SOTERIA-ALASKA PILOT PROGRAM
INITIAL DRAFT BUSINESS PLAN

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Soteria-Alaska Program

This paper is an implementation plan for the proposal submitted to the Alaska Mental Health Board by Mr. Jim Gottstein on August 8, 2004 and recommended by it for funding on August 11, 2004. I am including that proposal and its' attachments as an attachment to this paper.

Soteria-Alaska Inc. an Alaskan non-profit organization (Soteria-Alaska has applied for status as a 501C3 tax-exempt entity on April 15, 2004, and expects to receive such status without undue difficulty. Soteria-Alaska Inc is choosing to put forward this program which will be administered under its auspices. This program is called The Soteria-Alaska Pilot Project and shall be administered by the Board of Soteria-Alaska Inc which is a consumer directed organization.

MISSION

The mission of the Soteria-Alaska Pilot Program would be to effectively and efficiently treat mentally ill individuals within the Alaska community with a quality and cost effective program that demonstrates the effectiveness of an alternative to acute hospitalization and which allows them more choice and flexibility in the initial stages of their illness than a traditional hospital program.

VISION

To effectively use a community and milieu recovery model as the basis of a program to meet the needs of those Alaskan who would respond to such an individualized approach to the treatment of their mental illness, that if proven as a model will provide an additional choice/option for effective treatment.

DESCRIPTION OF PROGRAM

Soteria-Alaska would be a new addition to the array of services to those Alaskans experiencing acute mental illness. As the name of the non-profit-Choices- implies, this program of Choices is an alternative to fill a niche for those individuals who are symptomatic and need a supportive environment and who would otherwise be in a hospitalized setting. The care concept of the Soteria-Alaska pilot project is that the client has a choice and a significant input into their own provision of care. It will still be the responsibility of the professional staff of the program to inform and educate the clients about what treatments could be scientifically and medically efficacious for them. For those individuals who meet the admission and retention criteria of The Soteria-Alaska program, and thus can participate in the milieu, an individualized treatment plan will be developed by the Client and the Staff. All of the plans will include participation in the

Community and the milieu. The plans may or may not include the use of medication, but because of the pre-selection process, the working paradigm will be to utilize the community as the treatment rather than relying on neuroleptics. Other classifications of medications may indeed be used in this initial period. . The model and the protocols for the use of medication will be those of the original Soteria program as developed by Dr. Loren Mosher. It may or may not also include alternative therapies including massage, physical therapy, diet or other modalities. Even if medications are "elected" by the client to be a part of their treatment plan, the Community Program itself will always be the primary treatment modality with the medication only being an adjunct to that program and with a clear goal that such medications will be used in as minimal a way as is necessary and effective.

The basic conception of the program will be modeled after the original Soteria and several second generation projects as described by Dr. Loren Mosher in an article in the Journal of Nervous and Mental disease in 1999 entitled "Soteria and Other Alternatives to Acute Hospitalization."

The Soteria-Alaska pilot program would be housed in a "home-like" facility. This could either be a large house or a 4 or 6 plex that is adapted for the program. Each Client would have their own room and privacy. There would be spaces for congregating both informally and for groups. There would also be one kitchen and dining facility as food preparation and "family" eating will be a part of the program. If the program is housed in a multiplex, the other kitchen areas shall be used for alternative activities. There will be activity areas both inside and out, and there will be a small living area for at least one staff member who is on duty during the night hours. The facility would have a maximum capacity of 10 clients. It is estimated that the average length of full live-in stay will be 3-5 months. The principal treatment focus will be the community and the milieu itself. There will be both daily groups and daily activities within the house as well as activities away from the facility itself. The groups will be free form in that the subjects will arise from either needs of the community or needs of individual clients within the community. These activities will include planning for and preparing the food as well as the activities of keeping a home such as cleaning and personal laundry. Although these activities, including the dietary activities will be client led, albeit within health department guidelines, the philosophy of the program would be for the diet to be kept to those foods that are "simple" in nature and have been found to enhance mental health. i.e.: sugars and caffeine should be kept to a minimum.

