IN THE SUPREME COURT FOR THE STATE OF ALASKA

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| In the Matter of the Necessity of the Hospitalization of | ) ) | Supreme Court No. S-16467 |
| | ) | |
| L.M. | ) ) | |

Trial Court Case No. 3AN-16-01656PR

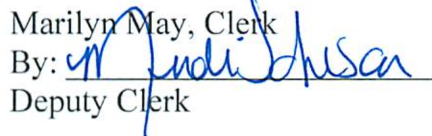
APPEAL FROM THE SUPERIOR COURT
THIRD JUDICIAL DISTRICT AT ANCHORAGE
THE HONORABLE MARK RINDNER, PRESIDIING

**APPELLANT'S SUPPLEMENTAL EXCERPT OF RECORD**
**VOLUME 1 OF 1**

James B. Gottstein (7811100)
Law Project for Psychiatric Rights, Inc.
406 G Street, Suite 206
Anchorage, Alaska
(907) 274-7686

Attorney for Appellant, L.M.

Filed in the Supreme Court of
the State of Alaska, this 4th
day of April, 2017



Marilyn May, Clerk
By: Judi Johnson
Deputy Clerk

Table of Contents

**Supplemental Excerpt Volume 1 of 1** **Excerpt Nos.**

Affidavit of Brian L. Saylor, Ph.D, MPH ........................................................ 48

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT, AT ANCHORAGE

In the Matter of the Necessity )
of the Hospitalization of )
)
L[redacted] M[redacted], )
Respondent )
)
Case No. 3AN-16-01656PR

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Clerk of the Trial Courts

**AFFIDAVIT OF BRIAN L. SAYLOR, Ph.D, MPH**

THIRD JUDICIAL DISTRICT )
)ss
STATE OF ALASKA )

BRIAN L. SAYLOR, P.h.D, MPH, being first sworn on oath hereby deposes and states as follows:

1. Attached as Exhibit A is my Resumé/*Curriculum Vitae*.

2. My work experience most relevant to this Affidavit is I was the Deputy Commissioner of the Alaska Department of Health and Social Services from December 1991 through August 1993, and the Director of the Alaska Psychiatric Institute from August 1993 through June 1995. Since 1974 I have been the owner and principal of Brian Saylor and Associates, conducting applied health and human research and outcome evaluation studies and other applied research for Alaska health providers and agencies.

3. As Deputy Commissioner I was responsible for program oversight, budget preparation, policy direction, quality assurance and coordination of Departmental Divisions of Alcohol and Drug Abuse, Mental Health and Developmental Disabilities, Public Health and Family and Youth Services.

4. In 2010, I reviewed the Soteria-Alaska program and issued a basic program fidelity review "Soteria-Alaska Evaluator's Preliminary Opinion" attached as Exhibit B. and a report titled, " Soteria-Alaska Interim Program Review," attached as Exhibit C.

5. Soteria-Alaska was based on the original National Institute of Mental Health Soteria-House Project, conducted as a study from 1971-1983, comparing conventional hospital treatment for first episode psychosis with the Soteria Project program in which there was no immediate use of neuroleptics, such as Thorazine, and avoided altogether if possible (Soteria). At the end of six weeks psychopathology was reduced comparably in both groups. At the end of two years, Soteria patients (a) had better psychopathology scores, (b) had fewer hospital readmissions, (c) had higher occupational levels, and (d) were more often living independently or with peers. 76% of the Soteria-House patients did not use neuroleptics during the first six weeks, 42% did not use any neuroleptics during the two-year study, and only 19% were regularly maintained on medications during the follow-up period.[1]

6. Soteria-Alaska was an alternative to psychiatric hospitalization for people who did not want to take neuroleptics or other psychiatric drugs.

7. Soteria-Alaska could rarely admit residents experiencing a first-episode of psychosis for various reasons and the vast majority of its residents were admitted taking or having taken neuroleptics.

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[1] *J Nerv Ment Dis* 1999; 187:142-149; *J Nerv Ment Dis* 1999; 187:142-149.

8. My Soteria-Alaska Evaluator's Preliminary Opinion found:

- The program is following the successful model initially developed by of Dr. Loren Mosher (former Chief of the NIMH Center for the Study of Schizophrenia and founder of the Schizophrenia Bulletin). Soteria-Alaska's replication of this proven model suggests that the effectiveness of the Anchorage-based program should mirror those of the evidence-based practice upon which it was modeled.

- The clinical and demographic characteristics of Soteria-Alaska residents mirror the characteristics of clients serves in the original program. This suggests that the positive clinical outcomes should replicate those predicted by the model.

- To date, in-depth interviews with Soteria-Alaska residents have not revealed any information that would cause the evaluators to have concerns about the program's success in helping younger Alaskans with severe thought disorders to reduce their symptoms and be successfully reintegrated in to the Alaskan society.

9. I know Respondent, L█ M█ (█) quite well, being a friend of her family since she was a baby.

10. █ reports that her father abused her as a child, which her father denies.

11. █'s behavior was difficult when she was growing up, in ways that are consistent with having been an abused child.

12. █ had difficulty in college, attending several over at least 10 years, but did graduate with a degree in psychology from University of Alaska Anchorage within the last couple of years.

13. After graduating from college she held a job until around June of 2015, when her behavior dramatically worsened and she began a series of admissions to the Alaska Psychiatric Institute and interactions with the police.

14. L█ has become familiar with psychiatric drugs, including neuroleptics, marketed as "antipsychotics," found them to be unhelpful and the negative effects unacceptable. As a result L█ previously and consistently has made statements while I would consider her competent that expressed a desire to refuse future treatment with psychotropic medication.

15. I believe she has made such statements to her mother Angelika, my daughter Amanda, and other friends.

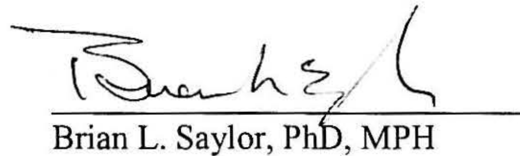
16. I was not contacted by the Court Visitor appointed in this matter.

17. In my opinion, Soteria-Alaska would have been ideal for L█, dramatically improving her long-term prospect of recovering from her current mental problems and resuming her life.

18. Unfortunately, Soteria-Alaska was closed in the summer of 2015 due to insufficient funding.

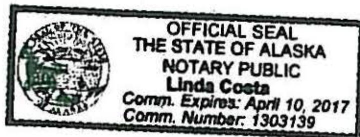
FURTHER YOUR AFFIANT SAYETH NAUGHT.

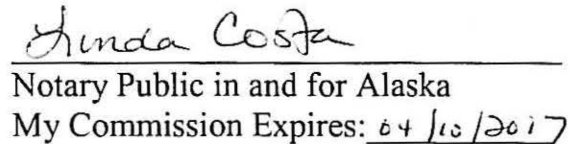
DATED this 21 day of July 2016.



Brian L. Saylor, PhD, MPH

SUBSCRIBED AND SWORN TO before me this 21 day of June, 2016.



Notary Public in and for Alaska
My Commission Expires: 04/10/2017

**Brian L. Saylor, Ph.D., MPH**
1534 K Street
Alaska Anchorage
Home: (907) 258-1176

## EDUCATION

Ph.D. 1987 Health Policy
Heller School for Advanced Studies in Social Welfare, Brandeis University, Waltham, MA
(Pew Health Policy Scholar)

MPH 1973 Health Planning and Economics
School of Public Health, University of Michigan

BA 1969 Psychology
Pennsylvania State University

## EMPLOYMENT HISTORY

**Owner and Principal** — Brian Saylor and Associates
June, 1974 to Present

Conducts applied health and human services research and outcome evaluation studies and other applied research for Alaska health providers and agencies.

**Director** — University of Alaska Anchorage
March, 1998 –June, 2007 — Institute for Circumpolar Health Studies

As Chief Administrator, oversee the continuing development of funded research programs, teach undergraduate and graduate courses in support of the School of Nursing, Public Administration, Social Work or Masters in Public Health Program, and serve as a Principal Investigator and researcher.

**Associate Vice Provost for Research** — Office of Academic Affairs
July, 2000 –June 2002 — University of Alaska Anchorage

In a part time appointment, responsible for research integrity and coordination for the research activities of the UAA campus. Duties included development and tracking of campus academic and research initiatives, developing areas of research emphasis and chairing the UAA Council on Scientific Research.

**Senior Research Associate** — University of Alaska Anchorage
June 1995 - February 1998 — Institute for Circumpolar Health Studies

In the research capacity, identify research needs and opportunities, draft responses to Requests for Proposals, conduct research. As an Instructor, teach classes in community health services, program evaluation, physician executive training and research methods.

**Director** — Alaska Psychiatric Hospital
August 1993 - June 1995 — Anchorage, AK
Owned and operated by the State of Alaska.

Responsible for the executive management of Alaska's only State-operated 114 bed psychiatric hospital with a budget of $17 Million and over 300 employees. Duties included policy direction, interaction with the Department of Health and Social Services, quality assurance and budget preparation and management. Developed and implemented significant downsizing plan, reducing the inpatient capacity to 80 beds and significantly reducing the budget.

Participated in the steering committee which developed plans and budgets for replacing the aging facility with a state-of-the-art facility. As an appointed executive staff, left at the end of the administration.

