

ALASKA MENTAL HEALTH TRUST AUTHORITY

Request Type: **Designated Grant**

Program Title: **Soteria-Alaska Program Development**

Gifts I.D. Number: **Pending**

Request Amount (all yrs): **\$78,450.00**

Grantee Organization: **Soteria-Alaska Inc**

Project Manager: **Jim Gottstein**

Funding

Project Funding and Source:

<u>Fiscal Year</u>	<u>MHTAAR</u>	<u>Other</u>	<u>Other Source</u>
FY06	\$78,450.00	Various In-Kind Contributions	Anchorage Community Mental Health Services

Project Description

This request is to further develop the Soteria-Alaska program, which is a non-coercive alternative to psychiatric hospitalization employing the "Soteria Critical Elements" developed by Loren Mosher, MD., and Luc Ciompi, MD. In addition to the Project Manager, Dr. Wolf, Alma Menn and Anchorage Community Mental Health Services, it is anticipated the Division of Behavioral Health and other key providers, such as API and Providence, as well as the national and international team of experts that has been assembled to help, will all be involved in developing this business plan for presentation to the Trust at its September 2006, meeting.

Expected Project Outcomes

The expected outcome is a fundable business plan that would include fiscal, programmatic, outcomes management and operational issues of setting up the facility.

Soteria-Alaska Development Proposal

January 2006

Development plan for the implementation of Soteria Alaska

The General plan for the development of a Soteria Alaska facility was presented to the Trust in a proposal dated September 14, 2004. That proposal is appended to this document.

The Soteria project would be residential facility housing up to 8 clients at any one time who would otherwise be hospitalized. It is anticipated that the average length of stay will be 3-5 months. The Vision of the program would be to "effectively use a community and milieu recovery model as the basis of a program to meet the needs of those Alaskans' who elect such an approach." The program would be a clear alternative to traditional hospitalization for this population.

The current proposal involves a three-stage process developed in conjunction with the Trust's Executive Director and Finance Committee Chair. The initial step in the development and implementation process involves acceptance by the Trust of the concept which involves preparation of a proposal for full funding at the September 2006 meeting of the Trust. If there were then acceptance of the full proposal in September, the program would commence and implement the necessary steps to open for full implementation in Fiscal Year 2008. The initial acceptance would entail the funding for the recruitment and placement of a contracted Project Manager. An announcement of the possibility of such a position has already been distributed on a nationwide basis. Applications and letters of interest from very qualified candidates have already been received by Soteria-Alaska, Inc. The Board and Dr. Wolf are developing the criteria for the engagement of such an individual. It is envisioned that if this present proposal is accepted that the qualified individuals will be interviewed by the middle of March 2006 and that the Project Manager will be in place by June 1, 2006.

The key Soteria-Alaska personnel who will be involved are the Project Manager, Dr. Wolf, and Alma Menn, of San Francisco, who was the administrator of the original Soteria House. In addition, it is anticipated the Alaska Division of Behavioral Health, Anchorage Community Mental Health Services, and other key providers, such as the Alaska Psychiatric Institute and Providence Hospital, as well as the national and international team of experts that has been assembled to help, will all be involved. Contractual Consultant/Advisors will also be a vital component for this early stage. They would deal with the fiscal, programmatic, outcomes management and operational issues of setting up the facility. It is anticipated there will be other consultants with specific areas of expertise who will also need to be accessed. There will also need to be funds for administrative backup for the Project manager and the Consultants. It is anticipated that office space, telephones, office equipment etc will be contracted with an existing office or agency. Anchorage Community Mental Health Inc will be approached first to establish whether they have such availability. If they do not, another established agency will be sought for this. Although administrative space and backup will be contracted, it is

anticipated that an administrative assistant will be engaged if the Trust gives a go-ahead to the project in September, 2006. This administrative assistant will support both the Project Manager and the consultants. There may also be a need for additional monies as well for possible fees for research, software, or initial accumulation of prior research data. A small amount of necessary travel will also be required both for the Project Manager recruitment and the evaluation of programs with a similar focus.

The time period between April and September 2006 will be utilized by the Project Manager and the consultants to develop the actual program, market the concept to the community, and begin the detailed process of establishing an actual facility with a program. The Project Manager will become the face of the Program to the community relative to funding, political and consumer acceptance and the details of establishing an operational entity. The Project Manager with the help of the Consultants will focus on acquiring a facility, developing the program, developing a budget, developing job descriptions for the personnel to be hired, and “selling” the concept to various stakeholders within the community.

A facility for opening in the Fall/Winter of 2007 will need to be acquired or built within the Municipality of Anchorage that could be adapted or designed to meet the needs of the anticipated population. Such a facility, because it would require a building permit for changes or initial construction would need to meet current Municipal zoning requirements. The establishment of such a facility would thus need to proceed through the Municipal Zoning Commission and be subject to the Public hearing process. In addition, there will likely be licensing requirements. Ideally the facility would exist in an area that is accessible to existing People Mover routes, both for the benefit of the staff and residents. The choice of a facility should encompass the needs of the residents, the staff and the surrounding community.