As much as is practicable, daily decisions and the flow of daily life within the community will be determined by the residents. The role of the professional and paraprofessional staff will be to enhance the program, but not to set the direction or mandate the program. Clients will be encouraged to be supportive to one another either on a 1:1 basis or within smaller groups. Both professional and paraprofessional staff will be available for 1:1 or small group meetings with clients as the need arises on a day by day basis. Because the House will be licensed by the State of Alaska and it is hoped that aspects of the treatment program will be reimbursable, staff shall keep such requisite notes of the clients on a daily basis as required by these programs and to insure the ongoing quality of the

program. Appropriate intake evaluations including an evaluation by the program psychiatrist shall be accomplished within 1 working day of admission. All admissions shall occur between Monday and Friday. Discharge summaries shall also be prepared. Confidentiality shall be adhered to and all HIPPAA regulations shall also be observed. Medication administration, either psychiatric or non-psychiatric medications shall be administered within the guidelines for such activities within such a setting.

CLIENT ELIGIBILITY

The clients of the Soteria-Alaska program will be those individuals with a diagnosis of an Axis I DSM IV TR mental illness. Individuals with symptoms of these conditions can either be in a new and acute stage or they may be those having an exacerbation of a previously diagnosed illness.

The psychotic diagnostic categories will all be included. These include the schizophrenias, bipolar disorder and the severe depressive disorders. In addition, those individuals with severe forms of anxiety, panic disorder and OCD will also be eligible.

Because the the Soteria-Alaska program is one that is based on community and milieu and an interaction between the client and the community that fosters a diminution of the individual's psychiatric symptomatology, the program will be unable to accept or maintain as clients those who are violent. It will also not be able to accept those clients who cognitively cannot participate in the milieu either because of a Developmental Disability, a severe Traumatic Brain Injury or Dementia. Clients in the program who become too disorganized to participate in the program may be referred, for at least a short period, for traditional crisis-respite or hospitalization.

Soteria-Alaska will plan to be a direct alternative to hospitalization either at API, one of the "designated "units Statewide or one of the several voluntary mental health units in the state. Clients needing the services of Soteria-Alaska may be referred from the Providence Psychiatric Emergency Department, Alaska Psychiatric Institute, Community Mental Health Screening clinics, General Hospitals with mental health screeners, private mental health clinics or private psychologists or therapists within South-Central Alaska. All clients, irrespective of their referral source must be "medically cleared" prior to their admission to the program.

Due to the limited size of the program, an initial phone interview will be conducted by the Soteria-Alaska Director or their designee. This phone interview will determine both the individual's applicability and their interest in a community and milieu oriented therapeutic program. The program will focus on admitting those individuals who wish to engage in such a program with a minimal amount of pharmacologic intervention. If the program is full then the "program eligible" clients will be placed on a waiting list and the patient will be encouraged to get other immediate appropriate treatment.

STAFFING

Soteria-Alaska will indeed function as a community with a milieu based program where there is a great deal of self help and peer help. The program will, however, meet the professional criteria set forth by the State of Alaska Medicaid program.

All staff for the program shall need to be comfortable with the philosophy of the program for client choices. Additionally, to the extent possible, staff shall be selected (and deselected) under the criteria set forth in Chapter 10 of "community Mental Health: a Practical Guide" by Loren Mosher and Lorenzo Burti.

