Democracies: Managing Inequality in Worker Cooperatives. Cornell University Press. 2022.

[17] With the then-small group of three, making a decision based on a majority vote made it clear that one person was the loser in the decision and had to consent to the will of the other two; that immediately seemed wrong to those present, according to Juliet and Billy.

When asked if the group had faced conflicts that are difficult to resolve through consensus and without hierarchy, worker members indicated no. “We're all in agreement that addressing conflict resolution through consensus and without hierarchy has not been difficult for us, if anything it has created trust between us!” they shared. If a member expresses disagreement with an idea under consideration, the group will change positions to accommodate that person’s needs and wishes. “In our four-year history we have had intense disagreements about things but have always been able to arrive at a decision that everyone is OK with, even if the endpoint is significantly different from where one or more of us started,” collective members said.[18]

Juliet Spier said: “The use of hierarchy to respond to conflicts is not a resolution to me. It’s sort of a thwarting of true resolution. I think when we’ve had conflicts, we have been able to come to resolutions more through the fact that we’re able to build consensus rather than have some people’s words supersede others.”

Internal discussions take place in Friday staff meetings, which are currently held on Zoom. Large and small topics are discussed, and sometimes a single discussion continues over multiple weeks.[19] Legal documents specify that an Annual Meeting of Members takes place each March.

Various formal processes “felt a bit forced in a small group,” and have fallen away for now. They used to prepare an agenda in advance, but no longer do; cooperative members bring up topics in the meeting itself. There is no assigned facilitator in the meetings. They used to take notes and keep them in a shared folder, but that practice has fallen off since the pandemic began. If a member is missing when an important decision is being made, they will be consulted about the decision afterward. If the individual does not agree with a decision that was made, then the topic is brought up in the next meeting.

Formalized practices found in many worker cooperative collectives for planning, coordinating, running meetings, making decisions and documenting decisions, are not practiced by the Alliance Collective.[20] With a small committed group with a shared vision, high levels of trust, shared norms, and stable group membership, such practices are not perceived by the collective as necessary to their functioning at this time.

Sociologist Katherine Chen argues that in some collectivist organizations there can be a risk of “under-organizing.” Over time a nonhierarchical collectivist organization may find that it needs to develop more formal practices and systems to function, provide support to its activities,

[18] Email correspondence received June 14, 2022.

[19] Often in cooperatives, there is intentional differentiation between board-level decision making and routine decision making, with board members doing traditional “board governance” decision making in specifically designated board meetings; at Alliance to date, governance-type questions and smaller questions may surface at any weekly meeting, and all cooperative members participate in those discussions.

[20] A few examples include pre-planned meeting agendas agreed to by consensus, rotating meeting facilitators, a specified and differentiated time for governance decision making, and written minutes.

protect safety, sustain itself through staffing changes, and navigate complex environments particularly if it engages in more complex activities.[21]

From Alliance Collective's perspective, a more pressing concern than the risk of under-organizing has to do with the possibility that power can hide and become problematic in the absence of explicit structure, a phenomenon known as masked hegemony and described decades ago by political scientist Jo Freeman in "The Tyranny of Structurelessness."[22]

It remains to be seen whether and how the nonhierarchical consensus-based collective's internal organizational, management or governance practices will evolve in the future as the collective's circumstances evolve, and if the collective grows.

Its current practices express the collective's desire to create an organization that works profoundly differently from the dominant societal models of organization. For them the worker cooperative structure was intended as a means to a larger end; the end of actualizing a liberatory collectivist form of organization that eschews domination—within a society that expects and demands it.

Nonhierarchy

As a nonhierarchical workplace, Alliance members always strive for nonhierarchy, even if they fall short. As Juliet says:

> "My understanding of hierarchy is that it's something that we can't eradicate fully, being people that are socialized in this highly hierarchical society. That being said we identify ourselves as a nonhierarchical organization. We don't have any kind of structural hierarchy. We haven't formalized any chain of command. Our ownership and the way that we pay ourselves, it's all horizontally structured. Hierarchy is something that we have an active intention and practice around dismantling and disrupting whenever it comes up, either formally or relationally."

Billy adds: "We try to notice that when it rears its ugly head, and just be real about that and speak to it, to recognize those socializing forces."

Their practice is inspired by the values of anarchism, which to Billy Somerville means "a rejection of all coercion control and domination and a real belief in the human ability to relate to each other horizontally."

