Soteria-Alaska:
An Alternative to Hospitalization for People Diagnosed with Serious Mental Illness

Business Plan for Start Up and Sustainability
Submitted to the Alaska Mental Health Trust for
FY 2008 & FY 2009

September, 2006

"If you treat people with dignity and respect and want to understand what's going on, want to get in their shoes, you can do it." Loren Mosher

"In every instance, people treated psychosocially did as well or better than those treated conventionally…" Robert Whitaker

Soteria-Alaska, Inc.
406 G Street, Suite 206.
Anchorage, AK 9950
Project Manager: Susan Musante
(907)360-6768
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The Business Plan Outline
Table of Contents

I. Executive Summary

Program Description

Soteria-Alaska is an alternative to psychiatric hospitalization for adults who are newly diagnosed with serious mental illness. It differs from conventional treatment in that it uses a psychosocial approach and incorporates alternative modalities such as meditation, yoga, music, traditional native methods. The treatment is dependent on a unique environment that is home-like, self-directed, and flexible and is in the community. Residents can continue with life activities as is appropriate and possible. Soteria House staff will help residents maintain community roles such as worker, student, spouse, family member. Family members are welcome to visit at any time. While residents may take certain types of medication, the treatment modality rests primarily in the environment and personal relationships and supports that are fostered there. Soteria-Alaska will be staffed by non professional residential advisors who are supervised by an independently licensed clinician and a medical director.

Evidence Base

Soteria-Alaska, Inc. will follow the principles established by Dr. Loren Mosher in the Soteria-House project he developed in California in 1971 (Mosher, Hendrix, Fort, 2004). That project and similar projects around the world have been the subject of rigorous scientific research and qualitative study. Much has been learned about the positive effects of implementing an intervention that primarily relies on psychosocial principles and interpersonal relationships.

The original Soteria House project and more recent second generation replications: 1) had the same or better recovery outcomes than conventional hospitalization with medication, 2) had substantially better recovery outcomes than conventional treatment in longer term outcome studies, and 3) demonstrated a cost savings of 43% over conventional treatment in longer term cost comparison studies.

Projected Outcomes

Soteria-Alaska projects that it will: 1) serve approximately 40 individuals per year, 2) have a daily rate that is about one-third of the cost of conventional hospitalization, 3) will provide longer term residential treatment than currently is available in the hospital at approximately the same cost, 4) will have recovery rates of 40% to 70% for adults who receive or would receive a diagnosis of serious mental illness, and 5) will demonstrate a cost savings of 43% over the lifetime of an individual.

Stakeholders and Partners

Soteria has involved many stakeholders in the development of this plan. Included among stakeholder groups are tribal health organizations, Alaska Division of Behavioral Health, The Alaska Mental Health Board, The Consumer Consortium and other consumer groups, the Division of Vocational Rehabilitation, Providence Alaska Medical Center, Southcentral Foundation, Alaska Psychiatric Institute and Anchorage Community Mental Health Services.

Facility and Capital Funding

Soteria-Alaska will either purchase or rent a house in Anchorage. Soteria is actively seeking capital funding through one or more foundations. There have been positive meetings with the Rasmuson Foundation and also with the Agnew::Beck Consulting who will assist in the seeking of these funds. The Foraker Group has been involved in the process of developing this plan and in accessing the appropriate sources.

Sustainable Funding

If funded for start up of operations, Soteria-Alaska will transition away from support from The Alaska Mental Health Trust Authority and be fully self sustaining by June 30, 2009. In order to achieve this Soteria-Alaska will need to secure a blend of funding streams. Included among the possible funders are Medicaid, tribal health organizations, private insurance, the state Division of Vocational Rehabilitation, self payers and the state General Fund/Mental Health. Soteria-Alaska will use AMHTA funds to develop the program and to cover expenses until the house is filled and permanent funding is secured. Soteria-Alaska is requesting the following funds from AMHTA:

$117,905 for the period 10/1/06 through 6/30/07
$321,671 for the period 7/1/07 through 6/30/08
$146,183 for the period 7/1/08 through 6/30/09

Soteria projects a need for GF/MH as follows:
$59,192 for the period 7/1/07 through 6/30/08
$293,072 for the period 7/1/08 through 6/30/09
$406,015 annually for ongoing operations of the house

Soteria also requests that the staff and the Board of Trustees continue to provide technical assistance and advocate for the procurement of permanent sustainable funding for this very important addition to the Alaska behavioral health system.

II. The Organization and its Environment

Soteria-Alaska, Inc.—A Description

Soteria-Alaska, Inc. was established to provide an alternative to psychiatric hospitalization for adults in Alaska who are newly diagnosed with mental illness. Soteria-Alaska, Inc. will follow the principles established by Dr. Loren Mosher in the Soteria-House project he developed in California in 1971. [1] That project and similar projects around the world have been the subject of rigorous scientific research and qualitative study. Much has been learned about the positive effects of implementing care that primarily relies on psychosocial principles and interpersonal relationships. Soteria-Alaska, Inc. will create a healing environment that is a unique addition to the Alaska behavioral health service system in that it adds the choice of a home-like supportive environment in lieu of hospitalization for those people who choose it.

Soteria-Alaska, Inc. was incorporated as an Alaska non profit on January 23, 2003 and was recognized as exempt from federal income tax under the 501 (c) (3) of the US Internal Revenue Code on March 15, 2005 (Refer to Appendix A, Advance Determination Letter).

At least 10 world studies demonstrate that people with even the most serious of mental illnesses recover (Harding, C, 2001) (Refer to Appendix B for a summary table of 7 outcome studies). Twenty-three to forty-five per cent of people with schizophrenia are considered fully recovered (Siebert, A., 1999*).* One predictor of non-recovery is living in a wealthy country such as the US (Whitaker, R., 2002). Some things associated with higher rates of recovery include:

- an expectation that people will recover,
- a top down system vision that people are likely to recover vs. a vision of maintaining people in the community on medication,
- vocational rehabilitation (Harding, C, 1996).

There has been evidence for some time that people recover from even the most serious of mental illnesses, yet we continue to provide services as if we believe people do not recover (Anthony, W., 2001).

In 1971, the first Soteria House opened its doors. It was driven by many of the values that now are currently in vogue and espoused by behavioral health systems, but not implemented, and it embodied many of the components that are associated with what we now know is evidence-based practice.

[1] For a full description of the original Soteria refer to Soteria Through Madness to Deliverance by Loren R. Mosher, Voyce Hendrix with Deborah C. Fort, 2004.

Since the concept of Soteria House emerged more than 35 years ago, other houses modeled after the original Soteria House have been developed around the world and have demonstrated excellent outcomes (Refer to Appendix C for a summary table of outcomes and benefits of Soteria House, Soteria model replications and similar residential alternatives to hospitalization). The recovery outcomes are equal to or better than outcomes with hospitalization and an emphasis on medication in the short run. The long term outcomes surpass outcomes for people who are hospitalized and take neuroleptic medicines (Mosher, L., 1999).

Soteria-Alaska was placed on the Alaska Mental Health Board priority list in 2004. In February, 2006, the Alaska Mental Health Trust Authority provided funding to develop a business plan. A broad-based stakeholder group has participated in the planning during this phase of Soteria's development (Refer to Appendix D for a full list of partners). Technical assistance has been provided by a number of people and organizations including The Foraker Group and the Agnew::Beck Group.

Soteria-Alaska, Inc. will be available to adults in Alaska who are experiencing acute symptoms of serious mental illness. The house, itself, will be located where zoning permits aggregate living in or near Anchorage. The original Soteria director, Dr. Loren Mosher offered this suggestion to Soteria-Alaska prior to his death in 2004:

> "What is needed is a house that can get a license to treat acutely *mentally ill* persons. It needs to be zoned so 6-8 unrelated persons can live there. Detached houses are best as there is then space to allow for noise and some odd goings on".

Housing scenarios that are being investigated (and will be determined during the next phase of development) include

1) House purchase and renovations to meet program specifications in Anchorage, or
2) House rental in Anchorage , or
3) New construction in Anchorage

We are actively seeking capital funding for house purchase and/or renovation as described in Section VIII of this plan. The procurement of capital funding is contingent on the procurement of operations funding

Six to Eight people who meet the criteria and choose this form of treatment will live in the house with at least two staff on duty at all times. Size, location, neighborhood and community services will be considered in deciding the location of the house.

Purpose, Mission Vision

Purpose: To allow people with acute and long term symptoms of mental illness to recover in a non-coercive, home-like environment, with choice about medication, using the development of personal relationships as the primary intervention. Using this approach the trajectory of chronic disease, disability and costly hospitalizations can be averted for many people.

Vision: Alaskans who are diagnosed with serious mental illness will have access to a full range of environments and services that change their trajectory from one of chronic disability to health and community inclusion. Soteria-Alaska will be one piece of the behavioral health system that supports this vision.

Values:

1. Non-coercive
2. Recovery-oriented
3. Individual choice
4. Easy access to appealing behavioral health services
5. Informed self-determination
6. Flexibility

Mission: Soteria-Alaska provides a safe, non-coercive, home-like environment where people in Alaska who are diagnosed with serious mental illness recover from acute and long term symptoms and avert the trajectory of chronic disability and poverty. We are an evidence-based, cost-effective alternative to hospitalization that is responsive to individual needs, desires and cultural values.

The Community Need

Soteria-Alaska is a necessary addition to the Alaska behavioral health system because:

1. There are few alternatives to hospitalization for adults with acute symptoms of serious mental illness in Alaska.
2. There are no safe full time alternatives for adults who do not wish to take neuroleptic medications because of their long-term negative side effects or for whom neuroleptic medications are not effective.
3. Soteria-Alaska is an inexpensive way to add 8 beds into an overburdened behavioral health system for adults in Alaska.
4. The adult acute care psychiatric beds at Alaska Psychiatric Institute (API) and Providence Alaska Medical Center are routinely at or above capacity (Refer to Appendix F, Census Information and footnote 2 that follows). There just are not enough beds for adults with the acute symptoms of mental illness in Alaska.

5. There are few programs that are culturally sensitive to Native and rural Alaskans. A smaller, more flexible setting would be more conducive to meeting the needs of rural Native Alaskans.
6. There are few services that are consumer-driven, consumer-run and/or include peer practitioners.

Evidence for the community need:

Alaska has the following options for adult psychiatric hospitalization:

Alaska Psychiatric Institute (API):

- 72 beds with a maximum capacity of 80 under certain circumstances.
- Crisis Recovery Center (CRC): 8 beds, eventually 16 beds
- Providence Alaska Medical Center: 12 Adult beds
- Fairbanks Memorial Hospital: 20 beds for adults and children
- Bartlett Regional Hospital: 20 beds for adults and children

In addition to the above listed psychiatric beds there are a small number of beds in the rural communities. For example, there is one bed in Dillingham to accommodate people who are dangerous to themselves or others from the Bristol Bay area. There are similar beds in other of the rural hospitals including Kodiak. API and Providence Alaska Medical Center are regularly at or above capacity.[2] A comparison of the availability of state and county psychiatric hospital beds in the US conducted by SAMHSA places Alaska as having the lowest number of inpatient beds even compared to state with similar populations (SAMHSA, 1998).

Affluent countries that tend to rely primarily on medication maintenance have been found to have poorer recovery outcomes than countries that are less affluent and incorporate other non-medicine alternatives. (Whitaker, R, 2002). This information is rarely, if ever, offered to people who are newly diagnosed with mental illness, therefore making it impossible for them to make an *informed choice*.

Even though there is some evidence that hospitalization and long term neuroleptic medications may be related to poorer recovery outcomes for certain acute psychiatric patients, there are few, if any, alternatives to hospitalization for people who seek them. The original Soteria House modality was found to be as effective as hospitalization with medication in the short term alleviation of acute symptoms of schizophrenia (Mosher, L., 1999 and Mosher, L., Hendrix, V. and Fort, D., 2004). Over the course of a person's life span the Soteria House model was found

[2] Information on psychiatric hospital beds and usage has been received from Robert Hammaker, Alaska Division of Behavioral Health, Ron Adler, API and Jerry Jenkins, ACMH and Aron Wolf, consultant, Eric Holland, Bristol Bay Area Health Corporation.

to be more effective in decreased use of services, community inclusion, averting the trajectory toward chronic mental illness and disability (Mosher, L., 1999).

Discussions with representatives from tribal health organizations indicate that there are few, if any culturally-responsive non-tribal and urban psychiatric inpatient services for Native and rural Alaskans. Soteria will be small and flexible. It can be less intimidating for Native and rural Alaskans. Because it is small and flexible, it can be more culturally-responsive. Soteria-Alaska is actively seeking a rural Native representative for its board, preferably someone who has recovered after being diagnosed with serious mental illness.

There are 26 organizations that provide consumer-run services and that belong to the Consumer Consortium. Twelve of these organizations primarily provide services to people who have been diagnosed with serious mental illness. None of these services are designed for the specific population to be served by Soteria-Alaska, nor are they equipped to address the needs of people with acute symptoms. With the exception of Ionia, a small community on the Kenai Peninsula, none are residential.

III. The Programs/Services and Social Return on Investment

Soteria is an alternative to hospitalization. The main value driving Soteria is that the clients have choice and substantial input into their care. It is not coercive. Practitioners inform and educate residents about what treatments may be effective. Soteria will be, first and foremost, an environment that is conducive to recovery.

The Soteria Environment

Soteria-Alaska, Inc will be in a "home-like" facility. Residents will have their own rooms and privacy. In addition, there will be community spaces to include a kitchen, dining room and living room. The facility would have a maximum capacity of 8 residents. Based on research on the original Soteria and its second generation, the projected length of stay is 1-4 months. The residents, along side of staff members and volunteers maintain the operations of the house.

Daily decisions and the flow of daily life within the community are determined by the residents. The role of the staff is to create a safe environment where residents are safe, feel safe, and can conduct their daily life activities while recovering from their acute symptoms. Residents are encouraged to help each other in whatever ways they can.

Individualized plans may or may not include the use of medication as determined by the resident with input and oversight with the Medical Director.[3] The working paradigm is to use the Soteria environment as the main treatment rather than relying primarily on the effects of neuroleptic medications. Other classifications of medications, such as short term use of benzodiazapines to re-establish sleep cycle, may be used in the early phases of Soteria care when indicated and accepted by the residents. The model and the protocols for the use of medication will be similar to those of the original Soteria program as developed by Dr. Loren Mosher. Soteria-Alaska will make alternative therapies including massage, physical therapy, diet or other modalities available to residents. The Soteria safe, supportive and healing environment is the primary care. People choose from a variety of tools and design their own program with guidance and support of staff under the supervision of a psychiatrist and licensed mental health professional.

The Services at Soteria-Alaska, Inc.

Following are services that are available to Soteria residents:

1. Psycho-education
2. Skill development
3. Peer supports
4. Linkages to community environments (living, learning, working, leisure)
5. Crisis intervention
6. Support for reintegration into the community
7. Safe-haven in a recovery-conducive environment
8. Employment supports
9. Alternative techniques for stress reduction (e.g. massage therapy, yoga, meditation)
10. Housing
11. Psychiatric supervision
12. Medication management

Many of these services are fundable by Medicaid under the Rehabilitation Option for individuals who are Medicaid recipients. Employment related services are fundable by the Division of Vocational Rehabilitation.

[3] The Alaskan Supreme Court recently found Alaska Statutes pertaining to the involuntary administration of psychotropic drugs to be unconstitutional for failure to require proof that it is in the best interests of the person or when there are less restrictive alternatives. Soteria-Alaska is such an alternative.

Staffing

Soteria-Alaska will follow the guidelines established by Loren Mosher, M.D. and followed by successful Soteria replications. The intervention will have clinical oversight by masters' level clinician and psychiatrist. One essential element related to the effectiveness of Soteria is the utilization of non-professional staff members who are trained in the philosophy, values and techniques of Soteria, but who do not come with preconceived notions that mental illness must be a chronic and lifelong disabling condition.

Following are Soteria staff positions: 1) Program/House Director, 2) Residential Assistants, 3) Administrative Assistant, 4) Medical Director/Psychiatrist, 5) Expert Consultants and contract workers, 6)Volunteers and trainees. Qualifications and brief job descriptions can be found in Section VI Sustainable Human Resources Plan. Recruitment and hiring of staff members will be influenced by what is known to be effective from the original Soteria House and other recovery-effective services, and that are required by longer term sustainable funding sources (e.g. Medicaid, and the Alaska Division of Behavioral Health).

Intake Process

People will be accepted into Soteria-Alaska when there is a bed available, if they meet the eligibility criteria listed below and do not fall under the exclusionary criteria and so long as the acuity level at the house is not too high to accept the person into the milieu. Preference will be given to people experiencing their first or second psychotic break who have not had substantial prior exposure to neuroleptic medication and who are not considered to be chronically disabled. The intake procedure is as follows:

1. Phone call to House Manager from referral source (Providence ER, API, Superior Court, Other community hospital or emergency rooms in Alaska or other qualified mental health practitioners).
2. Preliminary phone screening.
3. Face to face intake to be scheduled as soon as is possible at the referring facility or at the Soteria House.
4. Medical clearance by the Psychiatric Emergency Departments of Providence Alaska Medical Center, ANMC or Alaska Regional Hospital or by an appropriate primary care physician.
5. If the individual meets criteria they are accepted into the house in consultation with the Medical Director/psychiatrist.
6. The Medical Director/Psychiatrist will meet with the resident within one working day of his/her arrival to Soteria-Alaska for a psychiatric assessment,/and or a review of other psychiatric data.. A preliminary treatment (recovery) plan will be developed by the program coordinator in collaboration with the resident within the first 24 hours of admission.