**Deputy Commissioner** — State of Alaska, Dept. of Health and Social Services
December 1991 - August 1993 — Juneau, AK

Responsible for program oversight, budget preparation, policy direction, quality assurance and coordination of Departmental Divisions of Alcohol and Drug Abuse, Mental Health and Developmental Disabilities, Public Health and Family and Youth Services. The total budget was approximately $300 Million with 1,000 employees. Was reassigned by the Commissioner of DHSS to assume duties of API Director when previous Director left the position.

**Manager, Planning Office** — Dept. of Health and Social Services
January 1989 - December 1991 — Anchorage, AK

Responsible for planning and policy analysis activities for a 100 person Department with an annual budget of over $20 Million. The position also coordinated the staff for the Municipal Health and Human Services Commission. Left to accept an appointment as Deputy Commissioner, DHSS.

**Manager**
**Health Care Cost Containment** — Johnson & Johnson Worldwide Headquarters, New Brunswick, New Jersey
January 1987- December 1988

Responsible for the ongoing analysis of health insurance plan for salaried and union Johnson and Johnson employees and their dependents. Evaluated the appropriateness of new health care benefits. Developed a state-of-the-art Request for Proposal and managed the selection of a health insurance claims administrator. Designed and implemented a utilization review program for union groups. Left to return home to Alaska.

**Adjunct Assistant Professor**
**of Social Work** — Simmons School of Social Work, Boston, Massachusetts
September 1985 - August 1986

While completing a doctoral degree, served as a research practicum staff and supervisor for graduate social work students.

**Administrative Manager** — Anchorage Community Mental Health Center
June 1982 - April 1984 — Anchorage, Alaska

Responsible for administrative functions of the center, including personnel selection, recruitment and discipline, operating policies and procedures, program development and evaluation, developing proposals and representing the Center at various events. Left to return to graduate school.

**Senior Program Coordinator** — Department of Health and Human Services
September 1979 - June 1982 — Anchorage, Alaska

First, as Fiscal Control Officer, was responsible for preparation, amendment and monitoring of, Department budgets, and development of Department's Management Information and Unit Cost Accounting Systems.

Second, as Senior Program Coordinator for Behavioral Health Programs, was responsible for describing the Behavioral Health Services System for the Municipality of Anchorage. Based on the approved program, was responsible for obtaining grant funds, developing awarding, monitoring and evaluating behavioral health programs.

**Administrator/Project Director** — Cordova Community Hospital
May 1977 - August 1978 — Cordova Community Services
Cordova, Alaska

Was responsible for the administration of an acute care inpatient facility, a skilled nursing facility and outpatient health and social service programs. The integrated program was funded, in part, under a demonstration grant from the Social Security Administration.

## Instruction

Adjunct faculty, Program in Public Administration, UAA

- Research Methods (SWK 624)
- Research Seminar (SWK 698
- Public Finance Administration (PADM 628)
- Evaluation Research and Performance Measurement (PADM 688)
- Policy Analysis (PADM 632)
- Physician Executive Training Program (PADM 671)
- National Health Policy (PADM 671)
- Information Systems for Public Administrators (PADM 671)
- Capstone (PADM 659)

Affiliate Faculty, Department of Health Sciences, Masters of Public Health Program, UAA

- Core Concepts in Health Sciences (HS220)
- Public Health Policy (NS 658)
- Nursing Administration (NS 682)
- Social Research (SWK 624)
- Evaluation Research (HS/SWK 628)
- Independent Evaluation Research (SWK 694)
- Health Policy and Planning (UHPS 607/HS 694)
- Health Data Analysis (HS379)

## Research and Evaluation Projects

Completed Projects

- An evaluation of grant supported personal care attendant services in Alaska. (Principal Investigator).
- Using geographic information systems for planning maternal and child health services in Alaska
- Survey of community perceptions of health and human service needs in Alaska (with the Alaska Center for Rural Health) (Principal Investigator).

- An evaluation of the Alaska Alcohol Safety Action Program. (Principal Investigator).
- An evaluation of village based chemical misuse treatment in the Kuskokwim Delta. (Principal Investigator).
- Current Alaska Native traditional healing practices and attitudes towards traditional healing. (Principal Investigator).
- An evaluation of the Family Services Training Academy.
- An assessment of health attitudes and behaviors of Anchorage teens.
- An evaluation of the Alaska Temporary Assistance Program (Principal Investigator).
- The effectiveness of interventions to reduce motor vehicle crash injuries and fatalities. (Principal Investigator).
- Evaluation of Alcohol Safety Action Program Cost Analysis
- Alaskans Collaborating for Teens (ACT) The Alaska Youth Substance Abuse Prevention Project (Principal Investigator).
- Systems Assessment of Integrated Behavioral Health Services in the Copper River Region
- An evaluation of the Hudson Lake Recovery Camp, Copper River Native Association
- Knowledge Application and Dissemination Unit, Center for Alaska Native Health Research (Principal Investigator)
- National Resource Center for Alaska Native, American and Native Hawaiian Elders (Researcher)
- Community-based Interventions to Reduce Inhalant Use Among Pre adolescents in Alaska (Co Principal Investigator)
- Alaska Medical Informatics Initiative Telemedicine Project (Project Manager)
- Focused Vocational Training in the Copper River Basin (Research Coordinator)
- School-based Interventions to Reduce Inhalant Use Among Pre adolescents in Alaska (Co Principal Investigator)
- Ethnic Differences in the Use of Residential Substance Abuse Treatment Services, Akeela, Inc.
- Intertie Strategic Plan, NANA Pacific for Denali Commission
- Multiuse Facility Program Review NANA Pacific for Denali Commission
- Family Circle of Healing Program Review, Akeela, Inc.
- Family Care Court Program Review, Akeela, Inc.
- Akeela Therapeutic Community (Akeela House) SAMSHA Targeted Capacity Expansion Program Evaluation
- Transmission in Alaska: History and Current Policy Reconnaissance & Context: Intertie/Tieline Reconnaissance Study.
- RurAL CAP AmeriCorps evaluation projects
- State Incentive Grant Strategic Planning Framework Evaluation, RurAL CAP and Kawerak.

## University Activities

Institutional Review Committee, UAA: 2000-2010

Council on Scientific Research:

- Chair, July 2000-2004
- Member, 1996-2008

College of Health Education and Social Welfare Leadership Team, 1996- 2007

Council of Deans and Directors, July 2000 – June, 2002

Masters Thesis Committees

Doctoral Dissertation Committees

## Professional Affiliations

Alaska Public Health Association: President, 1976, 1990, 2005, Board Member and Treasurer, 2003-2006

American Public Health Association:

- Editorial Board, American Journal of Public Health, 2007- present
- Executive Board, 1999-2003
- Alaska Affiliate Representative, 1994-1997,
- Council on Affiliates representing Region X, 1995-1996,
- Awards Committee, 2006 -present
- Nominating Committee from 1997-1998.
- Health Administration Section on the Governing Council (Proxy), 1998.
- Chair, Health Administration Policy Development Committee, 1998
- Member, American Indian/Alaska Native/Native Hawaiian Caucus, 1994-present

Alaska Center for Rural Health, Board Member, 1999-2006

Alaska Nursing Home Administrator's License AA0035 (expired).

National Rural Health Care Steering Committee: December 1977 - August 1978.

New York Business Group on Health: Board of Directors, 1988.

WWAMI Rural Health Research Center Advisory Board: Alaska Representative

Alaska Injury Prevention Center, Board Member, Board Chair

Editorial Board, Northwest Public Health, 2003-present

Association of Circumpolar Health Publishers, Board of Directors (publishers of The International Journal of Circumpolar Health) 2004-2008

## Community Activities

Anchorage Health and Human Services Commission, 2005 – 2010

Anchorage Community Theater, 1980-present, currently Secretary

Alaska Injury Prevention Center, Board 2005 to 2015, Chair 2012-2015

American Lung Association Alaska Leadership Council, 2005-present

Campfire Boys and Girls Alaska Council: Board member, 1996-1999

Anchorage Association of PTSAs: Parent Networks Ex Officio Representative

Success by Six (Child Welfare Program sponsored by United Way): Board Member

Providence Alaska Medical System Institutional Review Board, 1992-2000

## Reports, Publications and Presentations

"A Study of a Retail Tax on Alcohol," Anchorage Health and Human Services Commission, Department of Health and Human Services, 1990.

Abraham, A, **Saylor, B.**, et al. "Guidelines for Developing Substance Abuse Programs for Native Americans: Lessons Learned from the Chemical Misuse Treatment and Recovery Program, Southwest Alaska." Institute for Circumpolar Health Studies. July 1999.

"The Anchorage Health Services Plan," Greater Anchorage Area Borough Comprehensive Planning Agency, July 1974.

"Beyond 4th Avenue: Alternatives to Misery," Department of Health and Human Services, 1980.

"Beyond 4th Avenue: Alternatives to Misery II," Department of Health and Human Services, 1990.

Booker, J.M., Louden, J., Arras, T, **Saylor, B.**, "Primary Care Access for Low Income Women and Children in Alaska," a report to the Alaska Division of Public Health, Section of Community Health and Emergency Medical Services, Medical Services Program (Contract # 12002\240445) May 1997.

