

Behavioral Health Research & Services

Program Evaluation

*Consumers, Staff, and Community Providers' Knowledge of
and Opinions about the Pathways to Sobriety Project*



(BHRIS Report No. 1)

***Consumer, Staff, and Community Providers' Knowledge of
and Opinions about the Pathways to Sobriety Project***

Pathways to Sobriety Project Program Evaluation

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*Prepared by BHRS Staff
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Executive Summary

In December 2002, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded funds to the Municipality of Anchorage Safe City Program to implement the *Pathways to Sobriety* project. This is a multi-faceted project aimed at improving the well-being of individuals exhibiting chronic public inebriation in Anchorage. More specifically, the target population consists of individuals with between 20 to 40+ admissions per year to the city's protective care facility, better known as the Transfer Station. Aspects of this project include:

- 1) voluntary engagement by chronic public inebriates from the target population into detoxification and substance abuse treatment services via individualized intensive case management services;
- 2) increased access to the therapeutic court for the target population involved in a criminal act; and
- 3) invigoration of the alcohol involuntary commitment process.

The Municipality of Anchorage Safe City Program contracted with Behavioral Health Research and Services (BHRS; formerly known as Alaska Comprehensive and Specialized Evaluation Services [ACSES]), at the University of Alaska Anchorage to conduct an evaluation of the *Pathways to Sobriety* project. The goal of this evaluation is to evaluate the process and impact of the *Pathways to Sobriety* project, as well as to evaluate treatment outcomes as affected by the new system of care. One facet of the evaluation was key informant interviews with relevant stakeholders in the community to gather perceptions about *Pathways to Sobriety*. Targeted for these interviews were *Pathways to Sobriety* clients in various stages of engagement and recovery, Municipality of Anchorage and Cook Inlet Tribal Council staff members actively working on the project, and community providers who work collaboratively with *Pathways to Sobriety*. A total of 21 individuals was interviewed utilizing a structured interview.

In these key informant interviews, clients, staff members, and community providers, painted a picture of success for the voluntary engagement component of the *Pathways to Sobriety* project. Most of the clients interviewed asserted they would not be alive or not be in treatment were it not for the case managers. They were extremely complimentary and appreciative of the case managers and the incredible impact they have had on their lives. Staff members and community providers praised the case managers for their hard work and dedication in providing services to the Anchorage public inebriate population. They also identified decreases in Transfer Station utilization and increases in the community's quality of life as direct outcomes of the case managers' work. However, respondents expressed more concern with regard to the two remaining project components, involuntary commitment and alternative court sentencing, both of which are currently in the development and planning stages.

In general, respondents noted several barriers impeding the progress of the *Pathways to Sobriety* project. First and foremost, respondents perceived the limited number of outreach counselors and case managers in the community assisting the public inebriate population as a significant challenge to overcome. Respondents did not consider the two Pathways case managers as adequate to serve the needs of the targeted clientele identified by the *Pathways to Sobriety* project. This lack of resource in case management services appears to affect all three components of *Pathways to Sobriety*.

Following is a summary of recommendations for the future of the *Pathways to Sobriety* project made most frequently and consistently by the client, staff, and community members who participated in this set of interviews:

- Continue to work toward building community awareness regarding the needs of the public inebriate population and their impact on the community
- Seek long-term, alternative funding that will allow for the expansion of services
- Further refine the services provided by the case management team to better suit the needs of the target population, including:
 - increase number of case managers
 - adjust staffing schedules
 - increase amount of case manager time spent at the Transfer Station to access potential clients as they prepare to leave the facility
 - prioritize clients by level of motivation and focus time and energy on those most motivated
 - implement new strategies for engaging clients and increasing motivation
 - focus on intense aftercare case management following a successful discharge from treatment
- Collaborate with local hospitals to attend to *Pathways to Sobriety* clients in a more expedient manner to prevent lost opportunities for intervention
- Work toward increasing the amount of time and types of services clients can access at the Transfer Station, including increased on-site medical care
- Continue to explore ways of securing treatment beds and safe and sober transitional and permanent housing through community collaboration
- Continue to explore the option of increasing detoxification beds in the community through development of a social detoxification unit at the Transfer Station
- Advocate for an array of services that will provide a comprehensive continuum of care system for clients in their transition to sobriety. Such a system would provide appropriate levels of care and support depending upon the clients' needs and would include adequate access to the following resources: detoxification treatment, substance abuse residential treatment, intensive outpatient services, transitional housing, wraparound case management services, employment training, and permanent housing
- Develop formal plans for implementing the alternative court sentencing and involuntary commitment components of *Pathways to Sobriety* through interagency collaboration

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Introduction

In December 2002, Substance Abuse and Mental Health Services Administration (SAMHSA) awarded funds to the Municipality of Anchorage Safe City Program to implement the *Pathways to Sobriety* project. This is a multi-faceted project aimed at improving the well-being of individuals exhibiting chronic public inebriation in Anchorage. More specifically, the target population consists of individuals with between 20 to 40+ admissions per year to the city's protective care facility, better known as the Transfer Station. Aspects of this project include:

- 1) voluntary engagement by chronic public inebriates from the target population into detoxification and substance abuse treatment services via individualized intensive case management services;
- 2) increased access to the therapeutic court for the target population involved in a criminal act; and
- 3) invigoration of the alcohol involuntary commitment process.