The program will have a full time Executive Director. The director is envisioned to be a master's level trained mental health professional that also has administrative training and background. The director will be responsible to the Board and will hire and supervise all other staff. They will be responsible for "The Program" and ensure the quality and safety of the clients through all the program components. The Director will ensure that all applicable local, state and federal requirements that apply to the program are met. The Director will be responsible for the financial aspects of the program including payroll, accounts receivable and contract compliance. The director will be responsible for either doing or having an initial intake done on each client, and will also be responsible for doing or having a discharge summary done on each client. The director will also ensure that there is adequate staffing of the program on a 24hour year round basis. The Director will insure that there is communication and adequate liaison with referring entities as well as those entities that might need to receive clients from the program, either because of severity or because they have "graduated" from the program. The Director will enter into an agreement with a general medical physician to see the clients' of the program for any non-psychiatric medical needs. Such visits would be on a fee for service basis with the charges being billed to the client.

There will be a "relief" masters level trained individual to perform the duties of the Director when they are on vacation. The Director will be available on their "off" hours by pager or cell phone when they are not on vacation

The program will also have a contracted Medical Director. This individual will be a Board eligible or Board Certified psychiatrist. This physician shall accomplish an initial psychiatric intake on each new client within 1 working day of their admission. This will be a part of the total intake process for each client. The psychiatrist, as a part of their initial intake will evaluate whether medications might be helpful for an individual client. If such is the case, then the psychiatrist should discuss this "choice" with the client in an informed manner. This informed manner shall be done in a way that all information required for informed consent under AS47.30.837(d)(2) is met. If medications are indeed the choice of the client, the psychiatrist would then be the prescribing physician and appropriate procedures followed such as medication monitoring, recording on a medication sheet and the face to face medication management meetings will be noted in the client's chart. The psychiatrist will also be available and expected to consult with the Executive director about the clinical aspects of the program and for program development issues. The psychiatrist may also become involved in the group process and even occasionally in a 1:1 therapeutic intervention with the clients. The psychiatrist shall

ensure that there is another qualified psychiatrist who is knowledgeable about and supportive of the Soteria-Alaska modality and can service the program when the psychiatrist is either away or unavailable. The psychiatrist or those covering for them shall be available for phone consultations at all times throughout the year.

There shall be a part-time Licensed Practical Nurse who will be available each morning when their are patient's who are in the program taking medications. To prepare "Mediset" trays for each client. This would be for both the client's psychiatric and non-psychiatric medications. The nurse would do this for both the live-in and day clients. Once having "dispensed" the medications in this way, the mediset trays would be left in the care of the house staff to be available to the client's at appropriate times.

There will be an administrative assistant. This individual will work a standard work week. This individual will be responsible for organizing the records, for HIPAA compliance, and for billing, coding and the other office functions of the program.

The majority of the staff shall be "milieu" or "community" workers. These individuals shall have at least a bachelor's degree, preferably in the social sciences. The greatest criteria for these individuals, however, will be an assessment that they are empathetic, that they are people oriented, and that they philosophically agree with the program's goals and format and they are comfortable being with acutely mentally ill clients.. Because these individuals are not "trained mental health professionals", a specific training course will be provided. This will be taught by knowledgeable individuals in Soteria and Milieu models of care provision. These staff will also be monitored and mentored regularly for their contacts with clients and their growth. This mentoring will be by the Executive director and the knowledgeable consultants. These milieu workers shall staff the facility on a 24 hour seven day a week basis. They will participate with the clients in all of the activities. They shall participate in all of the groups, but lead them in any traditional sense, and be available to clients who wish to discuss issues on an individual basis. From 8am to8pm there shall be 2 workers on duty and there shall be one worker on from 8pm to 8am.This will be true on a 7 day a week basis. One of the day staff shall have their own private space within the facility so that indeed there will be a 2nd staff member who would be potentially available during the evening hours, if a crisis occurred with the clients.

COSTS

In addition to Soteria programs affording choice to clients they have actually been found to be cost effective. It is true that the expected length of stay in the program far exceeds the average length of stay for hospital-based programs. However, the cost per day is of such a smaller magnitude that the previous Soteria programs have actually had a more minimal total cost of care. The articles that are appended also indicate that the recidivism rate is equal to or better than in a traditional program. They also show that the recipients of these programs have enjoyed a better quality of life after having been in this program.