Brelsford, G., **Saylor, B.**, "The Programmatic and Cultural Integration of Health Care in Rural Alaska," Presented at the National Association of Neighborhood Health Centers, Louisville, KY, 1978.

Chase, L., **Saylor, B.**, Janneck, H.J., Janneck, J.P., Craig, M., Sharoff, Y., Gariss, W., Hirano, M., An Assessment of Health Care Needs, Kodiak Island Borough, October 1975.

Collins, D.; Johnson, K. W.; Shamblen, S. R.; **Saylor, B.;** and Ogilvie, K. "Preventing Youths' Use of Inhalants and Other Harmful Legal Products in Frontier Alaskan Communities: A Randomized Trial". *Prevention Science* (2009).

"The Core Services Study," Anchorage Health and Human Services Commission, Department of Health and Human Services, 1990.

Dishman-Rowe, K., Hughes, G., **Saylor, B**. (2002) "Alaska Alcohol Safety Action Program Cost Study Report", Prepared for the Alaska Division of Alcoholism and Drug Abuse, Alaska Safety Action Program, January.

Dinges, N., **Saylor B**., Atlis, M. "Diagnostic Description of In-Patient and Out-Patient Psychiatric Populations in the State of Alaska". Presented at the 10th Congress on Circumpolar Health, Anchorage, Alaska, May 1996.

Goldsmith, S., Angvik, J., Howe, L., Hill, A., Leask, L., **Saylor, B.**, Marshall, M. (2004) The Status of Alaska Natives Report 2004, ISER, University of Alaska Anchorage, Chapter 3.

Gordian. ME, **Saylor, B**. (2007) Asthma in Alaska: A Report on the Burden of Asthma in Alaska. prepared for the American Lung Association in Alaska.

Graves, K., **Saylor, B**., Shavings, L. (2007) "Interpreting Elder Abuse among Alaska Natives," Northwest Public Health, Fall/ Winter,14-15.

Haley, S., **Saylor, B**., Kiley, D., Saylor, B., (2006) Evaluation of the ANTHC Dental Health Aide Program Phase I: Village-level model of clinical impacts, Presented at the Alaska Native Health Research Conference, Anchorage, AK, March 2006.

Hamilton J., **Saylor B**. "The Development of a Cultured-Based Substance Abuse Treatment Program in the Kuskokwim Delta, Alaska". Presented at the 10th Congress on Circumpolar Health, Anchorage, Alaska, May 1996.

Hild, C., Dieke-Sims, S., Fair, M., Graves, K., Johnson, V., **Saylor, B**., Smith J., Ballew, C., The Success of the Alaska Native Science Research Partnership for Health (ANSRPH), Presented at the Alaska Native Health Research Conference, Anchorage, AK, March 2006.

Kehoe, B., **Saylor, B.**, Hamilton, J., Smith, S., "Video Use in Social Research Among Indigenous Populations," CMTRS Evaluation Series, ICHS, January 1998.

Marshall, D., **Saylor, B.,** Village Sobriety Project Final Report , 2001-2002" Prepared for the Yukon Kuskokwim Health Corporation under Federal Grant TI 98-006, June, 2002.

Marshall, D., **Saylor, B**., "The Extent Of Substance Abuse In Alaska: Prevalence; State Ranking; Targets, Working Paper #1", Alaska Substance Abuse Prevention and Treatment System Effectiveness Study, Alaska Mental Health Trust Authority, March, 2003.

Marshall, D., **Saylor, B**., "Alaska Prisoners In Arizona: Inmate Substance Abuse Programs (ISAP), Working Paper #7", Alaska Substance Abuse Prevention and Treatment System Effectiveness Study, Alaska Mental Health Trust Authority, April, 2003

Marshall, D., **Saylor, B**., "The Planning Context: Federal And State; Alaska, Working Paper #6", Alaska Substance Abuse Prevention and Treatment System Effectiveness Study, Alaska Mental Health Trust Authority, March, 2003.

Neal, D., Marshall, D., **Saylor, B**., "A Statistical Review Of Substance Abuse Treatment Literature #4", Alaska Substance Abuse Prevention and Treatment System Effectiveness Study, Alaska Mental Health Trust Authority, February, 2003

Johnston, K., Holder, H.D., Ogilvie, K., Collins, D., Courser, M., Miller, B., Moore, R., Saltz, B., Saylor, B. and Ogilvie, D.C. (2007) A community prevention intervention to combat inhalants and other harmful legal products among pre-adolescents. Journal of Drug Education, 37 (3), 227-247.

Pedrick, N., **Saylor, B**., "Standards and Criteria for Review and Planning of Local Health Care Services and Programs," presented at American Public Health Association, Miami, FL., 1976.

Saylor, B. "Health Status Assessment," in A Community/Regional Health Planning Process, Don Bantz and Associates, 1977.

Saylor, B., "Explaining the Variation in the Duration of Post-hospital Convalescence Using Employee Absenteeism Data," Doctoral Dissertation, Brandeis University, 1987.

Saylor, B., Evaluation Methods for Remote Community Substance Abuse Services, Northwest Rural Health Conference, Portland Oregon, June 25, 1997.

Saylor, B. (2001) "Showcase: Institute for Circumpolar Health Studies. Growing Our Own — The Value of a Local Health Services Research Capacity," Northwest Public Health, Spring/Summer,10-11.

Saylor, B. (2002) "Keeping our eyes on the prize: Focusing on public health during bioterrorism funding," Northwest Public Health, Spring/Summer

Saylor, B., "Violence on the Frontier: The characteristics of violence in Alaska and what we're doing about it," (September 22, 2000) Presented at the National Association of Social Workers, Alaska Chapter, Anchorage, AK.

Saylor B., "APHA's Approach to Preventing Violence" (October 13, 1996) Presented at the Oregon Public Health Association Fall Conference, Ashland OR.

Saylor, B., (2003) "Observations of the Healing Power of Narrative, Arctic Anthropology. 40(2), pp109-111.

Saylor, B., (2004) Native American health authorities are an essential part of Alaska's public health effort, Northwest Journal of Public Health , Fall Issue

Saylor, B. (2004) New program for training Alaska Native health researchers, Winds of Change Fall

Saylor, B. (2004) Special Edition Editor, Special Issue on Social Transitions in the North, International Journal of Circumpolar Health, Fall Supplement.

Saylor, B., (2004) "Distance Learning and More in Alaska," Presented at the American Public Health Association, Washington DC, November,.

Saylor, B., (2004) "Making Change Happen" Panel 5 in Aging Adults in Alaska, Alaska State Legislature, December, 2004.

Saylor, B., (2005) "Social Transition in the North (STN): A brilliant research project cut short," Presented at the Arctic Health Science Seminar, University of Alaska Anchorage, January 28, 2005.

Saylor, B. (2005) "Alaska's Public Health Law Campaign: An example of productive affiliate involvement in public policy." Presented at the American Public Health Association Annual Meeting, Philadelphia, PA, December, 2005.

Saylor B., Booker J., Hamilton J., Klose, K. "Methodological Issues in Evaluating a Culture-Based Substance Abuse Treatment Program in the Yukon-Kuskokwim Delta, Alaska". Presented at the 10th Congress on Circumpolar Health, Anchorage, Alaska, May 1996.

Saylor, B., Burgess, K., Alaska's Reorganization Under Public Law 93-641: The National Health Planning and Resources Development Act, Interim Subcommittee on Health Planning, Ninth Alaska Legislature, September 1975.

Saylor, B, Burgess, D, Foster, Hild, C., Heitkamp, K. Holdren J., Hughes, C., Loudon, J., Marshall, D., Smith, S., Zeiger, S. (January, 2001) "Anchorage Safe Communities, Final Report."

Saylor, B., Busch, K., Smith, S. (May 1999) Economic Consequences of Motor Vehicle Crashes in Anchorage, 1995.

Saylor, B., Cochran, P. (2004) Forward, Special Issue on Social Transitions in the North, International Journal of Circumpolar Health, Fall Supplement.

Saylor, B., DeGross, D., "Voices From Alaskan Communities: A Report of Conversations With Ten Communities on Health and Welfare Issues," A Community Health Needs Assessment, Section of Maternal, Child and Family Health Services, Division of Public Health, Alaska Department of Health and Social Services, March, 1996.

Segal, B, DeGross, D., Frank, P., Hild, C., and **Saylor, B.** (January 1999) "Alaska Natives Combating Substance Abuse and Related Violence through Self-Healing," Prepared for the Alaska Federation of Natives.

Saylor B., Doucette, S., The Health Status of Alaska Native Elders, National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders, UAA, December, 2004

Saylor, B., Fair, M. (2002) "Copper River Native Association Integrated Behavioral Health Services Organizational Assessment" Institute for Circumpolar Health Studies, August

Saylor, B., Fair, M. (2004) "Copper River Health Needs Assessment Strategic Plan: Final Report, Institute for Circumpolar Health Studies, May.

Saylor, B., Fair, M. (2004) "Hudson Lake Recovery Camp, Copper River Native Association, Final Evaluation Report," Institute for Circumpolar Health Studies, December.

Saylor, B., Fair, M., Deike-Sims, S., Johnson, K., Ogilvie, K., Collins, D. (2007) The Use of Harmful Legal Products among Pre-Adolescent Alaskan Students. International Journal of Circumpolar Health, 66(5):377-472..