Client Eligibility

Following are criteria for entrance into Soteria-Alaska:

1. Presence of acute psychiatric symptoms
2. Relatively newly diagnosed
3. Agreement from the potential resident to participate in the Soteria environment
4. Must be medically cleared by a physician (this can be done through an emergency room or referral source)
5. An understanding that the primary/emphasized modalities are the environment, support from practitioners and peers and learning about self directed recovery (medication and other traditional medical interventions are merely ancillary to the emphasized modalities).

People may be excluded from Soteria House on individualized basis if they do not meet the admission criteria or if the acuity of the individual or the house mix at the time would make it dangerous to admit the individual. People with certain cognitive deficits (including certain forms of dementia, developmental disabilities and/or brain injury) may be excluded if the admission team feels that they are unable to benefit from the Soteria milieu.

Discharge

Since Soteria-Alaska is completely voluntary, residents can leave whenever they wish to do so. It is recommended that prior to discharge residents have a well-developed Wellness Recovery Action Plan (WRAP) or similar document that includes a mental health advance directive. It is also recommended that significant others, family or other natural supports as designated by the individual are involved in the discharge planning to the extent that the individual desires them to be involved. While people may be discharged from the residential aspect of Soteria-Alaska, they are encouraged to continue their relationships with other residents and former residents and staff by visiting, and/or becoming a volunteer, trainee or paid staff when positions are available. People who wish to discharge from Soteria and whom the clinical and/or medical director determines to pose a substantial risk of causing serious harm to self or others in the near future may be subject to the initiation of involuntary commitment proceedings. This is expected to be a very rare occurrence, if ever.

Future Program/Service Ideas

The short term future plan for Soteria-Alaska is to open the house, cement sustainable funding by giving it permanence in the Alaska behavioral health system and ensure that Alaskans know of its benefits in the long term treatment of people diagnosed with mental illness. In addition, Soteria-Alaska expects to collaborate with CHOICES, Inc., to continue to enrich the Alaskan

behavioral health services and to provide effective services for people experiencing acute psychiatric symptoms. Soteria-Alaska will continue to strengthen ties with referral sources and other stakeholders including consumer-run organizations and tribal organizations. Soteria-Alaska hopes to become a model for future similar home-like and flexible environments. Prior to opening the house and during its initial stages, outcome measures will be chosen and baseline data collected in order to measure psychosocial outcomes for people who participate in Soteria-Alaska. Measures can include the Client Status Review and other measures embraced by the state of Alaska Behavioral Health Services. Soteria expects to collaborate with the Alaska Department of Health and Social Services/Division of Behavioral Health and with a team from the Institute for Circumpolar Health Studies to put together a service evaluation package. The evaluation package will employ the results areas included in the Alaska State mental health services plan "Moving Forward: Comprehensive and Integrated Mental Health Plan 2006-2011". Soteria-Alaska expects to partner with the Institute for Circumpolar Health Studies or similar consultants to apply for federal funding to measure outcomes and determine the impact of Soteria on the Alaska behavioral health system.

Placement within Strategic Plan/Vision of the Future

In 2004, the Board and consultants for Soteria-Alaska performed a SWOT analysis and began development of an early strategic plan. The Board, consultants and interested stakeholders have stayed true to their early mission and have continued to refine the programming and seek ways of funding Soteria-Alaska. As the implementation of Soteria-Alaska moves forward, the vision of what can be in the future expands. A future vision includes a coalition or joining of programs that meet the elements of a recovery-driven system so that there is a full menu of easily accessed recovery-oriented services in Alaska.

New services might include:

- expanded Soteria beds/replication of the service if there is a demand for this alternative to hospitalization in Anchorage and other parts of Alaska
- a Soteria House replication for native Alaskans
- peer practitioner and recovery specialist training and internships
- expanded services that rely on principles of psychosocial rehabilitation, relationships and community milieu as the primary intervention

Benefit to the Community—Social Return on Investment

Cost savings cannot be thought of in terms of cost of treatment alone. People who participated in the original Soteria project had higher rates of recovery—meaning that they did not become Medicaid and Social Security dependent. In fact, they went to work and paid taxes.
Under the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), the federal government uses a payment calculation base to determine cost savings and payments to providers. The payment calculation base for SSDI is $900.69 and for SSI is $523.95. (Work

World, 2006). To determine savings, one must examine cost of treatment, cost of benefits paid out and loss of taxes not paid into the system. Using the estimated number of residents per year of around 40 persons who will participate in Soteria and the estimated cost savings of 43% on treatment costs, over a 10 year period, there is an estimated cost savings of 1o to 12 million dollars. In addition, people who normally would draw down disability benefits and Medicaid will instead be paying taxes. Considering that Soteria-Alaska will serve around 40 people per year the million plus dollar savings to the system per year seems substantial.

IV. Market Analysis

Stakeholder Analysis

A Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis was conducted in 2004 with regards to the proposed Soteria Project. Following is the SWOT Analysis:

Strengths:

1. The addition of 8 slots for treatment within the community
2. The ability to integrate this program State-wide with outpatient and inpatient treatment facilities
3. The ability to provide clients with choices in their treatment
4. The use of a treatment modality that has been shown to be effective in NIMH-funded studies
5. Use of modalities from the successful Ionia/Alaska program
6. Use of modalities from the Soteria House model
7. A cost-effective treatment for those wishing this alternative

Weaknesses

1. A program new to the Alaska treatment environments
2. No locally trained staff in this form of treatment
3. An untried balance between current practices with medication and those of long term community approaches
4. Perhaps a more complicated referral pattern than that needed for traditional hospitalization

Opportunities

1. The opportunity to develop a new program as an addition to the Alaska environment
2. The opportunity to take some of the admissions pressure off API and the community mental health centers
3. The opportunity to train Alaska staff in several modalities of treatment that are client-centered
4. The opportunity to use this program for basic research on this model of care provision

5. The opportunity to look into expansion of this program as an alternative to the centralization of costly hospital beds
6. The opportunity to be a leader in the nation in demonstrating the effectiveness of this type of approach

Threats

1. Lack of/or inadequate initial funding
2. Inability to find a suitable venue
3. Inability to gain appropriate zoning /NIMBY reaction from neighbors
4. Inability to gain appropriate licenses for the project
5. Inability to fine adequate and interested staff for the project
6. Non-acceptance by the professional psychiatric and other mental health community
7. Possible lack of integration with community treatment programs to allow a continuation of treatment philosophy.

Since the initial SWOT analysis Soteria-Alaska has continued to collaborate with stakeholders.

Following are collaborators and partner organizations that are aware of Soteria and have had an opportunity for input, and who are supportive of Soteria as an addition to the Alaska Behavioral Health system:

- Anchorage Psychiatric Institute (Ron Adler, Duane Hopson, MD)
- Providence Alaska Medical Center Behavioral Health Department (Cyndi Gough, Kimberly Grossman, Mark Pellicciaro, MD)
- South Central Foundation (Doug Eby, M.D., Gordon Hanes)
- The Consumer Consortium (Eliza Eller)
- Consumer Web (Mike Hammer)
- Ionia (Barry Creighton, Eliza Eller, Cathy Creighton)
- CHOICES, Inc. (Andrea Schmook)
- Bristol Bay Area Health Corporation (Eric Holland)
- Cook Inlet Tribal Council (Valarie Naquin)
- Alaska Provider Organization (Steve Horn)
- Anchorage Provider Group (presented to group)
- Alaska Department of Health and Social Services Department and the Division of Behavioral Health (Bill Hogan, Robert Hammaker, Christy Willer, John Bajowski, Frank Peratrovich, Diane Weber)
- Division of Vocational Rehabilitation (Gale Sinnott, Russell Cusack, Duane Mayes)
- Alaska Mental Health Board
- The Foraker Group (Todd Steele, Mike Walsh)
- Rasmuson Foundation (Diane Kaplan and Sammye Pokryfki)
- Agnew::Beck (Beth McLaughlin)

Discussions with stakeholders above were conducted for the purposes of

- Obtaining input
- Identifying concerns/issues
- Developing a consensus
- Gaining support
- Developing funding partners

Following were some expressed questions/concerns from stakeholders as well as solutions and answers in italics developed in collaboration with partners and stakeholders:

1. The service should be consumer-driven and voluntary.

   Soteria-Alaska will be voluntary and consumer-driven by its nature. It will be individualized and self-directed.

2. How will the treatment be respectful and sensitive to cultural needs?

   Soteria-Alaska will be flexible and easily responsive to various cultural needs. At the suggestion of tribal organization representatives Soteria will add tribal elders to its consultant pool and will try to recruit Native and rural Alaskan representatives to its board of directors. Tribal representatives from South Central Foundation, Cook Inlet Tribal Council and Bristol Bay Health Corporations are very interested in Soteria and state that it is very appealing alternative to Native and rural Alaskans. They are interested in collaborating with Soteria to insure that it is culturally responsive. This treatment mode relies on the community milieu and the use of alternative healing practices.

3. Soteria should not be presented as acute hospitalization.

   While Soteria-Alaska has been designed to address acute psychiatric symptoms, it is not a hospital. The environment will be home-like; much less structured than a hospital and incorporates a variety of approaches that are not usually found in western medical settings.

4. The cost of the intervention should be less than hospitalization.

   Careful review of costs places Soteria-Alaska at about 70% less than the daily hospital rate. Estimated long term cost savings to the system are even greater.

5. Who will make clinical decisions and give clinical oversight?

There is clinical oversight in the form of a psychiatrist (currently Aron Wolf, M.D.) and a master's level clinician (Susan Musante, LPCC, CPRP).

6. Will medication be refused to people at Soteria?

   Medication will not be refused to anyone who comes to Soteria-Alaska. That being said, it also will not be the primary treatment mode as is the case in hospitalization. People who initially choose to take neuroleptic medications do not need Soteria-Alaska to do so. On June 30, 2006 the Alaska Supreme Court upheld individuals' rights regarding medication by finding it unconstitutional to force people to take psychiatric medications without proving it to be in their best interests or when there is a less restrictive alternative. Soteria offers such an alternative for people who do not wish to take neuroleptic medication. The decision to take or not take neuroleptic medication will be made as an informed choice in consultation with a psychiatrist.

7. If the service is for adults who are in the beginning stages of mental illness, will there be Medicaid support to pay for the service?

   The original Soteria developed by Loren Mosher, M.D. in California in the 1970's was supported primarily by NIMH research funds. That funding stream drove the program and caused it to have artificial limitations on its scope and who it could serve. Initially, Soteria-Alaska promoters felt that Medicaid funding under the Rehabilitation Option would be the primary supporter of the intervention. State policy-makers and providers pointed out that people who are newly in the system are unlikely to have Medicaid upon entry. In addition, relying on Medicaid as the primary funding stream could impact negatively on the way services are provided and affect the overall effectiveness of the program. The Deficit Reduction Act and the current review of Medicaid definition of rehabilitation suggest that over-reliance on Medicaid is risky at best. Therefore, Soteria will be seeking a mix of funding support for the services. State providers and policy-makers, and other providers agree that some portion of the funding must come from the state General Fund/Mental Health (GF/MH) budget[4]*. Achieving this will require broad-based stakeholder partnership and support. Soteria-Alaska is well on its way to cementing these types of relationships and supports. That being said, Soteria-Alaska will meet the requirements to bill Medicaid for psychiatric rehabilitation services and will do so as is appropriate. A small percentage of people will be eligible and some services will be billable Medicaid services.*

[4] In addition, the Alaska Supreme Court's ruling that a court may not order involuntary medication unless no less intrusive alternative is available supports inclusion in the general fund/mental health budget.

8. Soteria-Alaska should become a permanent component of the Alaska Behavioral Health system. How do we achieve that?

   State Behavioral Health leaders suggest that it is possible to incorporate Soteria-Alaska into the state permanent array of services. They have stated that broad-based stakeholder support is essential for this to happen. Representatives from the Alaska Health system have indicated their interest in helping to make this happen. Soteria-Alaska over the course of a couple of years has garnered such support. During the first two years of operation Soteria will join with its supporters to promote the inclusion of the Soteria alternative into the full array of permanent services.

The Industry and Market Trends

1. The National Recovery Movement and System Transformation: The nation including the state of Alaska is shifting toward a recovery-driven system. This is a system that recognizes recovery is not only possible, but probable for people who carry diagnoses that are considered the most serious of mental illnesses. In spite of the movement, systems and practice have been slow to respond. If Alaska chooses to continue to add services such as *CHOICES, Inc., Ionia, Consumer Web, and Soteria*, it will find itself on the cutting edge of transforming its system and practice. The federal government and the entire country are focused on ways of transforming behavioral health systems so that they are effective. Soteria is one example of a service that demonstrates effectiveness in recovery with people who have symptoms of serious mental illness. System transformation involves incorporating effective services, consumer choice and blending funding streams.

2. The President's New Freedom Commission on Mental Health: In 2003, The President's New Freedom Commission identified examples of best, emerging best practice and promising practice in the area of recovery and resilience. These include consumer/peer or family provided or operated services (services that are provided or owned by qualified recipients or family members of recipients of services), employment services and housing (President's New Freedom Commission, Final Report, 2003). Soteria fulfills several of the characteristics identified by the Commission. It is evidence-based; it involves peer provided services; it incorporates housing and employment.

3. Alaska State Plan
Soteria-Alaska fits well with the state priorities as indicated in Behavioral Health state plan for FY 2006-2007. As stated in the plan: *"Services are to be built on the unique strengths of each individual, are culturally sensitive, and are to be delivered in the most normative environment that is clinically appropriate"* Weaknesses identified in the plan include: limited availability of prevention and early intervention, limited breath and intensity of services, need to develop supported employment. In addition, reducing hospitalization and reducing reliance on Alaska Psychiatric Institute for emergencies were cited as goals (Community Mental Health Services

Federal Block Grant, FY2006-2007 State Plan). Soteria has been proven effective as an early intervention diverting the life trajectory away from chronic disability following hospitalization. Soteria provides an effective alternative to hospitalization. In addition, Soteria will assist individuals in maintaining and/or obtaining employment. It will also serve as a training ground and potential employment for people who have experienced recovery and who are interested in working as mental health practitioners. Soteria will collaborate with the Alaska Mental Health Trust Authority and the Alaska Department of Labor including the Alaska Division of Vocational Rehabilitation on work force development issues

4. Myers v. Alaska Psychiatric Institute
The Alaskan Supreme Court recently found Alaska Statutes pertaining to the involuntary administration of psychotropic drugs to be unconstitutional for failure to require proof that it is in the best interests of the person or when there are less restrictive alternatives. To fulfill the Supreme Court's decision the courts must review the benefits and negative effects and to explore the possible use of alternatives prior to forcing one to take psychiatric medication. Soteria-Alaska is one such evidence-based alternative to hospitalization. It is a timely addition to the system.

5. Alaska's Commitment to Recovery-Oriented Services and Peer Provided Services
The Mental Health Trust Authority, the Division of Behavioral Health and the Alaska Mental Health Board recognize the importance of peer provided services. As noted earlier there has been some development and resource allocation to peer/beneficiary-driven services. Soteria-Alaska is an effective intervention that is based in recovery philosophy and values. It has demonstrated recovery outcomes. It is beneficiary-driven and incorporates the use of peer practitioners.

The Competition

There are no services in direct competition to the Soteria-Alaska program. Following will be a discussion of services that serve similar populations, have similar admission criteria and/or may have related missions.

Alaska Psychiatric Institute (API): People with acute symptoms and meeting commitment criteria of being a danger to self or others or gravely disabled are treated here, usually involuntarily. It is a secure facility. The primary treatment is medication. Average length of stay is 13 days. Soteria is similar in its acceptance of people with acute symptoms. It differs in its treatment approach, cost and length of stay.

Providence Alaska Medical Center Adult Psychiatric Inpatient Services: Providence provides services to individuals with acute symptoms and with various diagnoses. The unit is voluntary and has an active treatment program that usually also includes the voluntary use of

medications. Average length of stay is around 7 days. Soteria is similar in its acceptance of people with acute symptoms. It differs in its treatment approach, cost and length of stay.

The Crisis Recovery Center (CRC): CRC, now managed by Providence Alaska Medical Center, serves clients similar to those who will be served by Soteria. It also has similar admission criteria. Its goal, however, is brief intervention to stabilize adults having an acute psychiatric episode. The patients are usually prescribed psychotropic medications. It is very different in its purpose, structure, setting and type of intervention.

