SOTERIA LAS CRUCES

A Long-term (3 to 6 months) Residential Treatment for People Diagnosed with Psychosis

Included as one of the "Game-changing Strategies" in the Local Behavioral Health Collaborative's strategic plan. We believe it is an important addition to the behavioral health system in Dona Ana County. *

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THE SOTERIA MODEL OF TREATMENT FOR PSYCHOSIS

- A home-like residence of 6-8 beds
- Average length of stay: 3-6 months
- Treatment consists of providing patients with safety, support and affirmation as they go through the psychotic experience
- Based on the understanding that psychosis is a move by a wounded psyche towards healing and recovery
- As patients stabilize, they begin to participate in community activities such as education, employment, volunteer work, therapy, support groups, recreational and artistic activities
- Psychiatric medication is available but is not the primary modality of treatment
- Rate of full recovery from psychosis: 60 percent
- Cost per day: 20 percent of the cost of hospital
- Patients treated per year: 30-40
- Annual cost: \$960,000
- Directed by a licensed clinician
- Contract with a psychiatrist
- Staffed largely by recovered peers
- 24/7 coverage
- Eligible for some Medicaid reimbursement
- Selected as a "Gamechanging" service by the LC3 Local Behavioral Health Collaborative

SOTERIA LAS CRUCES A Long-Term Residential Treatment for Psychosis

Introduction

Soteria Las Cruces is a long-term (3 - 6 months) residential treatment program for persons diagnosed with severe mental illness (psychosis). It is a home-like residence of 5 - 8 beds that is staffed 24/7.

Treatment Approach

Soteria Las Cruces provides patients with a safe, supportive, affirming environment as they go through the psychotic experience. It differs from conventional treatment in that it is based on the understanding that the psychotic experience has some meaning for the patient. It is a way of surviving and moving towards healing and recovery for a person who is terrified of the world and of human beings and who has suffered trauma and rejection. As appropriate and possible, patients are helped to understand the meaning of their experience.

Psychiatric drugs are available but are not the primary modality of treatment. The primary modality of treatment is relationship.

Patients typically become more stable in about six weeks. As they become less afraid and agitated, they are helped to participate in community activities. They take classes, attend therapy and support groups, do volunteer work, engage in jobs or supported employment, participate in art and recreation.

If appropriate, family members are encouraged to maintain contact with patients and staff and may be involved in treatment.

Soteria Las Cruces will be directed by a licensed clinician and will have a contract with a psychiatrist/Medical Director. The staff will be comprised of people who can relate well with people who are going through psychotic experience, can provide them with a safe, supportive and affirming environment and can respond effectively to crises.

Evidence Base

The first Soteria house operated in San Jose, California from 1971 to 1983. A study which compared patients treated at Soteria with patients treated at the hospital found that, after two years following treatment, patients treated at Soteria were doing significantly better in terms of rehospitalizations, symptoms, social functioning and employment (Mosher, 1999; Bola and Mosher, 2003). Soteria Berne which has been operating in Berne, Switzerland since 1984 reports similar levels of effectiveness (Ciompi and Hoffman, 2004).

Cost Effectiveness

Below is the estimated annual expense budget for Soteria Las Cruces.

Personnel (including administration)	752,000
Contract Services	78,000
Space and Facilities	53,000
Administration	16,000
Supplies and Activities	21,000
Program Costs	920,000
Contingency (5%)	46,000
Total Cost	966,000

The cost per day of the original Soteria House was 43% of the cost of hospital. That was also the experience of Soteria Berne. It is estimated that Soteria Las Cruces will serve 40 persons per year. Given the reduced cost compared with hospital care and the recovery rate of 60% compared with a recovery rate of less than 10% for conventional treatment, the lifetime benefits in terms of people working, contributing to the economy and paying taxes instead of incurring the costs of hospital care, other caregiving, disability payments and lost employment are substantial. One study found that the cost to society of a 25-year-old person who is diagnosed with schizophrenia and does not recover, i.e. becomes chronically ill, is \$5.1 million.