Saylor, B., Graves, K., Availability of Social Transitions in the North data, American AAAS 55th Arctic Science Conference, Association for the Advancement of Science, September, 2004, Anchorage, AK,

Saylor, B, Graves, K., Venugopalan, G. (2006) Major factors contributing to social pathologies in communities in transition: Data from the 1993 Social Transitions in the North study. Presented at the Alaska Anthropological Association, Kodiak, Alaska, March 3, 2006

Saylor, B., Hamrick, K., Hughes, G., Heitkamp, K., Foster, S., Stephens, D., Smith, S., "Project ACT Evaluation Report, A Preliminary Review of Process and Outcome Data: Year 2 Interim Evaluation Report", ICHS, August, 2000.

Saylor, B., Heitkamp, K., Smith, S. (May 1999) Reflective Wear for Pedestrians: Adult Pedestrian Safety Program Pretest and Posttest Data.

Saylor, B., Hild, C., Fair. M., Shavings, L.,(2007) An Evaluation of the Family Circle of Healing Program, prepared for the Alaska Women's Resource Center.

Saylor, B., Huelsman, M., "Alcohol Prevention and Enforcement Policy Development in Anchorage, Alaska: A Preview of Process and Outcome," presented at APHA, San Diego, 1995.

Saylor, B., Hughes, G., Burgess, D., Heitkamp, K., Fair, M., Smith, S (July 1999) Alaska Alcohol Safety Action Program Efficacy Study Report.

Saylor, B., Hughes, G., "A Comparison of Household Data from the Social Transitions of the North and Maniilaq Community Health Surveys," presented at the American Academy for the Advancement of Sciences, Denali, Alaska, September 1999.

Saylor, B., Hughes, G. (2004) "The preliminary assessment of the social transitions of the north dataset: A comparison of STN survey and enumeration data for selected Northwest Alaskan communities," International Journal of Circumpolar Health, Fall Supplement.

Saylor, B., Kehoe, B., Smith S. "Community Perceptions of the Culture-based Chemical Misuse Treatment and Recovery Services Program in Southwest Alaska". October 1996. (Focus Group Report from Yup'ik communities)

Saylor, B., Kehoe, B., Smith, S. "Community Perceptions of the Village Alcohol Education Counselors (VAEC) Program in Southwest Alaska". June 1997. (Focus Group Report from Yup'ik communities)

Saylor, B., Marshall, D., "System Finances and Allocation Methods, Working Paper #5", Alaska Substance Abuse Prevention and Treatment System Effectiveness Study, Alaska Mental Health Trust Authority, March, 2003

Saylor, B., Marshall, D., Segal, B., Strisik, S., Neal, D., " Alaska Substance Abuse Prevention and Treatment System Effectiveness Study Progress Report", Alaska Substance Abuse Prevention and Treatment System Effectiveness Study, Alaska Mental Health Trust Authority, April, 2003.

Saylor, B., Means, S. (2006) Accessing data from the 1993 Social Transitions in the North study. Presented at the Alaska Anthropological Association, Kodiak, Alaska, March 3, 2006

Saylor B., Mironov, S., Kehoe, B., "The effectiveness of culture-based substance abuse treatment in Yup'ik communities," Presented at the 11th Congress on Circumpolar Health, Harstad, Norway, June 2000.

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April 7, 2010

My health services research company was retained to conduct an independent third party evaluation of the new Soteria-Alaska program in Anchorage. At this stage of program operations, it is too early to complete a scientifically rigorous examination of the program's success in allowing young people with thought disorders to avoid prolonged care at an inpatient psychiatric institution. However, extensive interviews with Soteria-Alaska staff and clients strongly suggest that:

- The program is following the successful model initially developed by of Dr. Loren Mosher (former Chief of the NIMH Center for the Study of Schizophrenia and founder of the Schizophrenia Bulletin). Soteria-Alaska's replication of this proven model suggests that the effectiveness of the Anchorage-based program should mirror those of the evidence-based practice upon which it was modeled.
- The clinical and demographic characteristics of Soteria-Alaska residents mirror the characteristics of clients serves in the original program. This suggests that the positive clinical outcomes should replicate those predicted by the model.
- To date, in-depth interviews with Soteria-Alaska residents have not revealed any information that would cause the evaluators to have concerns about the program's success in helping younger Alaskans with severe thought disorders to reduce their symptoms and be successfully reintegrated in to the Alaskan society.

We will continue to track the progress of the Soteria-Alaska program. As more residents complete the program, we will be able to see a more detailed picture of how it responds to the characteristics of young Alaskans who choose to avoid or reduce their need for medications and inpatient psychiatric care. As of this date, however, the program is operating as expected and we can predict positive results.

Brian Saylor, PhD, MPH

Brian Saylor and Associates

# Soteria-Alaska Interim Program Review
# 2010

## Review and Edit Copy

*Prepared by*

Brian Saylor, PhD, MPH
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May 2010

## Executive Summary

Soteria-Alaska provides community based recovery opportunities for young people with severe thought disorders. The program is based on extensive research showing that schizophrenic patients who are treated without drugs are more likely to be successfully integrated into the community than those who are hospitalized and given antipsychotic medications. This program review focuses on the extent to which the Soteria-Alaska program replicates the "best" and "evidence-based practice" on which it was modeled.

Data was collected from staff and residents through extensive interviews. Administrative records and the clinical literature were used to identify key characteristics of the facility, the program, the resident staff and the residents themselves. This review shows that Extensive interviews with Soteria-Alaska staff and clients, a review of available administrative and the clinical literature strongly suggest that:

- The program is following the successful Soteria model.
- The demographic characteristics of Soteria-Alaska residents mirror the characteristics of clients served in the original program. However, the clinical characteristics of the Soteria-Alaska clients are somewhat different.
- Residents and staff give the program high marks
- Both residents and staff report positive clinical gains.
- Clinical outcomes do not appear to rigorously measured in the Soteria-Alaska program.

To date, in-depth interviews with Soteria-Alaska and staff, together with a detailed review of the clinical literature and administrative records, have not revealed any information that would cause the evaluators to have concerns about the program's success in helping younger Alaskans with severe thought disorders to reduce their symptoms and be successfully reintegrated in to the Alaskan society.

The program review team offers the following suggestions for program improvements.

1. Promote referrals from facilities and providers other than the Alaska Psychiatric Institute.
2. Begin collecting outcome measurement data
3. Continue to maintain and strengthen the relationship between Soteria-Alaska and the Choices program.
4. Consider developing an activity fund.
5. Consider adding sprinklers required as a condition of adding additional resident rule is an increasing the capacity of the facility.
6. Strive for better resident gender balance.
7. Promote the expanded use of volunteers. .

8. Add the API comparison group later, using average clinical and demographic matching criteria.
9. Review the projected average length of stay.
10. Continue program review activities.

**Table of Contents**

Introduction ........ 1
Program Fidelity Emphasis ........ 2
Purpose and Use of this Report ........ 2
The Organization of This Report ........ 3
The Soteria-Alaska Program ........ 3
Mission ........ 3
Purpose ........ 4
Chronology of program development ........ 4
Methods ........ 6
Data Sources ........ 6
Available Administrative Data ........ 6
Key Informant Interviews ........ 6
Chronology of Program Review Activities ........ 7
Soteria-Alaska Facility Characteristics ........ 7
Soteria-Alaska Program Activities ........ 8
Soteria-Alaska Staff Characteristics ........ 9
Soteria-Alaska Staff and Soteria Model Comparison ........ 9
Staff Perceptions ........ 12
Soteria-Alaska Resident Characteristics ........ 14
Characteristics and Status of Soteria-Alaska Residents ........ 14
Soteria-Alaska Residents and Soteria Model Comparison ........ 15
Soteria-Alaska Resident Perceptions ........ 16
Clinical Outcomes ........ 17
Conclusions ........ 19
Suggested Opportunities for Program Improvement ........ 20

## Introduction

Soteria-Alaska provides community based recovery opportunities for young people with severe thought disorders. The program is based on extensive research showing that schizophrenic patients who are treated without drugs are more likely to be successfully integrated into the community than those who are hospitalized and given antipsychotic medications.[1]

One of its most visible forerunners of non-hospital-based, medication free care for schizophrenics comes from the work of psychiatrist R.D. Laing and his colleagues at Kingsley Hall in England. Based on the notion that psychosis, the state of reality akin to living in a waking dream, is not an illness simply be to be eliminated through electric shocks favored in the western tradition of the time but, as in other cultures, the state of trance which could even be valued as mystical or shamanistic, it sought to allow schizophrenic people the space to explore their madness and internal chaos. The aim of the Kingsley Hall experiment, known as the Philadelphia Association, was to create a model for non-restraining, non-drug therapies for seriously affected schizophrenics.[2]

In 1971, the first Soteria House opened its doors. It was driven by many of the values to which behavioral health systems currently give lip service and embody many of the components that are associated with what we now know is evidence-based practice.[3] The success of the initial Soteria experience has shown the value of alternatives to acute psychiatric hospitalization.[4]

Soteria-Alaska opened in 2009 as a small, home-like environment for people who are newly or relatively newly diagnosed with severe mental illness. In this way, it is different from conventional hospitalization in its structure, philosophy and primary mode of treatment. Hospital units usually are larger and more institutional. Soteria-Alaska candidates are people who desire to be treated with minimal medications for short periods of time or no medication especially antipsychotics.[5]

Soteria-Alaska has only been in operation for a short period of time. As of this writing, eight residents have been in admitted to the program and only three

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[1] Much of the research was summarized in Whitaker, R., The Science Behind. *Soteria Alaska.*, presentation on February 7, 2007, accessed at http://soteria-alaska.com/Docs/RWhitaker2-10-07.pdf, April 28, 2010; and Whitaker, R. (2004) The case against antipsychotic drugs a 50 year record of doing more than good. *Medical Hypotheses* 60(1):5-13.