Ionia: This community has similar outcome expectations in that it supports the notion of recovery through non disease/medical alternative interventions. It differs from Soteria in that it is a community where people/families come to live and make a lifetime commitment to a particular lifestyle.

CHOICES, Inc: This is a peer-run program to help adults recover in the community. Soteria views CHOICES as complementary and expects to work closely with Choices by accepting referrals and making referrals.

Competitive Advantage and Strategic Position

1. *The Soteria model costs less per day than psychiatric hospitalization and has better long term outcomes.* Soteria-Alaska's daily rate will be $360 per day. The daily rate at API is upwards from $900. The daily rate at Providence Alaska Medical Center is $1,200.

2. *The Soteria model has demonstrated similar short term outcomes to hospitalization and improved long term psychosocial outcomes compared to psychiatric hospitalization.* A Soteria House program currently operating in Berne, Switzerland has found excellent recovery outcomes in 2 to 12 weeks (Mosher, L., 1999).

3. *Soteria-Alaska has a longer average length of stay than API or Providence Alaska Medical Center.* The longer length of stay allows people a longer time to recover from acute symptoms rather than masking or ameliorating symptoms for brief periods of time. Even with the longer length of stay, Soteria will demonstrate longer term cost savings (Refer to Section III. Page 9, The Programs/Services and Social Return on Investment).

3. *Soteria-Alaska projects about a 1 million plus savings to the system per year by serving 40 persons each year.* Section III, discusses the long term savings to the system.

Opportunities for Inter-Agency Collaboration

The list of stakeholders and collaborators has been listed previously and in Appendix D. Soteria-Alaska initiated discussions with representatives of provider organizations. The discussions cover the following agenda items:

- Description of the population that each serves
- Identification of specific services provided by each
- Concerns about the project
- Ways in which each complements the other
- Opportunities for ongoing collaboration
- Potential for sharing rather than duplication
- Opportunities for sharing/procuring extra funding

Following are some collaborative opportunities that have been identified:

1. *Collaboration between Soteria and Providence Alaska Medical Central Psychiatric Emergency Department*: When someone is evaluated at Providence Alaska Medical Center (Providence) Psychiatric Emergency Department and meets the admission criteria for Soteria and chooses this alternative, Providence staff will call Soteria. Soteria will not need to duplicate the psychiatric evaluation that has occurred. In addition, Providence can provide the medical clearance that is necessary prior to admission. The Soteria staff will meet with the individual for a brief interview to ensure that s/he understands this alternative and if all agree, will transport the person to the Soteria environment.

2. *Collaboration between Soteria and Choices*: Choices provides peer support and case management in the community. When an individual is ready to return to the community they may be referred to Choices to ease the transition when appropriate. If someone involved with Choices' services develops acute symptoms, but prefers an alternative to hospitalization, they may easily access Soteria. Soteria and Choices will work closely together and expect to share resources when appropriate and possible. There may be some opportunities to share administrative resources in the future.

3. *Collaboration between Soteria and Bristol Bay Health Corporation*: Bristol Bay is a large geographic area with 33 villages and one inpatient adult psychiatric bed. In fact, each year, approximately 32 individuals require hospitalization. Some are involuntarily transported and admitted to API or Fairbanks Memorial Hospital. Hospitalization in a city is traumatic for a native Alaskans who are from a small village. Soteria is an alternative with the flexibility to include traditional practice in a home-like environment. Bristol Bay Health Corporation can provide guidance to Soteria to ensure that the intervention is culturally appropriate for the individual. This is one example of

collaboration with native health corporations. We have also had discussions with representatives from Cook Inlet Tribal Council and South Central Foundation. Soteria's small home-like environment is particularly conducive to providing treatment for Natives that will incorporate traditional Native practice and values. The Native health corporations are extremely interested in partnering with Soteria. We are engaged in discussions regarding the possibility of reserving beds for the Native health corporation beneficiaries as well as in exploring funding possibilities.

4. *Collaboration between Soteria and South Central Foundation (SCF)*:
A recent meeting with South Central Foundation representatives Doug Eby, M.D. and Gordon Hanes, VP for Behavioral Health identified the several areas for collaboration and further discussion. Among these focus areas were medical services from SCF, training on culturally relevant services, treatment services from Soteria for SCF beneficiaries.

5. *Collaboration between Soteria and API*: API regularly approaches or is above capacity. Soteria can assist by providing extra beds in the adult system. It can also provide an alternative for people who do wish to take minimal or no neuroleptic medication and who wish to access alternative treatments. This is an important addition, in light of the recent Alaska Supreme Court decision in *Myers vs. API*. Soteria-Alaska is one possible evidence-based alternative to hospitalization. It is a timely addition to the system.

6. *Collaboration between Soteria and the Alaska Department of Health and Social Services and the Division of Behavioral Health:* Soteria is an effective practice with a strong evidence base. Alaska Division of Behavioral Health is interested in investing in evidence-based practice. It is also interested in capturing data about service cost, utilization and effectiveness. Soteria has a commitment to capturing the same types of information. Soteria is ready to participate in the collection of data consistent with state initiatives. Soteria-Alaska plans on collaborating with the Division of Behavioral Health and with the University of Alaska Institute for Circumpolar Health Studies to choose outcome measures and to seek state and federal funding for an impact/outcome study. Soteria also hopes to work with DBH to incorporate the Soteria project into its permanent continuum of services as an effective best practice that will provide long term cost savings to the system.

Community and Stakeholder Support

Soteria-Alaska has made stakeholder involvement and collaboration a priority. The process for this has been discussed in previously in this Section IV Market Analysis and Appendix D. Letters of endorsement from stakeholders and partners can be found in Appendix H.

V. Marketing Plan

It will be the responsibility of the Program Director and the Board of Directors to market Soteria-Alaska for the purposes of: 1) attracting appropriate residents, 2) educating the public and the psychiatric community about recovery and effective practices, 3) obtaining ongoing and sustainable funding for maintaining and growing the program, and 4) including Soteria as a permanent service in the continuum . Soteria will employ a state-wide and national marketing plan that will identify it as an evidence-based best practice and that will attract residents who will help to sustain the program.

Direct Marketing to General Public and Potential Residents:

- TV and radio public service announcements
- Press releases
- Promote the publication of related articles on health in the local newspaper
- Public education to family members (NAMI, other family oriented organizations)
- Public education to civic organizations
- Active participation in networking events

To Other Service Providers and Potential Referral Sources:

- Participate in local and state provider organizations and the state-wide consumer consortium
- Meet regularly with referral sources and potential referral sources
- Meet with Native organizations and participate in networking opportunities with Native organizations
- Hold a stakeholder event at least annually
- Participate in Alaska Mental Health Board (AMHB) meetings and report progress at the public comment period

To potential funders and state collaborators:

- Meet regularly with state policy makers
- Develop and distribute an email newsletter
- Collaborate with state policy makers on common agendas and presenting to the legislature regarding funding needs
- Attend and present at national conferences that attract service providers, potential residents and funders

VI. Sustainable Human Resources Plan

Work Plan Timeline

Phase 1—Development—In Progress to end September 30, 2006

Develop a business plan to be presented to The Trust at its September, 2006 meeting for further funding. Staffing required and funded by the Trust include: 1) Contracted Project Director (Susan Musante, LPCC, CPRP), 2) Part Time contracted Administrative Support (Michele Turner), 3) Consultants (Alma Menn, MSW, ACSW and Aron Wolf, M.D.,MMM, CPE, LFAPA), and 4) Other consultants as needed (Refer to Appendix K for resumes).

Phase 2—Continued Development—October, 2006 through December 31, 2007

During this phase the project will continue to develop:

- Capital and other foundation funding will be procured as is appropriate
- Relationships with partners will be fostered and shared cost agreements developed with the state and tribal health organizations
- A specific facility will be identified and secured,
- Renovations as necessary will be accomplished
- Provider number for billing will be procured and credentialing completed
- Policy and procedure manuals including a refined description of the program interventions will be developed
- Recruitment of staff will occur
- Staff will be oriented and trained

Staffing required for this includes all of the human resource personnel described in Phase 1 above and therefore will require similar operations funding. During the final 3 months of the Phase 2, the residential assistants and some volunteers will be hired, oriented and trained in the Soteria method. The Project Director and consultants will provide the training. For a full description of the duties of the residential assistants and volunteers refer to Phase 3 below. A full time Administrative Assistant will be hired during the last three months as well.

Phase 3—Implementation—Opening the Doors—January 1, 2008 through June 30, 2009

During this phase Soteria-Alaska will open its doors. Following is a listing of staff that will be needed followed by brief job descriptions and qualifications:

1. *Program Director*

Job Duties: Ensure that the vision, mission, values and critical elements drive services. Provide the clinical oversight and supervise paid staff, volunteers and trainees. Provide outreach, education and ensure stakeholder collaboration in the program development,

ongoing growth and program evaluation. Ensure that the program meets funding/billing/state licensure criteria. Procure ongoing funding through a variety of sources including General Funds/Mental Health (GF/MH), Medicaid, Division of Vocational Rehabilitation, federal funding (e.g. SAMHSA) and private insurance/self pay, foundations and other fund-raising activities.

Qualifications: Minimum of a Masters degree in a related discipline. Appropriate licensure/credentials to practice independently in Alaska and to oversee billable services. Meets preferred practitioner qualifications listed in Appendix G (Mosher, L and Burti, L., 1994). Demonstrated expertise in recovery with people who carry serious mental illness diagnoses and experience acute symptoms. Demonstrated expertise in management and program development.

2. Residential Assistant
Job Duties: Ensure a safe environment within the house. Provide support to new residents and help them work through the acute psychiatric symptoms in a safe environment. Ensure that house is maintained and that residents have access to regular nutritious meals, exercise, stimulating and engaging activity as is individually appropriate/desired. Provide psycho-education and skill development. Help residents to access community activities related to goals of going to school, working, living independently, accessing recreational/leisure environments. Provide supports to residents as they begin to move back into the community. Facilitate interaction between residents as is necessary and appropriate. Assist in the development and writing of recovery plans, progress notes and house logs with residents and licensed staff.

Qualifications: Bachelors degree preferred. Minimum of a high school diploma/GED plus training and/or life experience that prepares them for working in a residential environment with people who experience acute psychiatric symptoms. Appropriate credentials to provide billable services in Alaska as a Case Manager, Clinical Associate or Recipient Support. People with personal experience with recovery from mental illness and/or substance abuse will be sought. Personal experience with recovery will be considered an asset. Graduates of Soteria or similar programs who meet the qualifications and match the preferred practitioner qualifications listed in Appendix G will be given preference. In addition, to fulltime workers, there will be contracted workers to cover for illness, vacations and in times of high acuity as needed.

3. Administrative Assistant
Job Duties: Oversee office operations, filing, and paper-work flow. Act as receptionist. Under supervision from the Director arrange for and oversee house maintenance and contractors. Ensure that billing and documentation are completed in a timely fashion and correctly processed.

4. Medical Director/Psychiatrist
Job Duties and Hours: Be available 8 to10 hours per week to provide psychiatric services, and clinical supervision and to be a part of the intake process.
Qualifications: Minimum of an M.D., who is a board certified psychiatrist and who embraces practice within the Soteria philosophy/modality.

5. *Consultants/contract workers*:
A variety of consultants/contract workers may be employed on an hourly basis to provide alternative treatments such as massage therapy, yoga training, meditation, nutrition advisement/meal planning, etc. to residents and staff members. An on-call licensed mental health professional and a psychiatrist will be available while regular staff members are off for vacation and/or illness.

6. *Expert Consultants*
Individuals with specific areas of expertise may be called upon periodically. Examples include Native elders to assist in ensuring that the services are designed to be culturally appropriate for Native Alaskans. Other examples include people with residential experience and people with fee for service billing experience. The University of Alaska will provide consultation under contract to administer a quality control component for the program.

7. *Volunteers and Trainees*
A variety of volunteers will be utilized to provide support, enrich the house and learn about the Soteria method. Volunteers, students and trainees will be treated like staff in that they will have specific duties and expectations related to their expertise and needs of Soteria House and its residents. Volunteers and trainees will have a written agreement to include an agreement about number of hours, confidentiality and supervision. There will be a protocol for recruiting and accepting volunteers and trainees.

Phase 4—Ongoing, Sustained Program—July 1, 2009—ongoing

Soteria-Alaska will become a sustainable integral component of Alaska's mental health program, sustained by a mix of funds to include GF/MH funding, Medicaid, Vocational Rehabilitation grants or case service support, third party/private insurance billing, contracted beds, and Self Pay on a sliding fee scale. Outcome data will have been collected and the impact of Soteria on the system will be reported to partners. Soteria will continue to collect and present findings demonstrating its effectiveness. Staffing required for this phase is the same as in Phase 3 above.

Human Resources Policies and Procedures will be developed during the Phase 2 of the project, Soteria will continue to draw on expertise from partners (e.g. The Foraker Group)

and available technical assistance manuals. The HR manual will include but not be limited to policies and procedures described below:

Recruitment Plan

The Department of Labor, the Division of Vocational rehabilitation and other appropriate state departments, as well as the University of Alaska and professional and consumer networks, will be notified as positions become available. Soteria-Alaska, Inc. welcomes people regardless of race, gender, cultural affiliation, religion, gender or age. Soteria-Alaska, Inc. seeks people with personal experience with recovery for all of its positions.
The Project/House Director has already been hired and is involved in this proposal. Dr. Aron wolf, who is presently acting as a consultant to this project has agreed to be the first medical director on an interim basis until a permanent medical director can be recruited.
Consultants for the development of a Soteria Project similar to the original project are already on board. Initial discussion with Dr. Brian Saylor at UAA about a quality measurement program has also begun.
Other consultants will be recruited through trade publications, newspapers, word of mouth, other appropriate venues according to the area of expertise (e.g. message therapists will be recruited through word of mouth, trade publications and from schools, tribal elders through tribal organizations).
The administrative assistant will be recruited via newspaper advertisement, word of mouth and schools.
Residential Assistants will be recruited from schools, volunteer pool, the general public and consumer communities.

Training

Training will be available on the job from the Program Manager, Medical Director and consultants. One such consultant, Alma Menn, the administrator of the original Soteria House and who is internationally sought for this type of training is available to Soteria-Alaska for such training. In addition, other training opportunities will be made available under a small budget at conferences and other meetings. Training will focus on interpersonal competencies, cultural responsiveness, effective recovery practice and specific Soteria techniques. Training will be individualized to the worker and the needs and desires of the residents

.

Retention Plan

Competitive compensation, on the job training, promotional opportunities and passion for the work will be the lynchpins of the retention plan. During the next phase of the project an HR manual will be developed. The original Soteria found, to its surprise, that neither burnout nor turnover was a problem.

Compensation and Incentives

A salary survey of residential/mental health workers and case managers is being conducted in order to determine wages for the residential assistants. Wages run from minimum wage to $18/hour in the state depending on setting, geographic location and education. For purposes of this proposal we are using a $15 per hour figure, but there will likely be a range depending on experience and education. This hourly rate is competitive with other similar positions at Anchorage Community Mental Health Services and API.

Staff Evaluation Plan

The staff evaluation plan will be defined explicitly in the HR manual to be developed in the project development Phase 2. In general, it will be driven by essential worker competencies and annual goals.

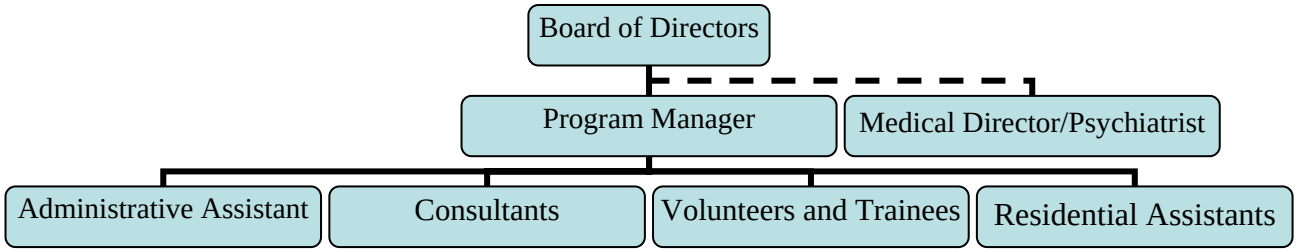
Volunteers Utilization and Management

There will be specific polices and procedures regarding the recruitment, supervision and training of volunteers. Volunteers, while unpaid, are an essential configuration in the Soteria environment. The original Soteria House had many such volunteers including former residents and mental health practitioners who wanted to learn first hand how Soteria achieved its successes.

VII. Governance and Leadership

Organizational Chart

Following is the Soteria-Alaska organizational chart:



Soteria Alaska is governed by a Board of Directors with membership of no less than three members and no more than 11 members. Currently there are 3 members of the board, but during the next phase of its development, Soteria expects to expand the board. Members must be at least 19 years of age and two-thirds of the members must be a past or present recipient of mental health services of such a nature that inpatient care may have been necessary. Soteria-Alaska has made a commitment to expand the board in the next phase of its development and in particular will recruit members from various stakeholder groups including Native Alaskan groups. (Refer to Appendix J Bylaws).