The Municipality of Anchorage selected Cook Inlet Tribal Council to provide intensive case management services. The goal of these case management services is to provide culturally appropriate and professionally relevant services to assist the target population in accessing services, including detoxification, substance abuse treatment, and permanent housing. Given that the targeted individuals are high-end user of Municipality's emergency care services (Transfer Station, police, and emergency medical transfer), it is hoped that *Pathways to Sobriety* will have a significant impact on utilization of Municipality's emergency care services.

The Municipality of Anchorage Safe City Program contracted with Behavioral Health Research and Services (BHRS; formerly known as Alaska Comprehensive and Specialized Evaluation Services [ACSES]), at the University of Alaska Anchorage to conduct an evaluation of the *Pathways to Sobriety* project. The goals of this evaluation project are to chronicle the process and impact of the *Pathways to Sobriety* project, as well as to measure treatment outcomes of the new system of care. To accomplish these goals, BHRS designed a series of quick-yield, multi-method projects to evaluate both process and outcome of the *Pathways to Sobriety* project. One facet of the evaluation was the conducting of key informant interviews with relevant stakeholders in the community to gather perceptions about *Pathways to Sobriety*. Using a structured interview, data were collected from the following three stakeholder groups:

- *Pathways to Sobriety* clients in various stages of engagement and recovery
- Municipality of Anchorage and Cook Inlet Tribal Council staff members actively working on the project
- Community providers who work with the target population and with *Pathways to Sobriety*

Method

Respondents

Pathways to Sobriety Clients

Key informant interviews were conducted with five *Pathways to Sobriety* clients in various stages of engagement and recovery. The five clients interviewed for this report provide a fairly accurate representation of the individuals targeted by the *Pathways to Sobriety* project. All five interviewees were male, Alaska Native, in their 40s or 50s, and reported periods of homelessness of over 20 years. Four reported their place of birth as a community in rural Alaska and none were originally from the Anchorage Bowl area. All respondents have been frequent users of the Emergency Alcohol Service System and have required transportation by the Community Service Patrol to the Transfer Station for temporary containment. From January 2002 to April 2004, the number of transfer station visits for this group of individuals ranged from approximately 10 to over 125, with an average per client of 37 visits in 2002 and 27 visits in 2003. Breath alcohol content (BrAC) upon intake to the Transfer Station ranged from 0.09% to 0.36%, with an average of 0.21%. At the time of the interviews, all respondents were sober and in various stages of treatment. Two clients had finished aftercare, one was in long term treatment, and two were receiving substance abuse detoxification services.

Pathways to Sobriety Staff and Community Providers

Key informant interviews were conducted with four staff members from the Municipality of Anchorage Safe City Program and Anchorage Downtown Partnership, four staff members from Cook Inlet Tribal Council (CITC), and nine community providers, for a total of 21 individuals. The community providers work at agencies that collaborate with *Pathways to Sobriety*, including Brother Francis Shelter, Safe Harbor Inn, Ernie Turner Center, Southcentral Foundation, Veterans Administration, and Homeward Bound. The interviewees were identified in collaboration with the Municipality and CITC.

Structured Interview Instruments

BHRS developed two structured interviews to gather information regarding the *Pathways to Sobriety* project, one for clients and one for staff and community providers. Both interviews consisted of 11 open ended-questions. Prior to submitting the protocols to the UAA Institutional Review Board for approval, BHRS submitted the questions to the Municipality and CITC for feedback. Copies of the final structured interview protocols are included in the Appendix. These protocols broadly addressed knowledge, perceptions, and attitudes about *Pathways to Sobriety*. More specifically, the interview protocols addressed the following issues:

Structured Client Interview

- Use of and access to community services
- Utilization of and satisfaction with *Pathways to Sobriety* services
- Perceptions about success and usefulness of case management services
- Opinions of the Transfer Station
- Factors and services facilitating life changes

Structured Staff and Community Provider Interview

- Specific knowledge about *Pathways to Sobriety*
- Level of involvement in and exposure to *Pathways to Sobriety*
- Perceptions about success of project components
- Considerations about barriers and challenges encountered by *Pathways to Sobriety* and its target population
- Recommendations for improving the project and addressing gaps in community services
- Perceptions of benefits *Pathways to Sobriety* has provided to consumers and the community

Procedures

Interview data were collected during Spring 2004 by BHRS staff. Following the compilation and summary of all data, this report was written and submitted to the Municipality and CITC for review prior to distribution to SAMSHA.