[2] The history of Kingsley Hall, accessed at http://www.kingsleyhall.freeuk.com/kingsleyhall.htm, April 25, 2010.

[3] Soteria-Alaska White Paper, March, 2007

[4] Mosher LR (1999) Soteria and other alternatives to acute psychiatric hospitalization: A personal and professional review. Journal Nervous and Mental Disease. 187: 142-149.

[5] Soteria-Alaska White Paper, March, 2007

remains. Program managers initiated a program review with Brian Saylor and Associates,[6] a local health and human services research and evaluation firm. Over the course of the last six months, the evaluation team has conducted extensive interviews with management, staff and residents to learn about their perceptions of the program operates and its effectiveness in managing the clinical issues confronted by residents. This is a summary of the program review activities to date.

## *Program Fidelity Emphasis*

**The term "intervention fidelity" refers to the match between an intervention as it was intended to be delivered and the intervention as it is actually delivered in real-world circumstances. The degree to which outcomes are affected by deviations from fidelity is a significant concern in the translation of programs from research-based efficacy trials to community-based implementation. When programs move into their intended destination, the "real world," substantial adaptation to program materials may occur. Thus, an important reason to study fidelity is to determine whether specific adaptations are associated with program impact.[7]**

Research as consistently demonstrated positive clinical gains that appear to be directly related to participation in the Soteria milieu. It has become a "best" and/or "evidence-based" practice. However, while the Soteria model was based in the real world of northern California, it must be replicated in another very different real world setting in Anchorage, Alaska. Two questions arise: first, does the model as implemented in Soteria-Alaska resemble or have fidelity with the original model? Second, are there adaptations to the model that could make it more effective in the Alaskan environment?

This fidelity focus is reflected in the structure and content of this program review.

## *Purpose and Use of this Report*

Independent third party reviews are valuable in allowing program managers an opportunity to see another perspective of their programs. In the early stages of a program, independent reviews can uncover issues that may not be apparent to individuals involved in program operations on a day-to-day basis. Therefore, the purpose of this review is to provide program sponsors an independent view of the way in which Soteria-Alaska staff and residents see program operations. It also compiles and reviews preliminary data on the clinical outcomes for Soteria-Alaska residents.

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[6] An extensive evaluation and was initially developed in April and modified in August, 2009.
[7] Hill, LR., Maucione, K., Hood, BK. (2006) A focused approach to assessing program fidelity. *Prevention Science.* 8:25-34

Most of this research is a "formative" review focused primarily on the analysis of program implementation with a view of providing program managers and other stakeholders with advice intended to improve the program.[8] In addition, it is intended to assist program managers in developing long-term outcome measures consistent with those used by similar programs.

This report can be used to:

1. Provide program managers with a glimpse of program operations through the eyes of current Soteria-Alaska residents and staff,
2. Determine the extent to which the Soteria-Alaska program follows the best practice upon which it was modeled,
3. Identify areas in which the program could be adapted to better meet the unique needs of Alaskans, and help develop early alterations in the program that they help improve its effectiveness
4. Inform funding agencies of program operations,
5. Inform the public and other behavioral health providers about the program, and
6. Provide a starting point for the development of performance and outcome measurement systems.

## *The Organization of This Report*

As a formative program review with a focus on fidelity and adaptation assessment, this report recognizes that the essential characteristics of the facility and program are critical to its effective. For that reason, program review information regarding the facility, program and staff are presented before for information on the residents served by a Soteria-Alaska.

## *The Soteria-Alaska Program*

This section provides basic information about the Soteria-Alaska program. It is not intended to replicate the extensive material generated by the program to describe and report on its actions. A detailed of proposal can be found in the Soteria White Paper.[9]

This section describes the mission and purpose of the organization , and prevents a basic chronology of how the Soteria concept has become operationalized in Alaska in a relatively short period of time .

**Mission**: Soteria-Alaska provide a safe, non-coercive, home-like environment where people in Alaska who are diagnosed with serious mental illnesses recover

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[8] McDavid, JC., Hawthorn, RL (2006) Program Evaluation and Performance Measurement: An Introduction To Practice. Sage Publications, p 21.
[9] Soteria-Alaska White Paper, March, 2007

from a 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.

**Purpose**: The purpose is to allow the people with acute and long term symptoms of mental illness recovered in a non-coercive, home-like environment, with choices 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.

**Chronology of program development**:

September, 2004-January, 2006: Proposal for Grant-funded planning activity: the Board of Soteria-Alaska, under the leadership of Jim Gottstein, prepared program outline for consideration by the Alaska mental Health Trust Authority beginning in 2004. A more detailed proposal was submitted in January, 2006. The two proposals gave rise to a more extensive grant award for a detailed program planning.[10]

April, 2006: Susan Musante hired as Soteria-Alaska Director: Soteria-Alaska announced the appointment of Susan Musante as its Project Manager on April 21, 2006. Ms. Musante was trained in both Mental Health and Vocational Rehabilitation, and had extensive experience in many aspects of both fields for many years. She came to the position with twenty-five years of experience and education in management, direct service, consultation, training, program evaluation and development for behavioral health systems. Her MS in Counselor Education, is from the University of Bridgeport and her BA with Honors in Psychology was awarded at the University of Connecticut. She is a Licensed Professional Clinical Counselor, a Certified Psychiatric Rehabilitation Practitioner, and a Certified Rehabilitation Counselor. Before coming to Alaska, she was a consultant to community agencies in New Mexico. Her initial role as Project Manager was to develop an operational business plan for the project as well as to interface with providers and consumers about this project. [11]

September, 2006: General Planning Grant Awarded: A proposal to fund the general development and business plan for the Soteria-Alaska facility was presented to the Alaska Mental Health Trust Authority on September 14, 2004. In September, 2006, a grant from the Trust for $78,450 was awarded to Jim Gottstein as Board President for Soteria-Alaska. The expected outcome of view or was "a fund of old business plan that would include fiscal

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[10] Soteria-Alaska: A Pilot Project Proposal, August 8, 2004; Alaska Mental Health Trust Authority Funding Award, February 7, 2006.
[11] Press release, April 21, 2006, Soteria-Alaska, http://soteria alaska.com/Info/AnnounceSMusante.htm.

programmatic and out of management and operational issues of setting of the facility."[12]

March, 2007: White Paper disseminated: One of the major results of the planning grant was the Soteria-Alaska White Paper. This document describes the program operations and justification in substantial detail. It was used extensively in a program promotion and dissemination in subsequent years.[13]

December, 2008 Facility located and permits obtained: An adequate facility was located in Anchorage. The side-by-side duplex was found to be sufficient to accommodate eight or fewer residents when appropriately the remodeled. An application was sent to the Anchorage Planning and Zoning Commission for the determination of appropriate zoning associated with a Quasi-Institutional permit in February, 2008. The request for determination of appropriate zoning which would allow for the facility to operate in the neighborhood was administratively withdraw when it was determined that a new ordinance redefined the Quasi-Institutional permit protocols. Planning and Zoning staff recommended that Soteria-Alaska seek a residential permit from the Alaska Department of Health and Social Services to operate an assisted living facility. The request was submitted and the permit was granted.[14]

February, 2009: Facility Manager hired: The first Soteria-Alaska facility manager was hired following a position announcement published in numerous outlets in Alaska and across the country in September, 2008. The first manager was hired in February, 2009. He had the responsibility of overseeing the recruitment of facility staff and developing appropriate policies and procedures as well as improving relationship with the community. Since the facility opened, manager position has turned over. The current manager has been working in the facility and has assumed the role of Facility Manager (without the formal title) since October, 2009.

July, 2009: Operating policies and procedures developed: Although operating policies and procedures continue to be refined, the initial policies and procedures Manual was compiled by the at initial Soteria-Alaska program manager. These policies and procedures were consistent with the organizational philosophy and the program description included in the Soteria-Alaska White Paper and allow the facility to comply with the provisions of its assisted living facility permit. These policies continue to be updated as the program matures.

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[12] Alaska Mental Health Trust Authority Funding Award, February 7, 2006.
[13] Soteria-Alaska White Paper, March, 2007
[14] Conversations with Planning and Zoning staff, April, 2010.

July, 2009: First client admitted: The Soteria-Alaska project opened with two clients, planning to accept others as soon as its state license is approved.

August, 2009: Evaluation contract signed: Program managers initiated a program review with Brian Saylor and Associates[15] a local health and human services research and evaluation firm. Over the course of the last six months, the evaluation team has conducted extensive interviews with management, staff and residents to learn about their perceptions of the program operates and its effectiveness in managing the clinical issues confronted by residents

# Methods

This section describes the overall methods used in completing this initial program review and presents basic chronology on the evaluation activities to date.