We appreciate the opportunity to present this program development proposal for consideration by the Trust.

January, 2006

Soteria-Alaska
Program Development Budget
FY 2006/2007

Budget 10/1/2006 — 6/30/2007

Contract for Project Manager 6,000/ month	\$ 54,000
Administrative Assistant half time 10/1-12/31 full time 1/1/066/30/06	\$ 21,000
Rent	\$ 9,000
cell phone	\$ 900
Consultants	
a. Dr. Wolf 12 hrs / month times 150	\$ 16,200
b. Ms. Menn 8 hrs / month times 150	\$ 10,800
c. Specialist consultants	\$ 2,500
d. Consultation with architects/engineers/contractors/lawyers etc., relative to facility	\$ 7,500
Travel	\$ 4,500
Fees/taxes misc	\$ 700
Supplies	\$ 500
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Total 10/1/2006-5/30/2007	\$ 127,600
Total Development Budget if approved at September Trust Meeting	\$ 206,050

SOTERIA-ALASKA, INC.

406 G Street, Suite 206, Anchorage, Alaska 99501
(907) 274-7686 Phone (907) 274-9493 Fax

Key Information

(12/31/2005)

Purpose: To develop a non-coercive alternative to psychiatric hospitalization in Alaska employing the "Soteria Critical Elements" developed by Loren Mosher, MD., and Luc Ciompi, MD.

Formation: Incorporated as Alaska not for profit corporation on January 23, 2003.

Tax Status: Internal Revenue Service Advance Determination Letter granting 501(c)(3) status issued March 15, 2005.

Board of Directors:

- Jim Gottstein (President)
- Eliza Eller (Vice President)
- Michele Turner (Secretary/Treasurer)

Key Consultants and Advisors:

- Aron Wolf, MMM, MD (Wolf Health Care Consulting)
- Alma Menn, MSW (Original Soteria Administrator)
- Jerry Jenkins, M.Ed., MAC (Anchorage Community Mental Health Services)
- Luc Ciompi, MD (Founder & Director, Soteria-Berne)
- Ann Silver, MD (Former Chestnut Lodge psychiatrist)
- Dan Dorman, MD (UCLA & Private Practice)
- John Bola, MSW, Ph.D. (USC)

SOTERIA CRITICAL ELEMENTS

Luc Ciompi, Loren Mosher

1. FACILITY:

- a. Small, community based
- b. Open, voluntary home-like
- c. sleeping no more than 10 persons including two staff (1 man & 1 woman) on duty
- d. preferably 24 – 48 hour shifts to allow prolonged intensive 1:1 contact as needed

2. SOCIAL ENVIRONMENT:

- a. respectful, consistent, clear and predictable with the ability to provide asylum, safety, protection, containment, control of stimulation, support and socialization as determined by individual needs
- b. over time it will come to be experienced as a surrogate family

3. SOCIAL STRUCTURE:

- a. preservation of personal power to maintain autonomy, diminish the hierarchy, prevent the development of unnecessary dependency and encourage reciprocal relationships
- b. minimal role differentiation (between staff and clients) to encourage flexibility of roles, relationships and responses
- c. daily running of house shared to the extent possible; “usual” activities carried out too maintain attachments to ordinary life – e.g. cooking, cleaning, shopping, art, excursions etc.

4. STAFF:

- a. may be mental health trained professionals, specifically trained and selected non-professionals, former clients, especially those who were treated in the program or a combination of the three types
- b. on the job training via supervision of work with clients, including family interventions, should be available to all staff as needed

5. RELATIONSHIPS: these are central to the program’s work

- a. facilitated by staff being ideologically uncommitted (i.e. to approach psychosis with an open mind)
- b. convey positive expectations of recovery

- c. validate the psychotic person's **subjective** experience of psychosis as real by developing an understanding of it by "being with" and "doing with" the clients
- d. no psychiatric jargon is used in interactions with these clients

6. THERAPY:

- a. all activities viewed as potentially "therapeutic" but without formal therapy sessions with the exception of work with families of those in residence
- b. in-house problems dealt with immediately by convening those involved in problem solving sessions

7. MEDICATIONS:

- a. no or low dose neuroleptic drug use to avoid their acute "dumbing down" effects and their suppression of affective expression, also avoids risk of long term toxicities
- b. benzodiazepines may be used short term to restore the sleep/wake cycles

8. LENGTH OF STAY:

- a. sufficient time spent in program for relationships to develop that allow precipitating events to be acknowledged, usually disavowed painful emotions to be experienced and expressed and put into perspective by fitting them into the continuity of a person's life

9. AFTER CARE:

- a. post discharge relationships encouraged (with staff and peers) to allow easy return (if necessary) and foster development of peer based problem solving community based social networks
- b. the availability of these networks is critical to long term outcome as they promote community integration of former clients and the program itself