Key Management Decision Makers

The Program Director is responsible for the development and day to day operations and clinical oversight of Soteria-Alaska. The Medical Director is responsible for psychiatric/clinical oversight in coordination with the Program Manager. All staff and volunteers are supervised by the Program Director for day to day work activities. The Medical Director and the Program Director share clinical oversight responsibilities and will provide cross supervision as is appropriate. The work of the Program Director is overseen by the president of the board of directors under the direction of the board. Professional consultants and other contract workers take their direction from the Program Director and/or Medical Director and/or Board of Directors as is appropriate.

As stated earlier in this plan, there are ongoing discussions regarding the advisability of sharing certain administrative functions and/or board functions with Choices, Inc., which is a

consumer-run recipient-support/case-management program in Anchorage. These discussions will continue into the next phase of this project.

VIII. Facility Operations Plan

Possible Facility Strategies

There are several factors to be considered in choosing and procuring a site:

1. The house and location meet the specifications that are conducive to the recovery of its residents
2. The house and location must meet municipal and state codes of operation
3. The house must be in an appropriately zoned location

There are three possible scenarios regarding the Soteria House facility. They are listed in order of preference below:

1. **House purchase** and renovations as needed to meet program specifications in Anchorage (Refer to Appendix I for a listing of available houses)

Benefits:

- Can choose neighborhood related to Mosher's recommended characteristics described in Section 1
- May be less costly than new construction
- Can start program earlier than with new construction
- Reduces monthly operations expenses

Drawback:

- Zoning and neighborhood acceptance may be an issues

2. **House rental** in Anchorage

Benefits:

- No start up delays related to construction costs
- A good option if Soteria doesn't procure the capital funding that it expects

Drawbacks:

- Zoning and neighborhood acceptance may be issues
- Monthly costs are higher than

3. **New construction** in Anchorage

Soteria in collaboration with one of its partners has identified PLI land and Trust land adjacent to API.

Benefits:

- The land is convenient to mental health services and referral sources.
- It is close to the University and other hospitals where staff and volunteers are likely to be located.
- It is convenient for public transportation and other services (shopping, etc.)
- The location characteristics are similar to the original effective Soteria House.

Drawbacks:

- Availability and process for procuring it are uncertain/unlikely at this point
- It will require new construction and therefore implementation may be delayed for an additional fiscal year.

Capital Funding Strategy for Soteria-Alaska

Soteria is requesting start up operations funding from the Alaska Mental Heath Trust Authority at the same time that it is pursuing capital funding. The possible funders that are being pursued by Soteria-Alaska include the Rasmuson Foundation, the Alaska Housing and Finance Corporation and other private foundation and federal funds.

Rasmuson Foundation: We have met with Diane Kaplan of the Rasmuson Foundation to discuss the possibility of procuring capital funding for the purchase of a house. She encouraged Soteria to apply to Rasmuson for $25,000 for site procurement and then apply for capital funding when Soteria has procured operations funds and a site. The preliminary response from Rasmuson has been very positive. According to Nancy Burke, Soteria is included in the pre-development projects with The Trust.

Alaska Housing and Finance Corporation (AHFC): Soteria has had discussions with Frank Peratrovich, Housing Specialist with the state Behavioral Health Services Division. He encouraged us to explore the Special needs housing programs. To that end, Soteria has had conversations with Mark Romick from the AHFC. Soteria-Alaska serves one of the eligible populations. However, it may not be eligible because the intent of the house is different from the intent of the AHFC‘s intent of providing permanent housing. Soteria is a transitional/temporary residence.

Other Foundations and Federal Funds: Soteria-Alaska at the suggestion of Nancy Burke and Todd Steele of The Foraker Group is working with the Agnew::Beck group to seek other potential funding. Beth McLaughlin is assigned to assist with this task and it is our intention to continue this relationship into the next phase of the project.

Site Selection
Soteria is currently working with real estate agent, Bob Baer who is experienced in finding similar properties and the challenges of finding the correct site. Soteria expects to continue this relationship as it moves forward to procuring capital funds and site selection (Refer to Appendix I, Real Estate Listings). Mr. Baer has also been helpful in seeking information regarding rental properties and estimating operations costs.

Licensing and Zoning
Soteria-Alaska has been collaborating with the following people to determine what type if any licensure and/or permit is needed to open the program:

- Diana Weber, Robert Hammaker, John Bajowski and Frank Peratrovich of the Alaska Behavioral Health Services
- Laura L. Burrell, Child and Adult Care Specialist, Department of Health and Human Services
- Angela Chambers, Senior Planner, Municipal of Anchorage, Zoning Commission

While a final determination has not yet been made, it appears that under the previous Title 21 Zoning Code Soteria would be classified as quasi-institutional housing and subject to zoning regulations for quasi-institutional housing. Under new code Soteria may be classified as habilitative housing; however, it is not clear if it is subject to the new regulations, since it may be exempt under the Americans with Disabilities Act. At this point the above-listed people are reviewing state and federal regulations to provide us with a preliminary determination. We expect to receive a letter from Angela Chambers within the next week. Soteria will provide The Alaska Mental Health Trust with updates as we receive them.

Cost of House Purchase
The cost of the house will depend on a variety of factors including fluctuations in the real estate market, location and size of home and property. Soteria does not intend on requesting capital funding from The Alaska Mental Health Trust Authority. It does intend on applying for $25,000 for site selection and control from The Rasmuson Foundation and then preparing a full proposal to procure capital funds from The Rasmuson Foundation. I Soteria-alaska fails to procure capital funding for a house purchase, it will rent a house. House rental is estimated to be $28,000 per year and is built into this business plan as an operations expense.

IX. Sustainable Income Plan

The Current Revenue Picture--InProcess

February 1, 2006 through September 30, 2006
Task: Develop business plan
Funding: 100% The Alaska Mental Health Trust Authority
Amount: $78,000

Future and Requested Funding

October 1, 2006 through June 30, 2007
Tasks:

- Pre-operational activities
- Refine program details and cement stakeholder relationships
- Procure capital funding to secure site
- Secure site
- Develop and cement partnerships for sustainable funding (Alaska Behavioral Health Services General Funds/Mental Health, Legislature, Medicaid and Division of Vocational Rehabilitation, etc.)
- Write operations and personnel policies
- Explore and develop billing procedures and policies

Funding: Operations: 100% The Alaska Mental Health Trust Authority
Capital: 100% non Alaska Trust funding (e.g. Rasmuson and/or other foundation funding)
Total Funding requested from The Trust: $117,905

July 1, 2007 through June 30, 2008
Tasks:
First half year

- Purchase house or secure rental house
- Hire and train house staff and volunteers
- Obtain Provider numbers for billing purposes
- Cement and implement billing procedures
- Cement perpetual funding for ongoing sustainability
- Market Soteria to providers and potential residents

Second half year

- Open doors of Soteria February, 2008
- Continue to fill beds gradually increase residents from 2 to 8

Funding: 68% The Alaska Mental Health Trust Authority.
11.5 % Third party, self pay. This includes private insurance, tribal health organizations and individual self pay.
12.5% GF/MH
5% Medicaid. Only one bed will be reserved for Medicaid since the residents will be newly diagnosed and many will not be eligible. Soteria's purpose is to help people avoid becoming Medicaid eligible.

Revenue from sources other than The Alaska Mental Health Trust Authority is only shown on the spread sheet because the house will not only open until February, 2008.
3% The Division of Vocational Rehabilitation for employment services to residents and a training program for DVR clients.

Total funding requested from The Trust: $321,671

July 1, 2008 through June 30, 2009
Tasks: Maintain Soteria operations

Funding: 13% The Alaska Mental Health Trust Authority
33% Third party, self pay. This includes private insurance, tribal health organizations and individual self pay.
37% GF/MH
7 % Medicaid
4 % The Division of Vocational Rehabilitation

Over a thirty-three month period beginning on October 1, 2006, Soteria will start up with operations funding from The Alaska Mental Health Trust Authority, if this plan is approved, and gradually transition revenue sources to blended funding streams of Alaska general funds/mental health, self pay, third party payers, Medicaid, the Division of Vocational Rehabilitation and other donations and independent grants. Capital funds will be sought for house purchase and/or renovations. Private cash donations and/or donation of a van or cars will be sought for transportation. Federal or other types of research funding will be sought for outcomes research. I capital funding is procured for the purchase of a house, the operating budget for this year decreases by $28,000

Total funding requested from The Trust: $146,183

July 1, 2009 through June 30,2010
Task: Maintain Soteria operations

Funding: 33 % Third party, self pay. This includes private insurance, tribal health organizations and individual self pay.
37% GF/MH
7% Medicaid
4% The Division of Vocational Rehabilitation

No funding is requested from The Trust for this year.

Description of Self Pay and Third Party Payers

Medicaid will fund certain services including doctors visits, therapy, recipient support services, individual skill training and group skill training as per state regulations. In order to be able to bill for most of these services, the individual receiving services must be eligible for Medicaid under the rehabilitation option. Soteria will obtain the proper billing authorization and/or join with another organization that has the authorization in order to be able to bill these services. Because Soteria is specifically addressing the needs of newly diagnosed individuals, Medicaid will only be a small part of the funding picture.

Some of the tribal health corporations have been very encouraging to Soteria-Alaska in its development. It is hoped that funding partnerships can be developed with the tribal organizations over the next 9 months.

There has been great interest in a program of this sort from around the world. It is expected that two to three beds will be available to full self pay residents at any given time.

In order to better serve the people from the state of Alaska and to provide a lesser restrictive alternative to hospitalization, a major funding strategy is to obtain General Funds/Mental Health. Soteria is actively seeking partners to insure that this can occur.

X. Financials

Following are four spreadsheets. Each spread sheet reflects a different funding period.

The first spread sheet reflects funding needed to continue with the process of development until the end of this fiscal year, June 30 2007. Soteria-Alaska requests that The Trust rollover $2,000 from the current grant and then to fund Soteria-Alaska with $117,905 additional.

The second spreadsheet reflects funding needed to continue development during the first half of the year and to open the facility during the second half of the fiscal year ending June 30, 2008. Soteria requests that the Trust fund the project at $321,671 for that fiscal year. The third spreadsheet reflects funding needed to continue the operations of the house and to insure that it is stable for fiscal year ending June 30, 2009. Soteria requests that The Trust fund the project at $145,183 for that fiscal year. The final and fourth spreadsheet demonstrates the funding mix once Soteria is no longer dependent on Trust Funds and is for fiscal year ending June 30, 2010. Soteria requests no funding for that fiscal year.

Revenues/Income 10/1/06 through 6/30/07	
Alaska Mental Health Trust Authority Request for Funding	117,905.00
Rollover from period 2/1/06 through 9/30/06	2,000.00
Total Income	**119,905.00**
Expenses 10/1/06 through 6/30/07	
Personnel	-
Contract Services	92,125.00
Program Director	48,000.00
Medical Director/Psychiatrist	20,250.00
Development and Training	7,200.00
Administrative Assistant	11,675.00
Other architects/real estate lawyer. Etc	5,000.00
Administrative	10,000.00
Supplies	800.00
Car Rental/Mileage, etc.	7,200.00
Moving Expenses	2,000.00
Space and Facilities	9,000.00
Equipment	900.00
Travel	5,000.00
Communications	1,190.00
Cell Phone	540.00
Internet	650.00
Publicity/Publications	500.00
Total	**119,905.00**

Revenues/Income 7/1/07 through 6/30/08	**7/1/2007-12/31/07**	**1/1/08-6/30/08**	**Total 7/1/07-6/30/08**
AlMHTA Request for Funding(68%)	**105,470.00**	216,201.00	321,671.00
Insurance and Private Self Pay Pay (11.5%)		54,000.00	54,000.00
GF/MH (12.5%)		59,192.00	59,192.00
Medicaid (5%)		23,677.00	23,677.00
DVR (3%)		15,000.00	15,000.00
Total Income	105,470.00	368,070.00	**473,540.00**

Expenses 7/1/07 through 6/30/08	**7/1/2007-12/31/07**	**1/1/08-6/30/08**	**Total 7/1/07-6/30/08**
Personnel	49,200.00	268,200.00	317,400.00
Program Director	36,000.00	36,000.00	
Administrative Assistant		17,500.00	
Residential Assistants	-	165,000.00	
Trainee Stipends	6,000.00	6,000.00	
Fringe Benefits at 20%	7,200.00	43,700.00	
Contract Services	37,250.00	23,500.00	60,750.00
Program Director	-	-	
Medical Director/Psychiatrist	13,500.00	13,500.00	
Development and Training	5,000.00	3,000.00	
Administrative Assistant	8,750.00	-	
Outcome Collection and Analysis	5,000.00	5,000.00	
Other architects/native elders, etc	5,000.00	2,000.00	
Administrative	6,400.00	27,650.00	34,050.00
Supplies (Office)	600.00	600.00	
Supplies (Food and House)	-	15,000.00	
Activities	-	2,000.00	
Insurance and Fees		4,250.00	
Car Rental/Mileage, etc.	4,800.00	4,800.00	
Professional Development/Training	1,000.00	1,000.00	
Space and Facilities	6,000.00	40,800.00	46,800.00
Office Rental	6,000.00	-	
Utilities		3,000.00	
Miscellaneous/Emergency		4,800.00	
Other House Maintenance--snow removal, etc.		5,000.00	
House Rental		28,000.00	
Equipment (equipment maintenance)	1,000.00	1,000.00	2,000.00
Travel	4,000.00	4,000.00	8,000.00
Communications	1,220.00	1,920.00	3,140.00
Cell Phone	720.00	720.00	
Internet	500.00	1,200.00	
Publicity/Publications (New ads, printed materials,etc.	400.00	1,000.00	1,400.00
Total	**$ 105,470.00**	**$ 368,070.00**	**$ 473,540.00**

Revenues/Income 7/1/08 through 6/30/09	7/1/08-12/31/08	1/1/09-6/30/09	Total 7/1/08-6/30/09
AlMHTA Request for Funding (19%)	119,251.00	26,932.00	146,183.00
Insurance and Private Self Pay Pay (33%)	126,000.00	126,000.00	252,000.00
GF/MH (37%)	96,193.00	196,879.00	293,072.00
Medicaid (7%)	28,326.00	28,947.00	57,273.00
DVR (4%)	15,000.00	15,000.00	30,000.00
Total Income	384,770.00	393,758.00	**778,528.00**

Expenses 7/1/08 through 6/30/09	7/1/08-12/31/08	1/1/09-6/30/09	Total 7/1/08-6/30/09
Personnel	284,400.00	294,888.00	579,288.00
Program Director	36,000.00	37,440.00	
Medical Director/Psychiatrist	13,500.00	13,500.00	
Administrative Assistant	17,500.00	18,200.00	
Residential Assistants	165,000.00	171,600.00	
Trainee Stipends	6,000.00	6,000.00	
Fringe Benefits at 20%	46,400.00	48,148.00	
Contract Services	15,000.00	15,000.00	30,000.00
Program Director	-	-	
Development and Training	3,000.00	3,000.00	
Outcome Collection and Analysis	10,000.00	10,000.00	
Other architects/native elders, etc	2,000.00	2,000.00	
Administrative	36,650.00	36,650.00	73,300.00
Supplies (Office)	600.00	600.00	
Supplies (Food and House)	24,000.00	24,000.00	
Activities	2,000.00	2,000.00	
Insurance and Fees	4,250.00	4,250.00	
Car Rental/Mileage, etc.	4,800.00	4,800.00	
Professional Development/Training	1,000.00	1,000.00	
Space and Facilities	40,800.00	41,800.00	82,600.00
Utilities	3,000.00	4,000.00	
Miscellaneous/Emergency	4,800.00	4,800.00	
Other House Maintenance--snow removal, (	5,000.00	5,000.00	
House Rental	28,000.00	28,000.00	
Equipment (equipment maintenance)	1,000.00	1,000.00	2,000.00
Travel	4,000.00	2,000.00	6,000.00
Communications	1,920.00	1,920.00	3,840.00
Cell Phone	720.00	720.00	
Internet	1,200.00	1,200.00	
Publicity/Publications (Ads, printed materials,etc.)	1,000.00	500.00	1,500.00
Total	**$384,770.00**	**$393,758.00**	**$778,528.00**

Revenues/Income 7/1/09 through 6/30/10

Third Party and Private Self Pay Pay (33%)	252,000.00
GF/MH (37%)	406,015.00
Medicaid (7%)	57,273.00
DVR (4%)	15,000.00
Total Income	730,288.00

Personnel	613,368.00
Contract Services	5,000.00
Administrative	66,820.00
Space and Facilities	34,600.00
Equipment (computer, equipment maintenance)	3,500.00
Travel (In state and out of state for Director and Consultants)	2,000.00
Communications	4,000.00
Publicity/Publications (New ads, printed materials,etc.)	1,000.00
Total	**730,288.00**

XI. References

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XII. Appendices

Appendix A

IRS 501 (C) (3)

Advance Determination Letter

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

MAR 15 2005

Date:

