

**STATE OF ALASKA**  
**DEPT. OF HEALTH AND SOCIAL SERVICES**  
DIVISION OF BEHAVIORAL HEALTH

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

**RECEIVED**

JUL 15 2004

Dear Mr. Page:

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

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

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

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

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

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

Sincerely,



Ron Adler, CEO  
Alaska Psychiatric Institute

cc: Jim Gottstein