Revenues and Sustainability

It is projected that Soteria Las Cruces will sustain its operations through a blending of funding including Medicaid and other insurance, state, local, federal, housing and miscellaneous other sources including private donations. However, during the start-up phase (up to three years) it will require that Soteria Las Cruces draw on support from governmental entities and private foundations as primary sources of funding. This will build a strong foundation for the acquisition of other appropriate funding.

References

Bola, J. & Mosher, L. (2003) Treatment of acute psychosis without neuroleptics: Two-year outcomes from the Soteria project. *The Journal of Nervous and Mental Disease, 191*(4). pp. 219-229

Ciompi, L. & Hoffman, H. (2004) Soteria Berne: An innovative milieu therapeutic approach to acute schizophrenia based on the concept of affect-logic. *World Psychiatry, 3*(3). pp. 140-146 Mosher, L. (1999) Soteria and other alternatives to acute psychiatric hospitalization. *Journal of Nervous and Mental Disease, 187*. pp. 142-149

SOTERIA IN THE UNITED STATES

Original Soteria House – San Jose, California

Years of Operation: 1971-1983 Description:

A research and demonstration project under the Director of Schizophrenia Research at the National Institute for Mental Health. A rigorous, randomized study found that people treated at Soteria had significantly better outcomes in terms of symptoms, rehospitalizations, social functioning and employment than people treated in a mental hospital.

Soteria Alaska – Anchorage, Alaska

Years of Operation: 2009-2016 Description:

Originally funded by the Alaska Mental Health Trust Authority. Operated by a non-profit corporation. Ongoing operations partially funded by the Alaska Division of Behavioral Health, the Alaska Mental Health Trust Authority with some Medicaid funding for services and other miscellaneous sources. Program Evaluation indicated improved role recovery, reduced symptoms/severity of illness (75%) and reduced amount and numbers of medication (60%) including many who did not take ongoing medication (56%).

Soteria Vermont – Burlington, Vermont

Years of operation: 2014 to present Description:

Funded by the State of Vermont. Operated by Pathways Vermont, a non-profit corporation. No study done as yet. 95% occupancy. Part of the Vermont behavioral health system. Anecdotal reports suggest results similar to the original San Jose Soteria and Alaska Soteria. Below is a link to a video which describes how it works.

https://youtu.be/Wi3ZPYRwMzA

SOURCES OF INFORMATION ON SOTERIA

Books

Soteria: Through Madness to Deliverance by Loren Mosher and Voyce Hendrix

This book describes both the theory and practice of Soteria. It provides detailed descriptions of how it "works".

Online

www.rethinkingpsychiatry.org

Click on "Link to YouTube Channel"

You will be taken to Rethinking Psychiatry's YouTube channel which contains wonderful videos of interviews with Voyce Hendrix, the Director of the original Soteria house, and webinars with rich and detailed information on Soteria Alaska, Soteria Vermont and Soteria Jerusalem.

Below is a link to the Rethinking Psychiatry YouTube channel

https://www.youtube.com/channel/UCDLCAeReWEKv8zMaKwACUtQ

WHAT WE WANT FROM THE STATE OF NEW MEXICO

We believe that we will eventually be able to sustain Soteria Las Cruces in the long term through a blending of revenue streams. Potential revenue streams include reimbursements from Medicaid and private insurance companies, state and local support, federal funding, foundation support and housing first/alternative supportive housing initiatives. However, to get Soteria Las Cruces up and running we need substantial financial support from the New Mexico Legislature, the New Mexico Behavioral Health Services Division and the New Mexico Finance Authority for the first year and a commitment for up to three years to build a foundation for long term sustainability.

What We Want From the New Mexico Legislature

\$900,000 - \$1,000,000 to cover each of the first three years of operation

What We Want from the Behavioral Health Services Division

Money from Federal block grants and Federal behavioral health housing grants to help sustain the operation in keeping with the intent of those grants as appropriate and designated--This will insure integration of Soteria into the continuum of care

What We Want from the New Mexico Finance Administration

Loans for building, buying or renting the structure that will house Soteria Las Cruces and money for initial operating costs

Note:

We are working with the County of Dona Ana and the City of Las Cruces to obtain financial support from local government

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