SOTERIA-ALASKA INC
406 G ST STE 206
ANCHORAGE, AK 99501

Employer Identification Number:
84-1641533
DLN:
17053113002044
Contact Person:
DOROTHY M LAWRENCE ID# 31450
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
January 23, 2003
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2007

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

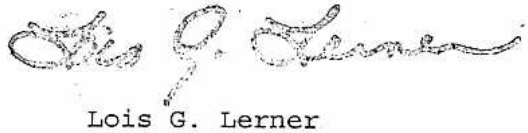
Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

RECEIVED
MAY 23 2005

Letter 1045 (DO/CG)

m 2/28/05

Sincerely,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Appendix B

Sample of World Studies
That Demonstrate
Recovery from Schizophrenia is Possible and Probable
From Courtenay Harding Presentation

The Recovery Vision: New paradigm, new questions, new answers. Mental Health: Stop Exclusion, Dare to Care, World Health Day 2001. Boston University Center for Psychiatric Rehabilitation. http://www.bu.edu/cpr/webcast/recoveryvision.html

Study	Sample Size	Length in Years	Recovery Rates
Bleuler (1972) Zurich	208	23	53 to 68%
Huber et. al. (1974) Germany	502	22	57%
Ciampi and Muller (1976) Lausanne	289	37	53%
Tsuang, et. al. (1979) Iowa	186	35	46%
Ogawa, et. al. (1987) Japan	140	22.5	57%
Harding, et.al. (1987) Vermont	269	32	62 to 68%
DeSisto, et. al. (1995) Maine	269	35	49%

Appendix C

Soteria House and Program Replications
Outcome Table

Summarized from
***Soteria and Other Alternatives to Acute Psychiatric Hospitalization A Personal and Professional Review*, by Loren R. Mosher, M.D., The Journal of Nervous and Mental Disease, 187:142-149, 1999**

Outcomes of Soteria-Like Projects Compared to Hospitalization				
Name	Soteria and Emanon Houses	Crossing Place McAuliff House	Soteria Bern	Other Alternatives from
Start and Location	1971 and 1974 California	1977 and 1990 Washington, D.C. And Maryland	1984 Bern, Switzerland	Various places in the US, from review of literature on alternatives
Recovery Outcomes	*6 Week Outcomes:* With no or little medication had reduced psychopathology at a similar level as people who were hospitalized and took neuroleptic medications. *2 year outcomes*: Higher occupational levels More living independently Fewer readmissions Than people who experienced hospitalization and took neuroleptics.	These alternatives were clinically equal in outcomes as hospitalization at less the cost.	66% of people in this alternative have substantial improvement in symptoms within 2 to 12 weeks with little or no drug treatment.	19 of 20 alternatives were found to be as or more effective as hospitalization at a significantly reduced cost.
Cost Effectiveness	6 Months: costs similar ($4,000) due to extensive use of day care, medications, and therapy for hospitalized people. Lifetime costs are estimated to be substantially higher for people who were hospitalized and prescribed neuroleptics.	Cost 40% less than hospitalization and subsequent care following hospitalization In 1993 there was a savings of $19,000per person per year.	Cost 43% less than hospital care.	

Appendix D
Stakeholders

Soteria-Alaska has consulted with and/or gotten support from representatives from the following stakeholder groups:

1. Consumer provider groups, psychiatric survivors, recovering people
   Consumer Web
   Ionia
   Choices

2. Representatives from rural Alaska and tribal organizations
   Bristol Bay Area Health Corporation
   Cook Inlet Tribal Council
   South Central Foundation

3. State Organizations
   API
   ACMH
   Alaska Department of Behavioral Health
   Alaska Mental Health Board

4. Provider organizations and groups
   Alaska Provider Organization
   Anchorage Provider Group
   Providence Hospital

5. Funders and organizations that support the development and funding of non profits
   The Foraker Group
   Rasmuson Foundation
   Agnew::Beck

Appendix E

Soteria Critical Elements

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 to 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 nonprofessionals, 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:

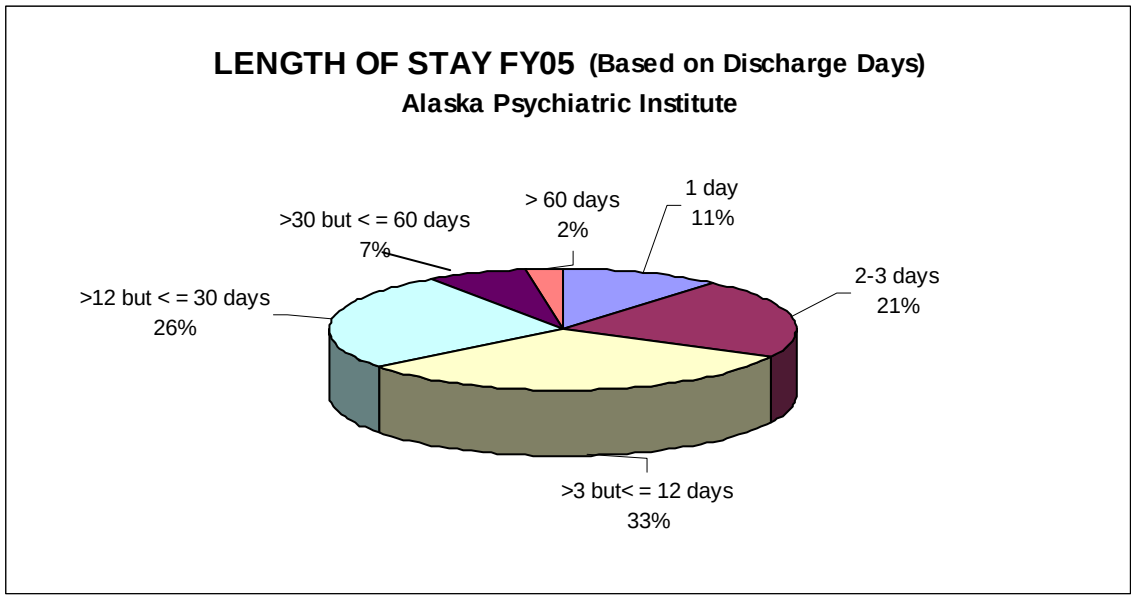
a post discharge relationships encouraged (with staff and peers) to allow easy return (if necessary) and foster development of peer based problem solving community based social networks
b. the availability of these networks is critical to long term outcome as they promote community integration of former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

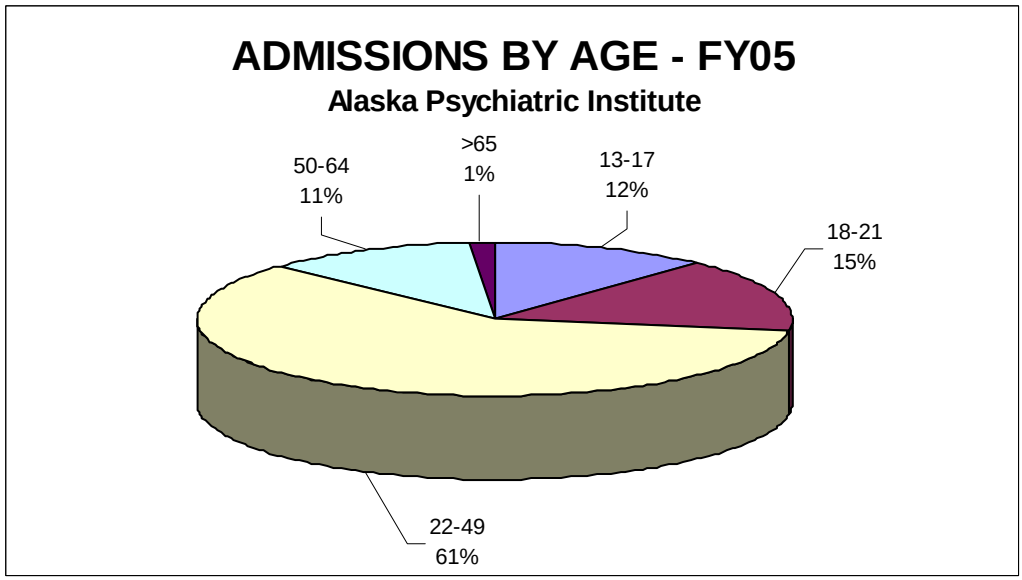
Appendix F

API
Census Information

Total Admissions

	FY02	FY03	FY04	FY05	FY06
Jul	149	124	86	122	115
Aug	117	106	98	110	115
Sep	121	106	93	111	96
Oct	136	89	104	104	136
Nov	108	105	90	106	107
Dec	105	87	88	118	101
Jan	137	110	124	123	123
Feb	120	99	111	115	105
Mar	130	115	122	118	155
Apr	120	116	108	138	124
May	119	78	111	141	136
Jun	103	92	97	105	
Total	1465	1227	1232	1411	1313


LENGTH OF STAY FY05 (Based on Discharge Days)
Alaska Psychiatric Institute
1 day
11%
2-3 days
21%
>3 but< = 12 days
33%
>12 but < = 30 days
26%
>30 but < = 60 days
7%
> 60 days
2%


ADMISSIONS BY AGE - FY05
Alaska Psychiatric Institute
50-64
11%
>65
1%
13-17
12%
18-21
15%
22-49
61%

Appendix G

Staff Selection

1. **Desirable Personality Characteristics**

2. **Relevant Experience**

3. **De-selection Characteristics**

Community Mental Health Staff Selection
Desirable Personality Characteristics

1. Strong sense of self; comfort with uncertainty
2. Open-minded, accepting, non-judgmental
3. Patient and non-intrusive
4. Practical, problem-solving orientation
5. Flexible
6. Empathic
7. Optimistic and supportive
8. Gentle firmness
9. Humorous
10. Humble
11. Thinks contextually

Community Mental Health Staff Selection
Relevant Experience

1. Dealt with real life problem
2. Lived with mad persons
3. Martial arts
4. Local community involvement
5. Training to look at and understand their reactions (e.g. psychotherapy, supervision)
6. Ex-consumer

Community Mental Health Staff Selection
Staff De-Selection

6. The rescue fantasy
7. Consistent distortion of information
8. Pessimistic outlook
9. Exploit clients for own needs
10. Over controlling and needing to do for others
11. Suspicious and blaming of others

Appendix H

Stakeholder Letters of Endorsement

Anchorage Community
tal Health
ices, Inc.

4020 Folker Street • Anchorage, Alaska 99508 • 907-563-1000 • (Fax) 907-563-2045 • e-mail: acmhs@alaska.net • website: www.acmhs.com

25 July 2006

Jeff Jessee, CEO
The Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage AK 99508

Dear Mr. Jessee,

I am writing to express our endorsement of the Soteria-Alaska program as an important addition to our behavioral health system. As you know, Soteria-Alaska is an alternative to hospitalization that relies on the interpersonal relationships between staff and members and a supportive, home-like environment to help people recover from the symptoms of mental illness. Soteria's effectiveness is documented by research conducted on the original Soteria and Soteria replications within the US and around the world.

Anchorage Community Mental Health Services (ACMHS) and Soteria-Alaska share the vision of recovery for people impacted by mental illness and/or co-occurring addictive disorders. Not everyone recovers in exactly the same way or under the same circumstances. Soteria House provides another path that people can choose in Alaska.

ACMHS has been involved in the planning of Soteria-Alaska. We will continue to collaborate by sharing knowledge and by being an active participant as the project progresses toward implementation. Soteria House will be a referral recommendation for some of the people who are served by ACMHS. Conversely, as people graduate from Soteria House, ACMHS will be a referral option. We consider Soteria House a complement to existing services and, as previously noted, it gives consumers another option from which to choose in order to pursue recovery.

In short, ACMHS recommends funding the development and implementation of Soteria-Alaska.

Sincerely,

Jerry A. Jenkins, M.Ed., MAC
Executive Director

Southcentral Foundation

08/03/2006

To Whom it may Concern:

On behalf of Katherine Gottlieb, President and CEO of Southcentral Foundation, I am happy to write a letter of support for Soteria-Alaska and the worthy project they are undertaking.

We are all aware of the tremendous need for early intervention for those newly diagnosed with mental illness. We stand in firm support of efforts that emphasize psychosocial principles and interpersonal relationships. We too believe that relationship is a key ingredient of wellness. Our community is currently unable to adequately meet the needs of those suffering with mental illness. The population shift toward the urban areas has only exacerbated the stress on resources. Certainly an opportunity to support an effort directed at intervening early and reducing the number of those who move into the category of Chronic Mental Illness, seems worthy of significant support.

Thank you for your consideration of this project.

Gordon P Hanes

Gordon Hanes
Vice President, Behavioral Services
Southcentral Foundation

4501 Diplomacy Drive • Anchorage, Alaska 99508
(907) 729-4955 • Fax (907) 729-5000

Providence | Alaska Medical Center

3200 Providence Drive
P.O. Box 196604
Anchorage, Alaska
99519-6604

Tel 907.562.2211

July 24, 2006

The Alaska Mental Health Trust Authority
Board of Trustees
Attn: Jeff Jesse, CEO
3745 Community Park Loop
Suite 200
Anchorage, AK. 99508

Re; Soteria Program in Alaska

Dear Mr. Jesse,

On behalf of Providence Health System in Alaska, and specifically, Acute Behavioral Health, We would like to express our support of the proposed "Soteria-Alaska" program. Our understanding is that this program is an alternative to a medical model approach to health care. The services will be provided in a small home-like environment that is flexible and culturally sensitive.

We often see over 300 patients per month in our Psychiatric Emergency Department. Often patients need a cost effective, long- term option, to allow stabilization and recovery of their mental health condition. This program would be an appropriate option for some of our voluntary patients meeting the admission criteria. The current resources, for our patients, is somewhat limited in the Anchorage community.

Providence is committed to collaborating on referrals to Soteria. We appreciate your consideration to help fund the program that will serve the needs of our patients.

Sincerely,

Cynthia M. Gough

Cynthia M. Gough RN, MS
Director Acute Behavioral Health
Providence Alaska Medical Center

CHOICES, Inc.

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

July 25, 2006

Susan Musante
Project Manager
Soteria-Alaska, Inc.
406 G Street, Suite 206
Anchorage, AK 99501

Dear Susan:

CHOICES, Inc. is extremely supportive of the Soteria-Alaska project. On behalf of CHOICES, I'm writing this letter of support and look forward to collaboration between CHOICES and Soteria-Alaska.

As you are aware, CHOICES, Inc. is about Consumers Having Ownership in Creating Effective Services. Soteria-Alaska is a project that fits with CHOICES' mission since both organizations are about "consumer choice" in program focus and informed choice about medication. The mental health consumer movement has not only been about choice, but about alternative treatment modalities. Soteria-Alaska offers to consumers such an alternative to commitment at API and forcibly being treated with medications against their wills. Many consumers in the movement know from personal experience that there are better ways of treatment that are non-traditional, especially deciding for themselves about medications without the threat of court ordered enforcement when they disagree with the medical model that's entrenched in the mental health system throughout our nation.

CHOICES, Inc. looks forward to working with you in the future and would like to offer assistance and collaboration with Soteria-Alaska.

Sincerely,

CHOICES, Inc.

Andrea Schmook

Andrea Schmook
Project Director

July 31, 2006

Dear Jeff, Nancy, Bill, and the Trustees,

Traditionally, all over the world, serious mental illness has been successfully treated using non-coercive, family like support systems. Soteria House is where this tradition and innovation meet. We at Ionia resonate with this village-like approach, and are very delighted to see this project starting up in Alaska.

We highly recommend that the Trust use it's innovative way of thinking and funding to give support to Soteria Alaska, and we are sure that the partnership between Soteria and the Trust will make all involved proud of it's accomplishments. We predict that many, many consumers will choose Soteria House as their practical step by step pathway to recovery.

Ionia will also be involved to lend support in any way we can to this important addition to the behavioral health system in Alaska. We are hoping that in areas like peer support, individual choice, group dynamic, and diet, our experience can be of use.

Sincerely,

Barry Creighton, President

IONIA INC

54932 Burdock Road Kasilof, Alaska, 99610 907-262-2824

consumers' consortium

July 31, 2006

Dear Alaska Mental Health Trust Authority,

The 24 collected organizations of the Consumers Consortium are fully in support of Jim Gottstein's efforts to begin the Soteria Alaska Project. Having a supportive, non-coercive, pro-choice residential alternative to hospitalization is a vital piece for a recovery based mental health system. The principles of Soteria are based on years of research and experience, yet the challenge of making this work in modern Alaska is an exciting and innovative prospect.

Soteria House will embody many of the twelve guiding principles of A Shared Vision II:

1) It provides consumer- centered services which emphasize flexibility and self determination.
2) It's commitment to choice about medication protects consumer rights.
3) It will be part of a comprehensive system addressing fundamental life needs.
4) It will include consumers, family members, advocates and providers and government agencies working in partnership.
5) The family like atmosphere will build on natural strengths of the consumers and staff involved and their natural community supports.
6) It will be a least restrictive service, emphasizing access to home and family in the community.
7) It is firmly based in a recovery based philosophy, outlook and practice.
8) It will save the state money by preventing endless cycling through the hospital and prisons.