## *Data Sources*

This review relies primarily on two major sources of data. The first is a compilation and review of available administrative data and reports in the clinical literature regarding Soteria activities and those of Soteria-Alaska specifically. Information on the perception of staff and clients regarding Soteria-Alaska activities was collected using key informant techniques.

### Available Administrative Data

Soteria-Alaska has extensive material in its web site. This material was used to describe the program and the activities of funding agencies who reviewed plans and proposals submitted for funding. In addition, there is a significant body of clinical literature regarding the implementation of the original Soteria House in California, as well as similar programs around the world. Because Soteria-Alaska has maintained that it is an evidence-based program, this information was invaluable in creating clear standards of the anticipated structure and operation of the Soteria-Alaska program. These standards allow the for a detailed fidelity review.

### Key Informant Interviews

Much of the data for this program review was obtained using a key informant interview technique. These techniques have been used by anthropologists for many years. In traditional anthropological field research, key informants are used primarily as a source of information on a variety of topics, such as kinship and family organization, economic systems, political structure, and religious

[15] An extensive evaluation was initially developed in April and modified in August, 2009.

beliefs and practices. Although the emphasis is on qualitative aspects, it is also possible to get a great deal of valuable concrete quantitative data.[16]

Resident interviews were conducted in the facility, mostly privately in the second living room, and on one occasion in a resident's room upon request. Interviews with staff were conducted in the house and at a near-by café so that staff could share their ideas freely. Other house residents and staff would often pass through during interviews, and on occasion join in. In most cases this added to the depth of the interviews.

Useful information was also gathered though participant observation. The interviewer spent time in the house hanging out before and after interviews, and brought over personal creative projects to share with staff and residents.

It is recognized that key informant interviews can be more balanced than public hearings in synthesizing valuable information about the nature and extent of social problems. The potential bias in individual perceptions should be balanced against the availability of quantitative data when it becomes available.

### *Chronology of Program Review Activities*

The evaluation team began its efforts in August, 2009. Since that time, there has been a extensive work in interviewing residents and staff regarding their perceptions of program operations. The following chronology outlines some of the fundamental activities of the evaluation staff in preparing this report.

- Initial contract signed on August 6, 2009.
    - Confidentiality Agreement developed and approved December 8, 2009.
    - Client interview schedule drafted (September 4, 2009) and revised.
    - 5 client interviews completed
    - 5 staff interviews completed
- Initial schedule delayed due to low resident enrollment and participation in interviews.
- Scheduled presentation to AMHTA postponed until August.
- API comparison group interviews will be scheduled when enough Soteria clients have been interviewed to obtain comparison group characteristics.

## Soteria-Alaska Facility Characteristics

The milieu is a critical element of facilities which provide an services to a young people of with schizophrenia or other thought disorders, The Soteria model

[16] Tremblay, M. (1957) The key informants technique: A non-ethnographic approach. *American Anthropologist*, 59(4):688-701.

emphasizes the importance of an appropriate facility. Table 1 summarizes the relationship between the facility model developed by the Soteria program and the facility currently used by Soteria Alaska.

Table 1. Facility Characteristics

| Measure | Soteria Model[17] | Soteria-Alaska actual |
|---|---|---|
| Capacity | 6 | Currently 5, but could accommodate 8 with sprinkler system |
| Staff to Resident Ratio | 2/1 | Same, but sometimes 1.5 to 1 |
| Rules and Controls | "Community directed" universal and client specific rules | Same |
| Community Relations | Generally good, infrequent interaction between community and residents | Same with socialization and community exposure through shopping trips and other activities the program is doing more with community activities. |

Table 1 shows that the Soteria-Alaska facility is operating very close to the model upon which it was based. Discussions with staff regarding the facility's capacity suggest that the number of residents could be increased with the addition of a sprinkler system. The recommended ratio of two staff to each resident is largely present, with the exception of some of lack of coverage during the beginning or end of some shifts and occasional "late night staff" working alone. Facility managers report appropriate of use of rules and controls, although they do not appear to be posted or visible to clients and staff. This approach to rule making and governments appears to the consistent with a home-like milieu. Socialization and community activities continue to mature and develop.

## Soteria-Alaska Program Activities

The following table shows that the program activities initially planned by Soteria-Alaska have been implemented during the early stages of program operations. The table compares the planned activities included in the Soteria-Alaska White Paper with those that are reported by Soteria senior staff.

[17] Mosher, L.R., Hendrix, V., Soteria: Through Madness to Deliverance, Xlibris Corporation, 2004., p. 6 and 203.

Table 2. Program Activities

| | Soteria-Alaska Plan | Soteria-Alaska actual |
|---|---|---|
| Characteristics of the Milieu[18] | Home-like environmental | Yes |
| | Interpersonal relationships | Yes |
| | Acceptance | Yes |
| | Normal activities of daily living | Yes |
| Resident activities [19] | Socialization | Yes |
| | Vocational training and skill development | Encouraged by staff, offered through referral |
| | Peer support | Yes |
| | Links with community environment | Go to malls, have visitors and recently participating in community activities. |
| | Crisis intervention | Yes |
| | Reintegration support | Yes |
| | Psychiatric supervision | Yes |
| Length of Stay | 1 to 4 months | Appears to be too short |

The only difference between the initial program plan and actual Soteria-Alaska operation is the projected length of stay at the facility. The projected length of stay in the Soteria-Alaska program plan is substantially shorted than that experienced in the model Soteria model and shorter than that projected by operational residential staff. This discrepancy should be tracked and the discrepancy resolved.

## Soteria-Alaska Staff Characteristics

This section has two parts. The first part presents the data comparing the Soteria model and the actual program operations. The second part summarizes staff perceptions of the program from data collected during extensive interviews with staff.

### *Soteria-Alaska Staff and Soteria Model Comparison*

Table 3 compares the characteristics of the Alaska staff with those in the original Soteria model. The two staffs are very similar, suggesting a strong fidelity with the original model.

[18] Soteria Alaska, Inc., "Soteria- Alaska White Paper," March, 2007.
[19] Interview with Soteria-Alaska senior program managers, August 13 and 19, and draft and questionnaire, September 4, 2009

Demographic Characteristics: These are largely identical to the Soteria model. There are some Soteria-Alaska staff who are older and more mature which makes the age distribution a bit different than the model. However, the differences do not appear to compromise program fidelity.

Personality Characteristics: These are identical to the model.

Clinical and Programmatic Training: The Soteria-Alaska training program appears to less formal than the model. However, all staff appear to be adequately trained for their roles. Their personal experience with mental illness seems to help them become oriented to the Soteria –Alaska environment.

Training of Soteria-Alaska staff is largely informal. New staff "job shadow" with more experienced staff. The duration of the job shadowing varies from individual to individual. The mentoring staff end the job shadowing process when they feel confident that the new staff can effectively interact with Soteria-Alaska residents without direct supervision.

Employment Characteristics: Soteria-Alaska mirrors the model. Initially, the Alaska program experienced high turnover among residential staff. 6 of the 8 staff positions are no longer with the program. However, better screening and orientation practices have significantly reduced turnover.

In addition to part-time and full-time staff, Soteria-Alaska has some volunteers. All potential volunteers undergo an extensive screening process. Soteria-Alaska Volunteers must bring specific skills to the facility and share with clients. They are expected to volunteer no less than 4 hours per week of their time. This is justified by the cost of background checks that are required of all Soteria-Alaska staff, including volunteers.

Table 3. Staff characteristics

| Measure | Soteria Model[20 21 22] | Soteria-Alaska (preliminary) |
|---|---|---|
| | Demographic characteristics | |
| Age | Younger, usually under 30 | Broad age distribution |
| Socio economic status | Middle to lower class | Same |
| Gender distribution | Balanced | Same |
| | Personality characteristics | |
| Empathetic capability | An ability to sense nonverbally when residents needed someone to be with them | Same |
| Patient interaction | Emphasis on coexisting with psychotics rather than curing them.<br>High individual tolerance level for dealing with psychotics residents | Same |
| | Clinical Training | |
| Professional status | Nonprofessionals | Same |
| Clinical training | Inexperience and psychologically unsophisticated and free of therapeutic for political rigidity | Many have personal experiences with mental illness |
| On the job training model | Apprenticeship model, using informal training and orientation, including job shadowing and mentorship | No formal apprenticeship, but job shadowing and mentoring as needed. Most training is informal. |
| | Employment characteristics | |
| Recruiting pool | Local | Same |
| Pay status | Low | Low |
| Turnover | | Initially high, but staff has become stable, |

[20] Hirschfeld R, Matthews S, Mosher L, Menn A. Being with madness: personality characteristics of three treatment staffs. *Hospital & Community Psychiatry*. April 1977;28(4):267-273. Available from: MEDLINE, Ipswich, MA. Accessed April 8, 2010.

[21] Mosher L, Reifman A, Menn A. Characteristics of nonprofessionals serving as primary therapists for acute schizophrenics. *Hospital & Community Psychiatry*. June 1973;24(6):391-396. Cited in Mosher, L.R., Hendrix, V., Soteria: Through Madness to Deliverance, Xlibris Corporation, 2004.

[22] Mosher L, Menn A. Community residential treatment for schizophrenia: two-year follow-up. *Hospital & Community Psychiatry*. November 1978;29(11):715-723. Available from: MEDLINE, Ipswich, MA. Accessed April 8, 2010.