As a start-up, the program will need both Capital and Operational Costs.

Capital Costs

It is anticipated that the capital costs would be between $500,000 and $ 600,000 depending on the availability and cost of a venue
The costs would include:

1. A house or structure to hold the program
2. Any necessary modifications to the structure to accommodate the program
3. Programmatic and living furnishings
4. Office and business furnishings and equipment
5. A van to transport clients to activities and appointments

Operational Costs Appendix B shows the estimated costs over the next several fiscal years, the costs for the 1st full year of operation would include

Personnel costs:

Salaried individuals:

1. Executive Director	$ 60,000
2. 5.5 milieu workers at $ 15/hr	$ 166,100
3. Administrative assistant	$ 35,000
3. Benefits of above at 28% including FICA and Workman's compensation	$ 73,108
Subtotal	$ 334,208

Contracted Labor:

1. Medical Director (psychiatrist) 8 hrs/wk, 50 wks a year at $110/hr	$ 44,000
2. Masters level alternate for Executive director 0.2 FTE	$ 12,500
3. LPN 5 hrs/wk at $ 19/hr	$ 4940
4. Training consultants 60 hours/year at $ 75/hr	$ 4500
5. Tax Consultants	$ 5000
Subtotal	$ 70,940

Total Personnel costs $ 405,148

Other Expenses:

1. Supplies
   - a. cleaning $ 5,000
   - b. office $ 5,000
   - c. program and activities $ 10,500
2. Contracts ie:faxes etc $7500

3. Utilities $3600

4. Telephone $ 4800

5. Insurance
   a. malpractice for employed individuals $ 4500
   b. Bldg/land/vehicle $ 5,000

6. Fees for activities $ 4,000

7. Gasoline and maintenance for vehicle $ 1600

8. Food 3 meals a day $ 55,300

Total other expenses $ 106,800

Total operational expenses for program in first full year $ 511,948

FUNDING

TheSoteria-Alaska Pilot Project has submitted to the Mental Health Trust for the initial Capital monies in FY 2006

The Soteria-Alaska Pilot Project operating budget has also been submitted to the Mental Health Trust for funding for a partial year for FY 2006 and all of FY 2007. It is expected that for FY 2008 and FY 2009 that the program will be able to move to 50% grant supported and 50% 3rd party supported, the majority of this being Medicaid for those services that meet reimbursable standards.

INITIAL SWOT ANALYSIS

Strengths

1. The addition of 10 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 needs for 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 environment
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.

Proposed timeline

August 2004--- Presentation to the Mental Health Trust –and decisions on funding
September 2004

1. Gain approval of Soteria-Alaska Board for moving ahead with the proposal
2. Engage an interim Consultant to begin the development process
3. Discussions with Medicaid on requirements for reimbursement
4. Begin process to acquire venue
5. Begin process to develop guidelines, rules and regulations for the program include a specific job description for the Executive director

October 2004

1. Begin process to hire the Executive Director
2. Begin process to explore research opportunities for the program

3. Begin to engage knowledgeable consultants to aid in the program development guidelines

November 2004-June 2005

1. Choose Venue
2. Get appropriate zoning issues
3. Begin process for appropriate licensing
4. Choose Executive Director
5. Presentations to both the professional and business communities

July-September 2005

1. The Executive Director begins work and transitions the work from the initial consultant
2. Modification of venue
3. Acquire furnishing and supplies as well as van
4. Finish program guidelines
5. Negotiate agreements with other agencies as needed
6. Write job descriptions for other staff
7. Begin Hiring of other staff including milieu staff, the medical director and the licensed practical nurse.
8. Obtain all licenses necessary to the program
9. Begin intensive staff training

October 2005

1. Admit the first 4- 5 clients

November 2005

1. Admit the 2nd 5 clients so that the program is in full operation