We truly feel that this is a vital step for Alaska, and sincerely hope that the Trust fully funds this important vision. If you have any questions about the Consortium's discussions concerning Soteria House, please don't hesitate to call me.

Yours,

Eliza Eller, chair

54932 burdock road, kasilof, alaska 99610 907-262-2824

Peer Properties, Inc.

- Administrative Offices -
406 G Street, Suite 206
Anchorage, Alaska 99501
(907) 274-7686 Tel. / 274-9493 Fax

July 25, 2006

Susan Musante
Project Manager
Soteria-Alaska, Inc.
406 G Street, Suite 206
Anchorage, AK 99501

Dear Susan:

It is with pleasure that I write this letter of support on behalf of Peer Properties, Inc. for the Soteria-Alaska project.

Having been involved in the mental health consumer movement since the mid-1980s, the movement has always been about "choice." The Soteria-Alaska project is a step in the right direction for the State of Alaska to offer choices between state hospital, private hospitals, and Soteria-Alaska which will afford consumers the opportunity for another program focus and informed choice whether or not to take medications.

If there is anything else that you need, please don't hesitate to call on me personally to assist. Good luck in developing the pilot project for Alaska consumers.

Sincerely,

Andrea Schmook, President
Peer Properties, Inc.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF BEHAVIORAL HEALTH

FRANK H. MURKOWSKI, GOVERNOR

ALASKA PSYCHIATRIC INSTITUTE
2900 PROVIDENCE DRIVE
ANCHORAGE, ALASKA 99508-4677
PHONE: (907) 269-7100
FAX: (907) 269-7128

Mr. Nelson Page
Chair, AMHTA Finance Committee
550 West 7th Ave., Suite 1820
Anchorage, Alaska 99501

Dear Mr. Page:

This correspondence concerns the Trust Budget Planning Process and focus areas for FY 06/07. I understand that a request for funding has been submitted to establish a 'Soteria-type' program in the state of Alaska. Such a program can provide an alternative to acute psychiatric hospitalization for those individuals interested in a different recovery pathway.

In my 25+ years of experience in this field, consumer and family members have taught me that recovery from serious and persistent mental illness is an individualized process. What works for some people does not always work for others. With absolutely no desire to be engaged in the medication vs.. 'no' medication debate in Alaska, certain facts are evident: (1) there is sufficient debate, nationally, on this topic; (2) not all persons benefit from psychotropic drugs; (3) the newer atypical drugs yield the best results when combined with evidence-based psychosocial treatments; (4) some individuals can and will recover in alternative settings.

The fact that some individuals can and will recover in alternative settings was demonstrated during my employment at *THE CLUB,* a Fountain House psycho-social rehabilitation program operated by the University of Medicine and Dentistry of New Jersey. For several years, this internationally known program had 12 residential beds attached to the main clubhouse program. Since it was located in a very large CMHC, medical intervention was available if needed. Clubhouse members (consumers) had the opportunity to use a residential bed as an alternative to acute hospitalization under the following circumstances: (a) the member was 'active' in the program; (b) the treatment team supported the use of the alternative to hospitalization; (c) the member participated in the daily clubhouse activities to the best of his/her ability. Medication was not a requirement for club membership, therefore, not insisted upon for the residential bed. However, the member must be regularly engaged with the treating physician (phone calls, visits, etc.).

My experience at Alaska Psychiatric Institute reinforces what I have been taught during my 'clubhouse' years. API admits over 1300 consumers each year to the hospital. It is estimated that approximately 10% of this population would benefit from an alternative environment for recovery. Such a program, located in the community, should have trained 'peer' counselors with no limitation on length of stay.

In summary, know that I support a planning, development and implementation strategy to establish such a program in Alaska. Moreover, please do not hesitate to use my experience in the planning process.

On a separate issue, Nelson, how about taking a tour of the new facility as it is 80 % complete. I'll follow up with a phone call in a couple of weeks.

Sincerely,

Ron Adler, CEO
Alaska Psychiatric Institute

cc: Jim Gottstein

STATE OF ALASKA

Department of Labor and Workforce Development

Division of Vocational Rehabilitation

FRANK H. MURKOWSKI, GOVERNOR

801 West 10th Street, Suite A
Juneau, Alaska 99801
V/TTY: (907) 465-2814
FAX: (907) 465-2856

Jeff Jesse, CEO
Alaska Mental Health Trust Authority
3745 Community Park Loop
Suite 200
Anchorage, Alaska 99508

Dear Mr. Jesse;

Please accept this letter of recommendation for the Soteria-Alaska, Inc. proposal for funding. Soteria-Alaska proposes to establish an alternative solution to long-term hospitalization for newly diagnosed persons with mental illness. Soteria-Alaska will provide structure and a healthy environment to young persons newly introduced to their mental health issues. Soteria-Alaska's program will assist mental health in-house patients maintain their employment or assist them in finding employment as a healthy lifestyle.

Soteria-Alaska has entered into discussions and planning meetings with Dr. Aron Wolf. Dr. Wolf has been the Chief Medical consultant for the Division of Vocational Rehabilitation for over 25 years. He knows the importance of maintaining employment as a part of recovery and we will look at ways to be involved in this project with fee for services or as an on-the-job training site for peer counselors.

Soteria-Alaska, Inc. presented their ideas to us on how we can collaborate. The Chief of Rehabilitation services,,Assistant Chief and I are all excited about this proposal. I would appreciate your consideration of this project. It has great possibilities for self sustainability once established.

Sincerely;

Gale Sinnott

Gale Sinnott
Director

CC: Soteria-Alaska Project

July 14, 2005

Jim Gottstein
Soteria-Alaska
406 G Street, Suite 206
Anchorage, Alaska

Letter of Support

As a member of the State Mental Health Board, Alaska Psychiatric Institute Governing Board and a person with two mental disorders, coupled with the fact that I am responsible for $10 million in recovery programming I feel I have the expertise and experience to recommend Soteria-Alaska as a wonderful alternative to psychiatric hospitalization in Alaska. As the saying in recovery goes, "Many Roads One Journey." The journey is recovery. How people get there is individualized. Not all people get there the same way or at the same pace. We need to honor these differences and make sure there is a full range of options for all those struggling with mental illness. There is no silver bullet nor is medication for everyone, although I do strongly support medication in many instances, simply not all.

Soteria is steeped in ten world studies that demonstrate the potential for recovery for people with the most serious mental illness. In some cases it is more effective than hospital care in terms of short-term pathology. The model is also more amenable to Alaska Native people than a hospital setting.

As an individual I fully support this new option for Alaska.

Sincerely,

Valerie Naquin
12640 Old Glen Highway #B
Eagle River, AK 99577

UAA UNIVERSITY of ALASKA ANCHORAGE
Insitute for Circumpolar Health Studies

Susan Musante
LPCC-CPRP Project Manager
Soteria-Alaska Inc
406 G St. Suite 206
Anchorage AK 99501

Dear Susan,

The Institute for Circumpolar Health Studies is prepared to discuss specific evaluation procedures in support of your efforts to develop a Soteria Program in Alaska. The approval granted by the Alaska Mental Health Trust Authority to develop a business plan and move toward implementation is strong evidence of the potential value of the program in helping avoid repeated admissions to in patient psychiatric facilities and allowing people with mental illnesses to recover without having to be admitted to an inpatient psychiatric facility.

ICHS staff has extensive experience in mental health service provision and service evaluation. I have 12 years of program evaluation experience here at the University of Alaska Anchorage, and served as the Director of the Alaska Psychiatric Institute in the early 1990s. I was also the Administrative Manager of Anchorage Community Mental Health Services in the early 1980s. I will be working with Dr. Kathy Graves, PhD MSW, who has extensive experience in programmatic administration and clinical service in Alaska. She worked at a transitional living facility in the early 1980s that had programmatic goals similar to those of Soteria-Alaska. As an Alaska Native behavior health researcher, Dr. Graves is uniquely suited to work on this project. I would work with Dr. Graves, your staff and program stakeholders during the initial development of appropriate evaluation measures and again with Soteria and research staff at the end of the project in the final summative evaluation.

We believe that a service evaluation package could be put together which would employ the results areas included in the Alaska State mental health services plan "Moving Forward: Comprehensive and Integrated Mental Health Plan 2006-2011". These measures could include the days of poor mental health, beneficiary involvement with family, school and community activities, receipt of special education services and other measures included in the comprehensive integrated health services plan. Another important measure would be the Global Assessment of Functioning (Axis 5) noted in the DSM4 Manual (pgs 44-47). Client satisfaction would also be a critical measure of success.

3211 Providence Drive, Diplomacy Bldg. 404 ▪ Anchorage, Alaska 99508-4614 ▪ T 907.786.6575 ▪ F 907.786.6576

Program fidelity and the necessary Alaska program adaptations would employ the principles established by Dr. Loren Mosher in a Soteria-House project that he developed in California in 1971.

We would hope to work with Soteria staff to refine appropriate baseline and fidelity measures that would reflect attainable goals established by the State Department of Health and Social Services Division of Behavior Health, the Alaska Mental Health Board and other governing and policy bodies. Baseline data could be compiled before the opening of the program. This would allow a poor comparison between the characteristics of the general population and the characteristics of those admitted to Soteria-Alaska. In addition, it would allow for the accurate benchmarking of progress during the length of an individual patient stay at Soteria.

We would like to work together with Soteria-Alaska to secure funding that will be sufficient to conduct a service evaluation that will cover the duration of the project.

I'll be happy to discuss specific evaluation strategies, protocols and timelines with you at your convenience.

Sincerely,

Brian Saylor PhD, MPH
Director
Institute for Circumpolar Health Studies

Appendix I

Real Estate Listing of Available Houses

Brought to you by Bob Baer

susan

Click on the Listing # or listing photo to view more details. You are viewing listings 1 through 7 of 7 total listings.

Photo	List #	Status	Area	Current Price	Beds	Baths	SF-Res	Short Address	Garage #	List/Sold Price Per SqFt	DOM
	06-3403	Active	10	445,000	6	5	3,959	3501 W 42nd Avenue	2	112.40 / NA	145
	06-9890	Active	10	595,000	6	4.50	4,764	2347 Hialeah Drive	2	124.90 / NA	41
	06-6406	Active	15	378,300	7	4	4,414	155 Potter Drive &159	0	85.70 / NA	90
	06-7575	Active	40	565,000	6	2.50	3,150	1443 Bannister Drive	4	179.37 / NA	70
	06-2870	Expired	15	675,000	6	3.50	3,897	7730 Canal	2	173.21 / NA	137
	06-5141	Expired	40	525,000	6	3	4,290	3101 Sheldon Jackson Street	2	122.38 / NA	91
	06-6469 P	Pending	30	399,000	6	3	3,820	4941 Alpha Circle	2	104.45 / NA	81

All information is deemed reliable, but is not guaranteed. Measurements are approximations. School boundaries are subject to change. Verification of listing data by all parties is recommended. See copyright notice.

Prepared by Bob Baer on Thursday, August 03, 2006 3:28 PM

The information on this sheet has been made available by the MLS and may not be the listing of the provider.

Appendix J

ByLaws

SOTERIA-ALASKA, INC.
BYLAWS

ARTICLE I

GENERAL

Section 1.

Purposes

The purposes for which this corporation are organized are to operate exclusively for charitable, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, including to own and manage real property, by providing prompt, non-harmful, holistic, accessible, client centered, non-coercive, recovery oriented, quality mental health, rehabilitation, and other services, with continuity, that respect and enhance the rights, dignity, and self determination of people seeking help for mental and emotional difficulties by

(a) recognizing that solving practical problems such as (i) finding adequate housing, (ii) financial security, (iii) meaningful activity, (iv) satisfying personal relationships, and (v) social self-help supports is critical to success,
(b) allowing them to determine the design and implementation of their services,
(c) focusing on their strengths, satisfaction and positive outcomes,
(d) promoting natural and community supports,
(e) incorporating their culture and value system, and
(f) finding or building such other supports and services they may desire

to be successful living, working, and playing in mainstream society, and for all other tax exempt charitable, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Section 2.

No Private Benefit

Since its purposes are charitable, the Corporation shall not be conducted for profit or gain, and no part of its earnings or assets shall inure to the benefit of any individual, firm, or corporation, except that reasonable compensation may be paid for services rendered to or for the Corporation in furtherance of its purposes.

ARTICLE II

MEMBERSHIP

Section 1. Membership

This Corporation shall not have voting members unless and until the Board of Directors shall duly amend these by-laws to provide for such membership.

ARTICLE III

GOVERNING BODY

Section 1. Board of Directors

The affairs of the Corporation shall be conducted by the Board of Directors, which shall consist of not less than three (3) nor more than eleven (11) persons as fixed from time to time by the Board of Directors.

Section 2. Qualification

In order to be qualified as a member of the Board of Directors a person must be nineteen years of age or older and a resident of the State of Alaska, PROVIDED, HOWEVER at least 2/3rds of the members of the Board of Directors shall be a past or present recipient of mental health services of such a nature that inpatient care may have been necessary.

Section 3. Election

The Board of Directors shall establish such procedures for the qualification, election, or continuation of the terms of the members of the Board of Directors as it deems desirable from time to time so long as they are not inconsistent with law, the Articles of Incorporation, or these By-Laws.

Section 4. Term

The term of office for each member of the Board of Directors shall be three (3) years, in staggered terms.

Section 5. Meetings

The Board of Directors may, to the extent permitted by the Articles of Incorporation and by law, hold such meetings, regular or special, at such time and place and upon such notice as the Board of Directors shall determine from time to time.

Section 6. Vacancy

In the event of a vacancy among the Directors, a majority of the remaining Directors, whether a quorum or not, subject to the provisions of Article III, Section 2 above, may

elect a qualified person to the Board of Directors to serve the term of the Director whose vacancy is being filled.

Section 7. Quorum

A majority of the Directors constitutes a quorum for the transaction of business. A majority of the Directors present at a meeting at which a quorum is present is the act of the Board of Directors, unless the act of a greater number is required by the Articles of Incorporation or the By-Laws. Once having been established, a quorum shall be deemed to exist notwithstanding the departure of one or more members of the Board of Directors.

Section 8. Committees

The President of the Corporation shall appoint members and a chairperson(s) to such committee(s) as the President shall deem advisable from time to time. Such committee(s) shall be constituted for such purpose(s) as may from time to time be deemed advisable by the President and shall report to the President and the Board of Directors and need not be members of the Board of Directors.

Section 9. Removal

Any one or more members of the Board of Directors may be removed without cause by unanimous action of all the other members of the Board and for cause by a majority vote of all the other members of the Board of Directors.

ARTICLE IV

Section 1. General

The Officers of the Corporation consist of a president, vice president, secretary, treasurer and such other vice presidents and/or assistant secretary(s) or assistant treasurer(s) as the Board of Directors shall prescribe. The Officers shall be chosen from among the members of the Board of Directors.

Section 2. Election and Term

The Officers of the Corporation shall be elected by the Board of Directors to serve at the pleasure of the Board of Directors until such time as their successor(s) is (are) elected and qualified.

Section 3. President

The President shall be chief Executive and Administrative Officer of the Corporation. The President shall be charged with the overall general management of the Corporation, shall perform all duties incident to the office of President and such other duties as shall from time to time be prescribed by the Board of Directors, all being subject to the

direction of the Board of Directors. The President shall preside at all meetings of the Board of Directors. The President shall be an ex-officio member of all standing and other committees. The President shall also execute all formal documents authorized by the Board of Directors.

Section 4. Vice President

In the absence of the President, or in the event of the President's death, inability or refusal to act, the Vice President (or in the event there shall be more than one Vice-President, the Vice-Presidents in the order designated at the time of their election, or in the absence of any designation, then in the order of their election) shall perform the duties of the President and, when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice-President shall also have such other powers and duties as shall from time to time be prescribed by the Board of Directors.

Section 5. Secretary

The Secretary shall attend, and keep attendance of and minutes of, all the meetings of the Board of Directors and of the Corporation, and shall attend to the giving and serving of all notices of the Corporation. The Secretary shall also perform all the duties incident to the office of Secretary, and shall have such other powers and perform such other duties as the Board of Directors may from time to time prescribe. In the absence, disability, death or refusal to perform, the Board of Directors may elect a temporary Secretary to perform such of the Secretary's duties as the Board of Directors shall prescribe.

Section 6. Treasurer

The Treasurer shall collect, receive, deposit and invest the funds of the Corporation as directed by the Board of Directors; shall render periodic financial statements to the Board of Directors, and such other reports and accounts of the financial condition of the Corporation as may from time to time be requested by the Board of Directors; shall perform such other duties as are incident to the office of Treasurer; and shall have such other powers and perform such other duties as the Board of Directors may from time to time prescribe. In the absence, death, disability or refusal to perform, the Board of Directors may elect a temporary Treasurer to perform such of the Treasurer's duties as the Board of Directors shall prescribe.

Section 7. Removal

Any officer shall be subject to removal by the Board of Directors at any time, with or without cause. In case of the absence, inability to act, disability or refusal to act of any officer or agent of the Corporation the Board of Directors may, without removal, delegate the powers and duties of such officer or agent to any other officer, agent or suitable person(s) selected by the Board of Directors for such period of time as the Board of Directors may prescribe, subject, however, to any limitation herein contained and only to the extent permitted by law.