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[21] Chen, Katherine. Enabling Creative Chaos: The Organization Behind the Burning Man Event. Chicago: The University of Chicago Press, 2009.

[22] Freeman, Jo. "The Tyranny of Structurelessness." 1972. See https://www.jofreeman.com/joreen/tyranny.htm.
For new analysis of organizational structures in worker cooperatives see: Joan Meyers, *Working Democracies: Managing Inequality in Worker Cooperatives.* ILR Press. 2022.

Patient Care

How do their values translate into patient care?

Juliet says, "I do think the quality of the care that I'm able to provide is a lot better. I'm able to offer a level of transparency and authenticity…that my clients have commented that they recognize and appreciate." As an example she shares that a client who contracted COVID-19 recently was unable to work for a month. The client told Juliet that she had to stop therapy for the next month because she hadn't made any money and could not pay rent if she paid for therapy. The collective felt it could afford to offer services to this client for free for a month. When Juliet let the client know, she was concerned that Juliet would not get paid. Juliet was able to say "no, I am going to get paid. We have it set up so that I will because we were not going to have me doing free labor. And also we want to be able to continue working with you."

Juliet says: "It feels good just to have that kind of degree of transparency and realness around money, but it feels good to be able to foster the kind of relationship with a client, where we can say, 'Please do let us know what your actual needs are,' and then we, in turn, can be very transparent about what we can offer. Sometimes we can do it, and sometimes we can't. And that is a question that is decided in our weekly meetings."

The answer to the question is subject to the consensus of the collective, and it may depend on whether they have enough spare cash on hand to be able to subsidize someone at a given time.

"I think that's good for the therapeutic relationship with clients. It does engender a lot of trust between us over time," Juliet observes.

About how the cooperative structure affects patient care, Billy adds personally: "My nervous system is much more available to my clients because I don't feel tense at work. I'm not worried. I'm not second-guessing myself. I'm not preoccupied by conflict. I'm not avoiding somebody at the water cooler. I'm not worried about what my boss is going to say, or how I'm going to do on my quarterly performance review. None of that stuff enters my mind or my body. So it just gives me a lot more availability to do the work I do."

Professional Supervision

Their antiauthoritarian commitments have meant rethinking the traditional dynamics of hierarchical supervision that collective members had experienced in other clinical work and apprenticeship settings.[23]

As one collective member shares about a previous workplace, which they describe as founder-centric, there the founder of the practice was seen as the lone expert and everyone else as learners needed to be taught. "My relationship with my supervisor was largely corrective and

[23] New York state requires LMSWs be supervised in order to qualify for licensure as an LCSW. See http://www.op.nysed.gov/prof/sw/lcsw.htm.

punitive. I was not encouraged to have critical thoughts … and many parts of my lived experience were not valued or were even pathologized."

At Alliance, by contrast, they use the word "consultation" rather than supervision and recast the model from a hierarchical relationship into a collective relationship of mutual support and mentorship in which a variety of experiences are valued. Each cooperative member can go to anyone else in the practice for consultation—although only the PhD and LCSW in the group can provide state-sanctioned supervision to the LMSWs.

"I can go to anyone in our collective to get advice to work through different cases. That circle of trust and mutual respect allows me a lot more confidence and to trust myself," shares one therapist.

There's something healthy, they say, in "being able to not just have one relationship with one person who gets to determine the type of training you get or the type of advice. You can seek that advice from one another."

That said, within the collective, they recognize and are honest about the differences in years of experience among members. Billy Somerville, as the most experienced practitioner, directs disproportionate consultation time to members who are earlier in their careers. "Whenever we're talking about something there's just statistically a better chance that I've run into it because I've been doing this work longer." Cooperative member Dawn Sánchez, as an LCSW, also has extensive clinical experience and formal certification.

But underlying that recognition, there remains an intention of "non-hierarchy," by which they mean that "no one in this room is more important than anyone else. No one in this room gets to have the final word or tell anyone else what to do. But because some of us have more experience than others there's a natural curiosity about 'What would you do in this situation?' or 'What has been your experience when you have run into these kinds of clinical issues?'" Juliet Spier says. "I'll talk to Billy quite frequently about how to work better with my clients, because I know he's been a therapist for a lot longer, but there are also things that I bring to the table, from lived experience, that are valuable that are recognized."