## ***Staff Perceptions***

The following summary is the synthesis of 5 in-depth interviews with Soteria-Alaska staff over the past four months.

Soteria staff appeared to be familiar with the mission and purpose of the organization. Although each staff member related it in their own words, the ideas were consistent with the mission and purpose statement published in the initial Soteria-Alaska white paper. They also shared a strong belief that the residents could experience recovery. Recovery to them started with self-acceptance.

All staff expressed appreciation for the Soteria team, staff and residents alike. When questioned about what qualities made a staff member a good fit, they expressed the unified vision and community amongst staff, and felt they all worked well together.

There appears to be some benefit in having Choice case managers become familiar with Soteria residents. This promotes the continuity of care for those residents leaving Soteria before the end of their treatment, and those who successfully finish the program and need at discharge planning and aftercare. The close coordination of residential and case management staff is consistent with the general philosophy of "being-with" the residents.

All staff reported having some personal familiarity with mental health issues. Whether observing these issues among parents, siblings or in themselves, the recognition of mental health symptoms appears to help staff prepare for the Soteria experience. In a sense, their experience with mental illnesses appears to be a valuable training or apprenticeship program.

Staff felt like people even without schizophrenic symptoms could benefit from the Soteria model. Those participating in community life at Soteria have an opportunity to improve their interpersonal skills, provide and seek support as appropriate, increase their level of acceptance of positive behaviors, develop a stronger sense of community and generally grow as a person. For these reasons, staff felt like the Soteria experience could benefit even those without major thought disorders.

While staff and residents at Soteria have different roles, staff stressed the importance of community over hierarchy. Staff members consider themselves Soteria community members, and operate accordingly. They respect each other and the residents as human beings, and felt that this was a vital element of Soteria's success. Staff and administrators stressed the importance of compassion, respect, patience and tolerance. One staff member said he felt more comfortable hanging out in the Soteria living room than he did in his own living room.

Position descriptions were not always clear, but provided adequate guidance for staff activities. While staff did not formally conduct activities initially included in the interview schedule, activities required in their position descriptions naturally addressed these areas such as the development of social skills. These activities were not rigidly planned, but were more situational, similar to what would happen in a typical home-like environment. For example, someone may have to go on a trip to the store for some basic supplies when stocks ran low, or be considerate of personal space.

There was no mention or complaint about shift assignments or the low pay scale. While all staff recognized that they were at the lower end of the pay scale, they appear to accept this as a condition of working on the Soteria residential staff. Health Insurance benefits were routinely raised by staff, but have yet to be included in the staff compensation package.

Staff report that there is no activity fund to support resident activities. This occasionally limited the nature and extent of activities available to residents. Staff sited the benefit of group outings such as going to the movies as an important context for clients to learn how to manage themselves outside of house. Staff strongly recommended that activity funds be included in the budget.

House dynamics appeared to improve with the increase in the Soteria resident census. Staff believed that an increase in the number of residents could give residents a wider range of socialization and interaction opportunities than would occur with a limited number of residents. Staff observed an increased liveliness and peer support among residents. Residents provided strong support for clients who joined the program more recently. It is interesting to note that this opinion was not voiced by residents themselves.

Staff strive to model healthy behaviors. They feel the need to be honest and genuine with residents and fellow staff members. They establish realistic boundaries and expectations in their relationships with their peers and are sensitive to avoid falling into a client-caretaker relationship. Being "real" appears to be a good rule-of-thumb at Soteria.

## Soteria-Alaska Resident Characteristics

In this section, the characteristics of residents is presented in three parts. The first presents summary data on all Soteria-Alaska residents, both currently in residence and those who have left the program. The second part compares the residents at the Alaska program with the original model. The third part presents resident perceptions, based on extensive interview data.

### *Characteristics and Status of Soteria-Alaska Residents*

Soteria-Alaska has admitted nine residents since it opened its doors in 2009. The last male was admitted shortly before the final analysis of this report. A summary of the characteristics of resident admissions is shown in Table 4.

Table 4. Summary of Resident Admissions and Disposition

| Resident | Age | Gender | Status | | Comment |
|---|---|---|---|---|---|
| | | | Still in Program | Left Program | |
| a | 33 | Female | | x | Highly medicated |
| b | 20 | Female | x | | |
| c | 21 | Male | | x | Violent history and behavior |
| d | 23 | Female | x | | |
| e | 18 | Female | x | | |
| f | 26 | Male | | x | Non-interactive, personal hygiene a threat to the community. |
| g | 20 | Male | | x | |
| h | 21 | Male | | x | Violent history and behavior |
| i | 18 | Male | x | | Recently admitted |

Of the nine residents admitted to the program, four have remained, and five have left the program for a variety of reasons. This yields are retention rate of approximately 45%. Those who left the program appeared to be inconsistent with the characteristics of the residents that would typically be admitted to a Soteria-like environment. The three of the four current residents are females. Two of the male residents left because of violent history or behavior. Another left because personal hygiene habits became a threat to the community.

## *Soteria-Alaska Residents and Soteria Model Comparison*

Table 5 compares Soteria-Alaska residents with those in the model program. The Alaska program has a lower proportion of males, and lower education and employment levels. The reasons for this are not understood.

Table 5. Resident characteristics

| Measure | Soteria Model[23 24] | Soteria-Alaska (preliminary) |
|---|---|---|
| | Demographic characteristics | |
| Age | 18 to 30 (average age 21.9) | Same overall, but one resident was 33 years old. |
| Marital status | Single (including divorced and widowed) | Same |
| Gender | 69% male | One male currently in residence |
| Education | 56% some college | Lower educational level, most have not completed high school. |
| Employment | 80% some work experience | Lower |
| | Clinical characteristics | |
| Diagnosis | DSM II diagnosis of schizophrenia by three independent clinicians. | Same diagnostic criteria, but use two psychiatrists. |
| Risk of hospitalization | Deemed in need of hospitalization exhibiting four of seven diagnostic symptoms of schizophrenia used as admission criteria by NIMH. | Most have already had some inpatient experience |
| Previous hospitalizations | No more than one previous hospitalization for schizophrenia lasting 30 days or fewer | Most residents were former API patients. None have been referred from Community Mental Health Centers or Designated Evaluation and Treatment facilities |
| Use of neuroleptic drugs | Little use | Most have a history of use, but ask for support in reducing medications. |
| Attrition Rate | | 44.4% |

Staff reported that the psychiatrist predicted that more Soteria-Alaska residents would have inpatient and medication experience. This appears to be supported by the data.

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[23] Mosher, L.R., Hendrix, V., Soteria: Through Madness to Deliverance, Xlibris Corporation, 2004.

[24] Mosher, L.R., Vallone, B., Soteria Project: Final Progress Report, Community Alternatives for Treatment of Schizophrenia. Grant number RO1MH35928, submitted March 14, 1992.Table 1 p. 23.

The Soteria experiment relied on referrals from a large community mental health center and a community hospital.[25] There is little evidence so far that similar provider organizations in Alaska are participating in the same way. The dominant referring provider is the Alaska Psychiatric Institute. This may be the reason that most residents come to the facility with a history of inpatient hospitalization and medication use.

## *Soteria-Alaska Resident Perceptions*

Most residents had a history of psychotropic medication use. Many residents reported starting the use of psychotropic medications and institutionalization as early as age 15. One reported undergoing electroshock therapy. These experiences are inconsistent with the admission criteria in the Soteria model, which emphasize low or infrequent use of psychotropic medications prior to admission to a Soteria program, and little or no experience with inpatient care.

No males residents have remained at Soteria. Of the 10 residents had been admitted to or considered for Soteria admission, only female residents remained at the facility as of this writing. Some of the male residents that were either not admitted or who have left the program may have had significant behavioral or developmental issues and not necessarily major thought disorders such as schizophrenia.

Residents appear to be at ease and very comfortable with Soteria staff and with one another. This creates the home-like environment that Soteria it strives for. It yields a family atmosphere. Some residents reported that they have even labeled people (other residents or staff) as assuming family roles, such as "grandfather" or "older brother." Some of the women in the program reported that they felt like "sisters," confirming the value of the natural support systems being developed in the program. They also reported being mutually supportive of staff.

Most residents have reduced or discontinued the use of psychotropic medication. Staff supported these decisions. Residents did not feel pressured into this decision. Some residents reported viewing psychotropic medications as a means of "mind control" and viewed medication as more damaging than helpful. Residents appreciated having a clearer mind without medication. They felt more in-control of their own inner experience.

Soteria rules are recognized by staff and clients, but are not as obvious as those in institutional settings. The Soteria model describes rules in terms of their universality and their time dimension. Some rules, such as a prohibition against violence (against staff or other residents, including themselves) are universally applied, and do not change over time. The same is true with a rule prohibiting

[25] Mosher, L.R., Hendrix, V., Soteria: Through Madness to Deliverance, Xlibris Corporation, 2004, p. 63+

sexual relations between residents and staff. Other rules may apply to specific residents, and only for a limited period of time. These rules appear to be mutually understood by residents and staff alike, and may be relaxed as conditions change. These rules, whether universal or time dependent, appear to be related to expectations of group behavior rather than specific limitations of activities hosted on Soteria walls. This promotes a sense of freedom among residents.

Residents appeared to enjoy creative activities conducted in the basement. However, it should be noted that many times staff are more involved in these activities than are the residents.