Section 8. Indemnification

To the maximum extent allowed by law, the members of the Board of Directors and officers of the corporation shall be indemnified, defended and held harmless from all acts taken on behalf of the corporation.

ARTICLE V

Section l. Authority to Receive

The Corporation may receive grants, gifts, bequests, devises, legacies and donations for such purposes as are within the general scope of its corporate purposes and powers, and upon such acceptance shall expend and administer such contributions for the purposes specified. Discretionary funds shall be administered by the Board of Directors.

Section 2. Deposits and Investments

The funds of the Corporation shall be deposited in such banks or other financial institutions as may be designated by the Board of Directors, and such of these funds as may not be required for current needs may, subject to the limitations and conditions contained in any gift, devise or bequest, be invested in such mortgages, bonds, debentures, shares of preferred and common stocks and other securities, and in such other manner as the Board of Directors may direct in conformity with the law. The Board of Directors shall prescribe suitable regulations for the safekeeping of such securities.

Section 3. Checks

All checks, drafts and orders for the payment of money for the Corporation shall be signed by such officers and agents as the Board of Directors may specify by resolution.

Section 4. Withdrawal of Securities

Securities of the Corporation deposited in any safe deposit box or held by a custodian shall be subject to withdrawal for corporate purposes by such person or persons as may be determined, from time to time, by resolution of the Board of Directors.

Section 5. Voting Upon Securities

Unless otherwise ordered by the Board of Directors, the President shall have full power and authority on behalf of the Corporation to vote, either in person or by proxy, at any meetings of stockholders of any corporation in which the Corporation may hold stock; and at any such meetings may possess and exercise any and all of the rights and powers incident to the ownership of such stock which, as the owner thereof, the Corporation might have possessed and exercised if present. The Board of Directors may confer like powers upon any other person or persons from time to time and may revoke any such powers as are granted at its pleasure.

Section 6. Transfer of Securities

Any person or persons designated by the Board of Directors shall have authority to execute such form of transfer and assignment as may be necessary or advisable to effect for corporate purposes the transfer of stocks or other securities of the Corporation.

Section 7. Bond

The Board of Directors may require the Treasurer, any Assistant Treasurer, or any other officer, agent or employee of the Corporation to give a bond for the faithful discharge of his duties in such amount and with such surety or sureties as it shall determine.

ARTICLE VI

MISCELLANEOUS.

Section l. Fiscal Year

The fiscal year of the Corporation shall commence the first day of January of each year and end on the thirty-first day of December of the same year.

Section 2. Waiver of Notice

Any notice required to be given by these Bylaws may be waived in writing by the persons entitled thereto.

Section 3. Annual Report

The Board of Directors shall annually present to the Corporation a report, verified by the President and Treasurer, or by a majority of the Directors, showing the financial position of the Corporation, including the whole amount of real or personal property owned by the Corporation, where located and where and how invested, the amount and nature of the property acquired during the year immediately preceding the date of the report and the manner of the acquisition; and the amount applied, appropriated or expended during the year immediately preceding such date, which report shall be filed with the records of the Corporation.

Section 4. Authority

Except where inconsistent with these Bylaws or the laws of the State of Alaska, or upon motion duly passed by the Board of Directors, Robert's Rules of Order (latest revision) shall govern the conduct of the meetings of the Board of Directors and the committees of the Corporation.

ARTICLE VII

AMENDMENTS

Section l. Amendments

These Bylaws may be altered, amended or repealed by a majority vote of the entire Board of Directors.

****

BYLAWS ADOPTED by the Corporation at the organizational meeting held on March 17, 2004.

_____/s/_____
Michele Turner, Secretary

Appendix K

Resumes

Susan Musante
2320 Griffin Road SW
Albuquerque, NM 87105
(505) 873-2392
susanmusante@hotmail.com

SUMMARY OF QUALIFICATIONS

Twenty-five years of experience and education in management, direct service, consultation, training, program evaluation and development for behavioral health systems.

EDUCATION

MS in Counselor Education, University of Bridgeport, June, 1977

BA with Honors in Psychology, University of Connecticut, June, 1973

LICENSES AND CERTIFICATIONS

Licensed Professional Clinical Counselor, New Mexico #4140

Certified Psychiatric Rehabilitation Practitioner, #143546

Certified Rehabilitation Counselor, 1993 to 1998

WORK EXPERIENCE

May, 2001 to present. **Self-employed Consultant/Contract Work**

Provide program evaluation, training, technical assistance to behavioral health provider organizations, peer-run programs, managed care organizations and state rehabilitation association. Expertise in rehabilitation, recovery, peer provided services and supported employment.

Contracts include/d:

- PSRANM, Inc., Albuquerque, NM, (Develop 16 hour training package and train practitioners on *Preparing to Become Certified as a Psychiatric Rehabilitation Practitioner).*
- Albuquerque Drop-In Center, Albuquerque, NM (Supervision, training and technical assistance to the board, staff and volunteers of a peer run drop in center).
- Transitional Living Services, Albuquerque, NM (Assessment and technical assistance in developing psychiatric rehabilitation and recovery driven services and transitional living for people with co-occurring disorders).
- Presbyterian Medical Services (Technical Assistance toward helping practitioners shift to recovery oriented behavioral health services—principles, practices and tools)
- Community Options, Inc. (administrative support, leadership training, development of strategic plan and assist in preparation for CARF accreditation).
- Psychosocial Rehabilitation Association of New Mexico, New Mexico (Executive Director, implement advocacy and training initiatives, state conference coordination, regional training coordination, email news letter, technical assistance to PSR programs throughout the state, grant writing).
- NM Region 5 Regional Care Coordinator (RCC) Aspen Behavioral Health, Albuquerque, NM (Benefits Coordination Project, Integration of Supported Employment with Behavioral Health Services Project, Coordinate regional workshops and conferences).

- NM Region 1 Regional Care Coordinator (RCC) Presbyterian Medical Services, Santa Fe, NM (Gap analysis of regional employment systems and services, Development of plan for recovery-oriented services, introduction of peer practitioners and employment services). Technical assistance to address barriers and challenges with staff.

- The Restoration Society, Buffalo, NY (Technical assistance and workshop, *Visions, Dreams and Goals,* in preparation for Medicaid funded People in Recovery Oriented Services license).

- The Bridge, NYC, NY (Technical assistance and workshop on transforming a recovery vision into real services).

- University of New Mexico, Health Science Center, Mental Health Center, Albuquerque, NM (Training and supervision of peer-run Peer Bridger Program, training for staff and people in recovery on recovery and supported employment, develop Behavioral Health Advisory Committee).

- New York Work Exchange/Coalition of Voluntary Mental Health Agencies, NYC, NY (Curriculum development and training of clinical providers on integrating employment with other behavioral health interventions).

- New Mexico Department of Health Division of Behavioral Health Services Office of Consumer Affairs, Santa Fe, NM (Program Evaluation of Peer Operated Services).

- Various provider organizations (Grant writing and fund raising activities).

May, 1997 to May, 2001. University of New Mexico, Mental Health Center Albuquerque, NM

Manager, Psychosocial Rehabilitation and Southwest Valley Clinic

Developed and managed psychosocial rehabilitation services at two sites providing rehabilitation readiness determination, skills training, psychosocial club, individual PSR, consumer initiatives and supported employment. Services lead to positive recovery outcomes such as independent living and employment.

May, 1987 to February, 1997. Mount Sinai Hospital

New York City, New York

Assistant Director Psychiatric Rehabilitation, Director Vocational Services

Directed outpatient rehabilitation and treatment services for individuals with psychiatric disabilities that included assessment, continuing day treatment, skills training, employment, psychotherapy, and medication management. Designed and implemented programs including intensive outpatient treatment for mentally ill chemical abusers, assisted competitive employment, transitional employment, and peer run recreational activities. Designed and directed federally funded (OSERS) research program for cognitive rehabilitation. Managed budget of $750,000. Supervised department of 15 professional and support staff. Prepared staff for managed care environment. Oversaw two renovations/moves into offsite facilities. Received institutional award for revenue enhancement by eliminating department deficit and increasing revenues that supported new initiatives.

April, 1974 to May 1987.

Various positions in behavioral health/rehabilitation service organizations in Connecticut, New York and New Jersey:

- Altro Health and Rehabilitation Services: **Director, Office Training, Team Leader** (1985-87)
- New York University: **Adjunct Assistant Professor,** Masters and undergraduate program in rehabilitation (1983-87).
- Self employed: **Consultant on program assessments, training and technical assistance** (1984-85).
- NYU Rusk Institute: **Senior Rehabilitation Counselor, Coordinator of Vocational Evaluation, Coordinator of Job Placement** (1980-84).
- DATAHR: **Project Coordinator, Job Placement Services** (1979-80).
- Englewood Department of Health: **Coordinator, Alcoholism Counseling and Treatment Services** (1978-79).
- Division of Vocational Rehabilitation: **Rehabilitation Counselor** (1974-78).

Professional Memberships and Activities

Board of Directors Jeff Revels Albuquerque Drop In Center, Secretary (past)
Psychosocial Rehabilitation Association of New Mexico, Executive Director (current), President (2000 to 2002)
Advisor to the NM Behavioral Health Design Work Group (2004)
New York Association of Psychiatric Rehabilitation, Board of Directors, Education and Training Chair (1997 to 1998)
International Association of Psychosocial Rehabilitation/USPRA (current)
Regional Advisory Committee to Bernalillo RCC 1999-2001
New Mexico State Advisory Committee 2001

Publications and Presentations

Musante, S., *Recovery: Making the Vision a Reality*, Workshop Presentation, PSRANM Conference, June, 2005

Ashenden, P. & Musante, S., *Recovery Happens: A Learning Community*, institute presentation, USPRA, May, 2005

Guastaferro, J., Ashenden, P. & Musante, S., *Recovery Happens*, institute presentation, IAPSRS, May, 2004.

Musante, S. & Turner, J., *Orientation to Certification as Psychiatric Rehabilitation Practitioner*, institute presentation, PSRANM, November, 2003.

Musante, S., *Accessing Supported Employment through DVR*, presentation, Behavioral Health Housing and employment Summit, June, 2003.

Musante, S., *Peer Practitioner Training: A Learning Partnership*, presentation, IAPSRS, May, 2003.

Musante, S., *Peer Practitioner Training: A Learning Partnership*, self published manual, © May, 2003.

Guastaferro, J. & Musante, S., *Learning Community on Employment Services*, facilitator and presenter, January, 2003.

Musante, S., *Benefits Technical Assistance Manual*, manual, published on the NM Region 5 RCC website, June, 2002.

Musante, S., *Integrating Employment with Other Behavioral Health Interventions*, presentation, PSRANM, November, 2002.

Musante, S., *Becoming a Certified Psychiatric Rehabilitation Practitioner Content Training*, presentation, NYAPRS, September, 2001.

Musante, S., *Cognitive Skills Training in Vocational Rehabilitation*, presentation, PSRANM, October, 1997.

Musante, S., *Functional Assessment and Cognitive Rehabilitation Strategies for Individuals with Psychiatric Disabilities*, presentation, IAPSRS, Detroit, MI, 1996.

Yankowitz, R. & Musante, S., *The Use of Cognitive Functional Assessment in Psychiatric Vocational Rehabilitation Programs*, Abstract, Psychiatric Rehabilitation Journal, Fall, 1995.

Yankowitz, R., Musante, S., Singer, S. & Weinstein, A., *Cognitive Functional Assessment in Psychiatric Vocational Rehabilitation*, poster and paper presentation, American Psychological Association, August, 1995.

Yankowitz, R. and Musante, S., Cognitive Skills Assessment in *Vocational Psychiatric Rehabilitation*, presentation, IAPSRS, June, 1995.

Guastaferro, J. & Musante, S., *The Trials of Jean Valjean: The Process of Developing Empowerment*, presentation, IAPSRS, June, 1995.

Yankowitz, R. and Musante, S., *The Use of Cognitive Functional Assessment in Psychiatric Vocational Rehabilitation Programs*, American Rehabilitation Journal, Autumn, 1994.

Musante, S. & Yankowitz, R., *Vocational Assessment of Individuals Diagnosed with Mental Illness Who Are Experiencing Cognitive Disabilities*, presentation, Supported Employment Forum, New York, presentation, October, 1994.

Yankowitz, R., Hopson, E., Jeffries, E. & Musante, S., *Skills Training for People with Chronic Mental Illness*, presentation, The Eastern Group Psychotherapy Society, November, 1992.

Musante, S. & Hersche, R., *Meeting the Treatment and Training Needs of Psychiatrically Disabled Clients Through Program Development*, presentation, Jewish Vocational Services, November, 1985.

Musante, S. & Lazow, R., *Structured Groups in the Rehabilitation of the Psychiatrically Disabled*, presentation, NY State Association of Rehabilitation Facilities, September, 1985.

Musante, S. & Roberson, C., *Awareness Training for First Line Supervisors of Disabled Workers*, presentation, The New York State Association of Rehabilitation Facilities, September, 1983.

Musante, S., *Issues Relevant to Vocational Evaluation of Head Injured Clients*, Vocational Evaluation and Work Adjustment Bulletin, Spring, 1983.

Curriculum Vita July 15, 2006

Aron S. Wolf

Personal Data: Birth Date: August 25, 1937
Birth Place: Newark, New Jersey
Marital Status: Married 3/30/61

Education:

Dartmouth College, B.A. June 1959 – Rufus Choate Scholar, 1958-59
University of Maryland School of Medicine, MD June 1963 – Wendell Muncie Award, 1963
University of Alaska - Anchorage, Masters of Public Administration program (enrolled 1992 - 1999), with transition of credits to: American College of Physician Executives/Tulane University
American College of Physician Executives/Tulane University, Certificate in Medical Management, 1999
Tulane University, School of Public Health Masters of Medical Management, (MMM) 2000

Medical Postgraduate Training:

Internship: University of Maryland Hospital, 1963 - 1964, mixed medicine, pediatrics
Residency: The Psychiatric Institute, University of Maryland, 1964 - 1967
Chief Resident 1966 - 1967

Board Certification:

American Board of Psychiatry and Neurology, 1971
American Board of Forensic Psychiatry, 1979
Certifying Commission in Medical Management (CPE-Certified Physician Executive) 2006

Licensure of Practice:

Maryland 1963 - present
Alaska 1967 – present

Positions:

Wolf Health Care Consulting 2000-present

Specializing in:
Physician/Health System Issues

Medical/legal consultations
Rehabilitation issues
Education Issues
Mediation Issues
Psychiatric consultations
Alternative psychiatric Venues
Forensic Issues

Clients 2001-2006

State of Alaska Division of Vocational Rehabilitation –Chief Medical Consultant
Various Statewide and National Rehabilitation Agencies
Native Corporation
Koniag Corporation
Bethel Family clinic
Consultations to various Anchorage Legal firms on behalf of their clients
Including: The Anchorage School District
My E Phit.com Salt Lake City Consultant and Advisory Board Member
Anchorage Neighborhood Health Center
Aadland Marketing
The Lords Ranch Warm Springs Arkansas
Oregon Health Sciences University-Department of Psychiatry Portland Oregon
Medical West Associates Agawam Mass
PBMG/Langdon Clinic, Contract Medical Director and Psychiatrist
Soteria-Alaska and CHOICES Inc.