Therapists' experiences related to their identities, sexual orientation, and lived experiences in society are radically valued within the collective as forms of expertise that in traditional mental health settings may not be viewed as clinically relevant or valid forms of knowledge.

In addition to individuals seeking out consultation from one another as needed, once a month the Friday collective meeting is dedicated to group consultation for all the therapists.[24]

[24] Administrator Kara O'Brien, as the sole nonclinical cooperative member, does not attend those clinical consultation-focused monthly meetings.

Access to Benefits

Alliance Collective had made the deliberate choice to treat workers as contractors rather than employees in order “to keep more money in our own coffers, so that we can distribute it in the ways we want to in ways that are open to us instead of outsourcing the worker protection to the government.”

An unintended consequence of treating workers as contractors, they have found, is that it has blocked their ability to provide health insurance to staff. The rules in place governing the private employer-based health insurance system in New York require an organization to have at least one W-2 employee in order to offer an employer-based health plan. An additional obstacle to providing worker members with health insurance is simply the cost; the expense is too high to be feasible for Alliance right now.

What do its members do without employer insurance?

Some have health insurance through a partner. Others buy their own insurance through the exchange. Another got Medicaid when they finished grad school. “I am concerned about when it’s going to end,” they shared. The affordable plans on the exchanges don’t have the coverage that they need.

In an important development, Alliance introduced paid leave in 2022. The plan pays $160 a day for any "unplanned time off," which equals half of what one would earn for an eight hour workday. It covers not only illness, but also child-care crises or other emergency circumstances. There is no predetermined cap on the amount of sick leave that a member can use; the worker owner is simply asked to stay in communication with the collective, so that the collective can monitor its financial capacity. A member needed to take extended time off this year to address a health issue, and is using this new benefit to do so.

As contractors, it is up to each individual cooperative member to pay Social Security and Medicare taxes as well. Whereas W-2 employees have FICA taxes taken out of their paycheck, with the employer covering a portion of the tax, independent contractors pay Social Security and Medicare taxes themselves based on the net income of the business.

Several members have named as a goal increasing the hourly rate of pay again, above $40 per hour. The collective also plans to revisit how they could offer health insurance in the future.

There is a tension between their commitment to keeping rates affordable and their need to pay themselves and care for themselves sufficiently. “It is a struggle because we value being accessible. We don’t want to just serve wealthy clients. We want to be accessible to working class and poorer people---and we also believe in our folks making a fair living wage,” says one collective member.

Vision

What do they envision for the future?

“Since we’re not profit-driven we’re not trying to continue to grow and grow and grow until we can retire and have like 10 beach houses. That’s not the goal,” says Juliet.

They do think about expanding into different types of services in a way that’s not exploitative or harmful.

Their new legal structure allows for the addition of different kinds of healing services, arts, and entities. The cooperative MSO could become a hub. If the social workers wanted to get together and create Alliance Social Work, they could create different service spokes connected together through this MSO hub. Theoretically, they could have nutritionists or acupuncturists, bodyworkers, or offer pharmaceuticals like psychopharmaceuticals, or other different kinds of healing approaches as part of the MSO cooperative. It remains to be seen how their consensus based decision making would function or evolve in the context of growth and organizational complexity.

Others dream about creating a community space where folks can gather, and maybe organize, possibly with a garden and a kitchen.

“If individual therapy is advancing this problematic idea that we heal as individuals rather than in community, I think we wanted to find ways of healing that happened more in community and find ways to bridge the gap between healing and social justice, I think we wanted to kind of blend those more, and soften the division between those things. We wanted to move beyond the idea of healing as an individual healthcare pursuit. That’s something we can do more dreaming about in the future,” says Billy Somerville.

For now, Alliance Collective worker cooperative provides a vehicle for its members to enact an anti-authoritarian collectivist horizontal organization that seeks to resist replicating hierarchy and oppression internally as they provide therapy and support the mental health of the community.

Summary Table: Alliance Collective

Employees	6
Members	6
Year Founded	2018
Governance	Direct decision-making by workers through consensus in weekly meetings
	All collective decisions made by consensus
Profit Sharing	None to date
Membership	6 months employment
	No member share
Compensation	$40 per hour contract pay, paid leave.
Seed Funding	None

Data reflect August 2022.

Sources:

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