Some residents have clear long-term goals, while others do not. Some Soteria residents have goals they are working towards, which they see Soteria as a part of. Staff and administrators observed that clients who wanted to better themselves seemed to do well in the self-directed Soteria environment. Residents needing more structure and authority did not do as well.

Some residents expressed that Soteria was exactly what they had been looking for. One client said, "It's a relief to find a place that doesn't say I need brain meds to do well in life. That I can succeed, I can do well. Mostly I've been pushed to get back on them, but I've stayed off, I had to prove that I could stay alive and function. It's a relief to go from very little support to a lot."

## Clinical Outcomes

In its early stages, the program has not enjoyed sufficient enrollment to mount an in-depth clinical outcomes study. However, most of the anecdotal evidence supports clinical progress.

Soteria-Alaska clients are encouraged to set personal goals. To the extent that these are shared with staff, significant improvements can be noted. In other cases, staff observe clinical improvement that may not be evident by the clients themselves. For example, a client may begin to appear in common rooms after weeks without leaving his or her private room. This is seen by staff as an improvement in the clinical status of the resident. One client has spent the most time without being hospitalized since her diagnosis at 15. Another client told her case manager that she had had three full conversations with someone of the opposite sex, a goal she had made for herself and felt a sense of accomplishment. Another client is going to school, initiated AA meetings on her own, and has gotten progressively better at managing her own psychotic episodes.

Residents appear to feel empowered, supported and accepted. The Soteria model supports this self-acceptance and external support as the foundation of healing and the basis of living well for people with major thought disorders

There has been some discussion of possible cross-site evaluation opportunities, in which small emerging programs with the same or similar goals collaborate in outcome research. This may be of real benefit to the Alaska program. Table 6 presents some of the outcome data from the Soteria model that may be a guide for data collection in the future.

Table 6. Possible Outcome Measures

| Measure | Soteria Model | Soteria-Alaska (preliminary) |
|---|---|---|
| The need for mental health treatment[26] (Year 1 Soteria data) | | |
| The hospitalization | 78% of residents | |
| RE hospitalization | 40.8 average gains | |
| Out patient visits | 82% of residents | |
| Outpatient visits | 22.9 average | |
| Improvements and independent living [27](Year 1 , 2 data) | | |
| Living independently | 26, 38% | |
| Fulltime or part time work or school | 36, 38% | |
| Primary income from work | 33, 22% | |
| Number of friends | 2.5, 2.7 | |
| Contacts up with a friends | 1.9, 2.1 per week | |
| Sexual intercourse | 19, 15% | |
| Positive family relationship and | 49, 46% | |
| Psychopathology and medication[28] (Year 1 Soteria data) | | |
| Global psychopathology | 3.0 | |
| Global improvement | 2.01 | |
| Continuous neuroleptic drug treatment | 29% | |
| Substantial neuroleptic drug treatment exceeding seven days | 55% | |
| Any neuroleptic drug treatment | 62% | |

[26] Mosher, L.R., Vallone, B. Soteria Project: Final Progress Report, Community Alternatives for Treatment of Schizophrenia. Grant number RO1MH35928, submitted March 14, 1992. p 33, Table 7, 10

[27] Ibid, p 34 Table 11

[28] Ibid, p. 29 Table 6.

## Conclusions

Extensive interviews with Soteria-Alaska staff and clients, a review of available administrative and the clinical literature strongly suggest that:

- The program is following the successful Soteria model initially developed by of Dr. Loren Mosher (former Chief of the NIMH Center for the Study of Schizophrenia and founder of the Schizophrenia Bulletin). Soteria-Alaska's replication of this proven model suggests that the effectiveness of the Anchorage-based program should mirror those of the evidence-based practice upon which it was modeled.

  The characteristics of the facility, the program and the resident staff are similar to the original model. This suggests that the program fidelity is strong, and similar outcomes could be expected from the Alaska program.

- The demographic characteristics of Soteria-Alaska residents mirror the characteristics of clients served in the original program. This suggests that the positive clinical outcomes should replicate those predicted by the model.

  However, the clinical characteristics of the Soteria-Alaska clients are somewhat different. Alaska clients appear to have more experience with institutional psychiatric care and most have been on psychotropic medications longer than residents in the original Soteria program. Forty years have elapsed since the Soteria experience in California. Changes in treatment practices may account for these differences. The different nature of residents in Soteria-Alaska, however, may cause program managers to adapt the program to accommodate the clinical characteristics of their clientele.

- Residents and staff give the program high marks. In-depth interviews with staff and residents alike strongly suggest that the expected therapeutic milieu is being realized. There is a high level of trust among staff and between the staff and residents. This will help to realize the anticipated positive clinical outcomes.

- Both residents and staff report positive clinical gains. While this information is anecdotal, it is consistent. Staff observe both subtle and dramatic progress in Soteria-Alaska residents. The residents also report some clinical gains. The agreement between staff and residents reinforces the clinical benefits of the Soteria program.

- Clinical outcomes do not appear to rigorously measured in the Soteria-Alaska program. Residential staff report that measures of clinical progress like those collected in the original NIMH study are not routinely commented. As the program matures and more clients are admitted, standardized clinical outcome measures may be desired. This would allow the program to participate in emerging cross-site assessments in tandem with other similar programs being developed around the country.

To date, in-depth interviews with Soteria-Alaska and staff, together with a detailed review of the clinical literature and administrative records, have not revealed any information that would cause the evaluators to have concerns about the program's success in helping younger Alaskans with severe thought disorders to reduce their symptoms and be successfully reintegrated in to the Alaskan society.

Evaluators will continue to track the progress of the Soteria-Alaska program. As more residents complete the program, we will be able to see a more detailed picture of how it responds to the characteristics of young Alaskans who choose to avoid or reduce their need for medications and inpatient psychiatric care. As of this date, however, the program is operating as expected and we can predict positive results.

## Suggested Opportunities for Program Improvement

The program review team is committed to participatory action research. With this operating philosophy in mind, the team presents some suggestions for program improvements that came out of this review. These suggestions are intended as the beginning of a discussion among the Soteria-Alaska Board, management, staff, stakeholders and funding agencies regarding future directions for the program. These suggestions are not in priority order.

Promote referrals from facilities and providers other than the Alaska Psychiatric Institute. Currently, API is the main source of referrals. This appears to have created a Soteria-Alaska resident population that is unlike that of the initial Soteria model. Current residents are more likely to have a history of institutional and inpatient psychiatric care, and often have an extensive history of psychotropic medications. The initial Soteria model relied on admissions from community hospitals and outpatient facilities. Soteria-Alaska should consider encouraging increased referrals from Providence Alaska (a designated evaluation and treatment facility), Community Mental Health Centers and other behavioral health providers throughout Alaska.

Begin collecting outcome measurement data. Although there appears to be unanimous agreement that residents are better off as a direct result of their experience at Soteria-Alaska, there is little objective clinical data that allows the

program to compare its results with those of similar programs. This document presents a starting point for the collection of outcome data, based on the protocols developed by the initial program funded by the National Institute of Mental Health. In addition, outcome data should be coordinated with other similar programs which, like Soteria-Alaska, are in their early stages of development. There may be opportunities for collaborative research conducted in tandem with these other organizations.

Continue to maintain and strengthen the relationship between Soteria-Alaska and the Choices program. The collaboration between these two programs helps assure stronger continuity of care. Residents who leave Soteria-Alaska, either after a successful course of treatment or against medical advice, can be supported by the case managers at the Choices program.

Consider developing an activity fund. Staff have suggested that additional funds would be valuable in supporting resident activities. Although these funds could be included in an operating budget, Soteria may wish to consider urging residents to raise the funds themselves through expanded community activities and small fundraising events.

Consider adding sprinklers required as a condition of adding additional resident rule is an increasing the capacity of the facility. Staff reported that a higher resident census creates more opportunities for socialization and interaction. The facility is currently operating below its licensed capacity, largely because of rooms that cannot be occupied for lack of a sprinkler system.

Strive for better resident gender balance. Most of the residents are females. A recent addition to the resident population is male. However most of the males who have been considered for admission or admitted to the facility have left prematurely because of violent behavior or inappropriate personal hygiene practices. Additional efforts could be made to attract male residents to the facility in order to have a more normal population and provide additional opportunities for socialization.

Promote the expanded use of volunteers. The Soteria model relied extensively on volunteers to supplement the activities of resident staff, and to bring to the facility skills that the staff did not have. The Soteria reports described a rich and vibrant support system for residents, partly because of the additional skills brought by these volunteer staff. Soteria-Alaska does not have much volunteer activity in place at the current time. Developing a cadre of dependable volunteers could for greatly help improve the clinical milieu.

Add the API comparison group later, using average clinical and demographic matching criteria. It is too early to have an accurate comparison group. However, as the program matures, an accurate comparison group could be

identified. This would help to more accurately compare the experience at Soteria-Alaska with that of the Alaska Psychiatric Institute.

Review the projected average length of stay. The Soteria-Alaska White Paper described the length of stay of between one and four months. This is clearly shorter than the anticipated length of stay, according to both staff and the experience of current residents. The projected length of stay should be reexamined.

Continue program review activities. Resident staff and management have found some value in the observations that have come from this independent program review. The review team looks forward to a continued relationship with Soteria-Alaska.