Affiliations

ECG Management Consultants- Seattle and Boston
The Andrews Group Anchorage
The Foraker Group
The Litebook Company –Medicine Hat Alberta Canada—Alaska Distributor

Providence Health System in Alaska

Prior Responsibilities

Rural Administrator, 2001 to 2003

Lead Administrator for North Slope Borough Health Care Design Project
Lead Administrator Critical Access Peer Review Project
Coordinator Rural Physicians Council
Co-Professor and Co-Developer Physician Executive Course with University of Alaska
Liaison from PHSA to Rural Health Entities and Rural Physician Clinics
Member Providence Alaska Senior Operational Council

Physician Project Coordinator, 2000 – 2001

Ongoing Projects of Medical Director until Replacement was Employed

Beginning Development of Rural Projects
Regional Medical Director 1995 – 2000
Operational responsibilities:
Medical Staff Services, 1995 – 2000
Alaska Family Practice Residency, 1998 – 2000
Diabetes Program, 1997 – 2000
Quarterly Physician Newsletter, 1997 – 2000
Risk Management, 1996 – 2000
Infection Control Department, 1996 – 2000
Physician Education, 1995 – 2004
Medical Director Supervision, 1996 – 2000
Member – Alaska Service Area and PAMC Administrative Councils, 1995 – 2000

Providence Alaska Medical Center Committees:
Site & Facilities Committee, 1996 – 2000
Quality Council, 1996 – 2000
Information Systems Steering Committee, 1998 – 2000
Providence Corporate Responsibilites
Member – Providence System Leadership Forum, 1998 – 2000
Member – Providence System Physician Leadership Council, 1998 – 2000
Co-chair – System Core Competency Task Force, 1998 – 2000
Co-chair – 5 Star Nursing Leadership Task Force, 1999 – 2000

Langdon Clinic (1960 –1997)

Partner, 1970 – 1997

Staff Psychiatrist, 1970 – 1982
President and Managing Partner, 1981 – 1996

President Emeritus, 1996 – 1998

Dale Street Medical Building

Partner, 1980 – 2002
General Managing Partner, 1984 – 1996

Providence Hospital/Langdon Clinic Joint Ventures (Breakthrough & Discovery)
Operations Board Member, 1989 – 1995

Department of Defense, U.S. Air Force, Elmendorf Air Force Base

Staff Psychiatrist, 1967 – 1969
Chief, Psychiatric Services, 1969 – 1970

Faculty Positions Held:

University of Alaska Anchorage

Co-Coordinator/Adjunct Professor, School of Business Physician Executive Training, 1996 – 2004

University of Washington, School of Medicine, Department of Psychiatry, 1974 – present

Clinical Professor, 1985 – present

University of New Mexico, School of Medicine, Department of Psychiatry

Clinical Associate, 1987 – present

Oregon Health Sciences University, Department of Psychiatry

Clinical Professor, 1989 – present

University of Colorado, National Center for American Indian and Alaska Native

Mental Health Research, Research Associate, 1989 – present

University of Alaska Fairbanks, WAMI Program, Psychiatry, 1974 – 1987

Clinical Professor, 1985 – 1987

Anchorage Community College, Instructor in Psychology, 1968 – 1977

Brooklyn College, Psychology Assistant, 1959 – 1960

Elected Positions:

Elmendorf Air Force Base Advisory School Board

Member and Chair, 1969 – 1970

Municipality of Anchorage, Anchorage School District, School Board

Assistant Treasurer, 1971 – 1972

Vice President, 1972 – 1973

President, 1973 – 1974

Hospital Affiliations:

Present: Providence Alaska Medical Center, Active Staff, 1969 – present

Chief, Psychiatric Dept., 1971 – 1975, 1977 – 1981, 1994-1995, 2001-2004

Medical Director, Chemical Dependency, 1989 – 1994

At Large Member Executive Committee, 2000 - 2002

Past: Columbia Alaska Regional Hospital, Courtesy Staff, 1970 – 2000

Valdez Community Hospital, Courtesy Staff, 1980 – 1997. 2002-present

Cordova Community Hospital, Courtesy Staff, 1975 – 1994

Yukon-Kuskokwim Delta Regional Hospital, Courtesy Staff, 1980 – 1989

Charter North Hospital, Active Staff, 1984 – 1990

Credentials Committee, 1984 – 1985

Medical Executive Committee, 1984 – 1985, 1989

Elmendorf Air Force Base Hospital, Active Staff, 1967 – 1970

Consultations For Langdon Clinic

Valdez Community Mental Health Center, Valdez, Alaska, 1979 – 1996
Copper River Community Mental Health Center, Copper Center, Alaska, 1979 – 1980 and 1988 – 1994
Seward Life Action Council, 1994 – 1996
Coordinated Anchorage Alcoholism Programs, Salvation Army, (Clitheroe), 1979 – 1989
State of Alaska, Dept. of Health and Social Services, McLaughlin Youth Center, 1969 – 1972
Child Study Center, 1970 – 1972
Coordinator, Langdon Methadone Maintenance Grant, 1972 – 1974
Lutheran Youth Center, Wasilla, Alaska, 1970 – 1974
Glenmore Rehabilitation Center (now PECC), 1970 – 1975
Alaska Children's Services, 1970 – 1973
Cordova Medical Clinic, Cordova, Alaska, 1975 – 1977
Cordova Mental Health Center, Cordova, Alaska, 1977 – 1980 and 1984 – 1994
Alaska Native Medical Center, Psychiatric Day Treatment, 1975 – 1977
Alaska Women's Resource Center, 1977 – 1980
Yukon-Kuskokwim Health Corporation Mental Health Center, Bethel, Alaska, 1980 – 1985
State of Alaska, Dept. of Corrections, Statewide Sexual Offender Program, Hiland Mountain Correctional Center, Coordinator, Contracts, 1981 – 1992
State of Alaska, DHSS, Medicaid Program, Quality Improvement Services, 1983 – 1997
Aleutian-Pribilof Mental Health Center, Cold Bay, Alaska, 1983 – 1987

Professional Organizations:

Corporation for American Psychiatry, 1980 – 2004
Board Member, National Political Action Committee, 1980 – 2004
Alaska State and Anchorage Medical Associations, 1970 – present
Ad Hoc Committee to Study Marijuana, Co-Chair, 1971 – 1972
Mental Health Committee, 1971 – 1975
Medico - Legal Committee, 1980
Ethics Committee, 1980
Impaired Physicians Committee, Co-Chair, 1988 – 1993
American Medical Association, 1970 – 1982
Society of Air Force Psychiatrists, 1967 – 1983

American Psychiatric Association, 1969 – present
Associate Member, 1969
General Member, 1970 – 1976
Fellow, 1976 – 2000
Life Fellow, 2000-2003
Distinguished Life Fellow 2003-present

Committee Service:
Presidential Nominating Committee, 1978
Membership Committee, 1979 - 1987, 1989 – 1997, Chair, 1991 – 1995
Ad Hoc Committee on Membership Retention, Chair, 1991
Peer Review Commission, Co-Chair, 1984 – 1986
Joint Board & Assembly Reference Committee, 1984 – 1985
Confidentiality Committee, 1985 - 1990, Chair, 1985 – 1990
Quality Assurance Committee, 1986 – 1988
Candidate for Area 7 Board Trustee, 1988, 1993
Telemedicine Committee, 1997 – 2001
Practice Quality Committee 2005=present

Assembly of the American Psychiatric Association, 1978 – 1985, 1986 – 1993
Recorder (Secretary), 1984 – 1985
Executive Committee, 1980 – 1985
Rules Committee, 1978 – 1981
Nominating Committee, 1979 – 1985
Procedures Committee, 1979 – 1984, Chair, 1981 – 1984
Long Range Planning Committee, 1979 – 1984
Liaison to Minority groups, 1980 – 1984
Committee on Public Psychiatry, 1987
Assembly Membership Committee, 1988 – 1993, Chair, 1988 – 1993
Candidate for Speaker Elect, 1985 & 1992
Area VII of the American Psychiatric Association
Deputy Representative, 1980 – 1984
Nominating Committee, 1980 – 1982, 1990 – 1993
CME Committee, 1980 – 1984, 1986 – 1990
Alaska District Branch of the American Psychiatric Association, 1969 – present
CME Chair, 1978 – 1997
Alternative Delegate to the APA Assembly, 1976 – 1978, 1986 – 1990
Delegate to the APA Assembly, 1978 – 1981, 1990 – 1993
Legislative Representative, 1975 – 1979
President - Elect, 1974 – 1975
President, 1975 – 1976

Community Boards:
Member UAA Chancellor's Advisory Committee, 1999 – present
UAA Advisory Committee for the Masters in Public Administration Program, 1997 – present
Co-chair Tulane-USC-Carnegie Mellon MMM alumnae organization 2002-present
Anchorage Symphony Orchestra Board 2003-present
Finance Committee 2005-present
Anchorage Symphony Foundation Board 2004-present
Anchorage Performing Arts Center Board-Representative of the Anchorage symphony 2005-present
Men's Run for Health, 1996 – 1999

Alaska Chamber singers, 1996
Challenge Alaska, 1990 – 1996
Finance Committee, 1991
Executive Committee, 1993 – 1994
Vice President, 1994 – 1996
Alaska Mental Health Association, 1969 – 1973
Alaska Cancer Society 1970 – 1975
Chugach Optional School, Parent Advisory Council, 1975 – 1977, Chair, 1976 – 1977
Homemakers Council of Alaska, 1976 – 1977
Citizens Advisory Board for Northern Television, Inc., 1978 – 1990, Chair, 1982 – 1986
Downtown Rotary, 1992 – 1993
Resource Development Council, 1995 – 1997
Health Access Program Initiative, Board Member, 1998 – 2001
Anchorage 2000, Health System Chair, 1998 – 2001

Special Local, Statewide and National Responsibilities:

National:
National Institute of Health HIV/AIDS Grant Review Team, 1994
American Board of Neurology and Psychiatry, Chief Proctor of Written Exam, for Alaska
1975 – present
American Journal of Psychiatry, Book Review Forum
Reviewer for Substance Abuse Issues, 1988 – present
Reviewer for Administrative Issues, 2000-present

Statewide:
Governor's Mental Health Board, 1976 - 1983, Chair, 1982 – 1983
Governor's Task Force on Criminally Committed Patients, 1982
State Mental Health Manpower Grant, Professional Committee, 1980
University of Alaska Statewide Committee to Plan for the Health Care Needs of Alaska,
1986 – 1987
State of Alaska, Senate, Speaker's Office, Liaison for WAMI Issues, 1987 – 1989
University of Alaska and University of Washington Committee on Medical Education in Alaska, 1988 – 1989

Anchorage:
Weekly Mental Health/Medical Public Affairs Television appearance, KTVA, 1970 – present
Monthly Health Related Articles, Alaska Journal of Commerce, 1996 – 2001
Greater Anchorage Drug Management Board, 1972 – 1973, Chair, 1973
Federal Youth Services Grant, Parent Advocate Board, 1974
Anchorage Health Planning Council, 1978 – 1979
Recipient of Hero's of healthcare award from Hospice of Anchorage 2003
Frequent Community presentations on Health and Mental Health Issues

Bibliography:

Thesis for Residency, "A Study of the Attitudes of Mothers of Negro Schizophrenics," 1967, on file University of Maryland Psychiatric Institute Library

Wolf, A., "Participation of the Aged in Group Process," Mental Hygiene, July 1967
Wolf, A., "The Depressive Syndrome, A Review", Alcom Chaplain, June 1969
Wolf, A., "T Group Participation and Level of Performance in USAF Hospital Corpsmen", USAF Behavioral Science Series, September 1969, Medicine, January 1972, Volume 14, No. 1
Wolf, A., and Raffe, D., "A New Approach to Addict Therapy", Alaska Medicine, March, 1975, Volume 17, No. 2
Wolf, A., and Middleton, C., "A.L.I. or Bust", USAF Behavioral Science Series, June 1975
Wolf, A., Psychiatry in Alaska, An Overview", Alaska Medicine, May 1977, Volume 19, No. 3
Wolf, A., "Review of Psychiatric Practices", Modes Coping, May 1978, Volume 1, No. 1
Wolf, A., "Homicide and Blackout in the Alaska Native", Journal of Studies on Alcohol, May 1980, Volume 41, No.5, pas. 456-62
Wolf, A., "Alcohol and Violence", Alaska Native Alcoholism Treatment Quarterly, Spring 1984, Volume 1, No. 1
Philips, M., Coons, D., and Wolf, A., "Forensic Psychiatry in Alaska", State of Alaska Monograph, July 1984
Wolf, A., "Could We Save Our Practice from Bankruptcy?" Medical Economics, Nov. 11, 1985, pas. 191-200
Wolf, A., "Expulsion from a Village", Psychiatric House Calls, Ed. John Talbott, M.D., APPI Press, Washington, D.C., Chapter 45
Wolf, A., Committee Chair and Editor, "Guidelines of Confidentiality", Journal of American Psychiatric Association, November, 1987
Philips, M., Coons, D., and Wolf, A., "Psychiatry and the Criminal Justice System: Testing the Myths", The American Journal of Psychiatry, Vol. 145, No. 5, May 1988
Wolf, A., Smith, B., and Schenker, D., "A Mental Health-Correctional Milieu Approach to the Treatment of Sex Offenders", presented at APA, May 1989
Donald, R., Cook, R., Wolf, A., et al., "The Stress-Related Impact of the Valdez Oil Spill on the Residents of Cordova and Valdez, Alaska", Monograph, June, 1990
Wolf, A., "Commentary on Alcohol Policy Considerations for Indian Reservations and Bordertown Communities", American Indian and Alaska Native Mental Health Research, The Journal of the National Center, Vol. 4, No. 3, 1992
Wolf, A., Alaska Journal of Commerce, monthly articles on health care, 1997 – 2001

ALMA ZITO MENN, MSW, ACSW
747 Clipper Street
San Francisco, California, 94114
Telephone 415-206-9225
FAX # 415-282-5867
Email: amenn@peoplepc.com
RESUME
PREVIOUS POSITIONS: Consultant and Evaluator 1995-1999
Juvenile Probation Department
Santa Clara County, California
Executive Director 1980-1985
Institute for Psychosocial
Interaction
San Jose, California
Family Therapy, Pvt. Practice 1985-Present
San Francisco, California
EDUCATION: University of California 1966, MSW
Berkeley, California
University of California 1952, BA
Berkelley, California
LICENSES: Licensed Clinical Social Worker
#1449, State of California 1969-2004
Marriage, Family & Child Counselor
#5202, State of California 1971-2001
Member of the Academy of 1969-2001
Certrified Social Workers
NASW
AWARDS: Training Fellowship 1965
Veterans Administration Hospital
Palo Alto, California
Post Graduate Fellow 1968-1971
Leadership Training in
Community Mental Health
National Association of Social Workers
PAST APPOINTMENTS: Director 1982-1985
Office of Community Support
Mental Health Division
Department of Health
State of Hawaii
Honolulu
Project Director 1974-1982
Mental Health Center Staffing Grant
Soteria House
Institute for Psychosocial Interaction
Palo Alto, California
Research Associate 1971-1985
Mental Research Institute
Palo Alto, California
Project Director 1980-1981
Contra Costa House, An Alternative ot

Hospitalization for Children
Concord, California
Principal Investigator, 1971-1984
Project Director
Soteria Project, "Community
Alternatives for Treatment of Schizophrenia
Mental Research Institute
Palo Alto, California
Principal Investigator 1976-1981
Replication of an Alternative
to Hospitalization
Mental Research Institute
Palo Alto, California
Social Worker 1969-1971
Research Department
Agnews State Hospital
San Jose, California
Social Worker 1968-1970
Experimental Ward
Silverman-Rappaport Study
Agnews State Hospital
San Jose, California
Social Worker
Alcohol Program 1967-1968
Social Worker 1955-1967
Regional Ward, Santa Cruz
Agnews State Hospital
San Jose, California
GRANTS: "Community Support Systems 1982-1985
Strategy Development and Implementation"
NIMH Grant #MH136271
"Community Alternatives for 1971-1984
Treatment of Schizophrenia "
NIMH Grants #MH-20123
and #MH-35928
"Replication of an Alternative to
Hospitalization"
NIMH Grant #MH-25570 1976-1980
NIMH Grant #MH35960 1981
Staffing Grant for Soteria House 1974-1979
San Jose Mental Health Center
Grant #09-H-001204
"Alternatives to Hospitalization
for Adolescents" 1980-1981
Contra Costa County
CETA Training Grant 1975-1978 (circa)
Provided training experiences for
15 unemployed persons who assisted in the
houses and in research activities
MEMBERSHIPS: Board of Directors 1979-1985

Institute for Psychosocial Interaction
Board of Trustees 1979-1983
Saybrook Institute
(a psychology graduate school)
America Academy of Family 1979-2001
Therapy
California Assn of Rehabilitation
Agencies (CASRA) 1978-1983
Board of Advisory Editors 1977-2001
Family Process
New York, New York
Board of Directors 1972-1980
Mental Research Institute
Palo Alto, California

CONSULTING EXPERIENCE:

My consulting experience is too lengthy to describe here. Further information will be provided on request. However, I will list a few of the institutions where I have consulted: Denver Research Institute; Division of Mental Health, State of Hawaii; Center for Training in Community Psychiatry in Los Angeles; Community Companions Program in San Jose, State Hospital in Phoenix. I also served as a Techincal Expert/Reviewer for the Rehabilitation Services Administration, NIMH in Washington, DC.

PAPERS PUBLISHED:

During my time as Director and Principal Investigator of the Soteria Project I was co-author of all the papers published on the work (approximately 25 papers).

During my appointment in Hawaii, an article on a needs assessment for alternative housing for the mentally ill was also published. Further information will be provided on request.

PRESENTATIONS/DISCUSSIONS:

It should be noted that the "Replication Grant" (NIMH#MH-25570 and #MH-35960) mandated the the research on Soteria House be disseminate. As part of that mandate, I presented each year at the annual meetings of the APA (psychiatry), the American Psychologica Assn, the Orthopsychiatry Assn.,and the Assn for Research on Schizophrenia. In 1977, with consultation with Loren Mosher, I organized an international meeting in Palo Alto called "Madness and Social Policy. Further information will be provided on request.

ADDITIONAL DETAILS ON MY WORK ON THE SOTERIA PROJECT:

I was the first employee of the Project. I located the property, hired the research and the clinical staff, implemented the data collection and subject recruitement, trained the staff, did home visits and family histories of all the resident who came for help at the house, obtained the required licenses. As the funding was increased, I was able to hire Subject recruiters and a research director, devoting my time to setting up the second Soteria House, and, later, the residence for Adolescents. I also served on the Board of Directors of the local Mental Health Association and represented the Project in the community.