Client Interviews

Interviews with *Pathways to Sobriety* clients were facilitated with the assistance of the project case managers. In an effort to conduct interviews with clients in various stages of recovery, BHRS staff accompanied the case managers on their daily route on two occasions to meet clients and to solicit their participation in the interview process. Overall, six *Pathways to Sobriety* clients were solicited for participation, with five clients agreeing. Four of these clients were interviewed in person and one was interviewed by telephone. Of these five, two agreed to have their interviews audiotaped for subsequent transcription. Prior to all interviews, an informed consent form was provided to, reviewed with, and signed by the client. In the case of the telephonic interview, the informed consent form was faxed to and reviewed with the client with a signed consent form faxed back to BHRS. For those clients agreeing, verbal consent to the audiotaping was tape-recorded.

Staff and Community Provider Interviews

Individuals to be interviewed were identified in collaboration with the Municipality and CITC. Once identified, interviews were arranged through telephone requests. Individuals who did not respond to the first phone call were recontacted up to four times; if they were not heard from after that, they were considered non-responsive (this was true for only one individual contacted). Sixteen interviewees were reached by phone and agreed to participate in the interview. Thirteen interviews were conducted in-person and three interviews were conducted by telephone. Prior to all interviews, participants were provided an informed consent form that was reviewed for clarity and signed by both interviewee and interviewer. For the three interviews conducted by phone, the informed consent form was faxed to the interviewee, signed by the interviewee, and returned by fax to BHRS staff. Overall, four Municipality and four CITC staff members were solicited and agreed to participate in the interview process; nine community providers were solicited, and eight agreed to become interview participants. All interviewees provided permission to have the interviews tape-recorded for subsequent transcription.

Interviews ranged in time from 20 to approximately 60 minutes. Following the interviews, audiotaped interviews and hand-written interview notes were transcribed for response coding and report-writing purposes.

Findings

Client Interviews

Self-Report Historical and Background Information

All five clients reported achieving varying periods of sobriety during their lives, ranging from five months to five years. They also reported utilizing various substance abuse treatment services in the past including, but not limited to, alcohol detoxification, residential substance abuse treatment, and outpatient 12-step programs. However, all reported that treatment had had little to no positive effect. None of the interviewees recalled having received intensive outreach and long-term case management services prior to becoming *Pathways to Sobriety* clients.

“By the time they get to my office they’re either beat up by the court system or they’re beat up by life and alcohol and drugs...”

-Community Provider

Respondents reported various barriers to maintaining sobriety regardless of treatment status, including lack of a sober support group, high level of access to alcohol, difficulties maintaining

“I can walk outside and go two blocks and find someone to give me alcohol. It is really hard when you know so many people on the street and they are drinking.”

-Pathways Client

motivation to change, boredom, lack of employment opportunities and housing options, and unresolved psychological trauma. One client stated that he would be able to maintain a sober lifestyle when at home, but was unable to return there due to the lack of employment opportunities. Several individuals identified their lifestyle as so familiar and habitual, that they were unaware of any other way to live.

All five participants highly commended the work and efforts provided by the *Pathways to Sobriety* case managers and identified them as a major factor in their progression through treatment. Of the two clients who had completed aftercare, one client expressed how much healthier he felt now that he was sober and the other client took pride in his ability to begin to support his children financially. One of the clients was still homeless and waiting to get into treatment with no foreseeable options.

When asked if there was any specific occurrence or turning point that led to their decision to seek treatment, several commonalities emerged. Two of the five individuals reportedly walked into traffic during an alcohol-induced blackout, resulting in severe injury and hospitalization. Although the circumstances of the accidents are unknown, one client assumed the incident was an attempted suicide. Both of these individuals identified the incidences as ‘wake-up’ calls to the dangers of their lifestyle. Indeed, four of the five clients identified the possibility of death due to drinking as a primary motivating factor to seek treatment. Two of the clients also identified the desire to see their family (e.g. children, nieces and nephews) as a reason to work

towards sobriety. Support— either from the client’s family or case managers—was identified by three individuals as a continual source of motivation throughout the treatment process.

Previous Service Utilization and Availability

Prior to their involvement in the *Pathways to Sobriety* project, four of the clients reported having received treatment in rural communities outside of the Anchorage bowl area. Four of the clients reported receiving services from Anchorage-based agencies such as Salvation Army Clitheroe Center (SACC), Ernie Turner Center (ETC), Alaska Native Medical Center (ANMC), and Safe Harbor Inn. Although two of the clients did report positive experiences from the services provided in Anchorage and in rural treatment facilities, all participants expressed that the services received previous to their involvement with *Pathways to Sobriety* had not been effective. Two individuals asserted they had not followed through with any treatment program before they began receiving assistance from the Pathways case managers.

Services Provided by Pathways to Sobriety

When asked about their first encounter with the *Pathways to Sobriety* project, four of the five clients stated that they first received services from case managers while at Bean’s Café, although three reported familiarity or having had contact with them previously. Services which the case managers assisted the clients in attaining included the following:

- Substance abuse detoxification services
- Short- and long-term substance abuse treatment
- Emergency, temporary, and long term housing
- Bus tokens
- Clothing
- Transportation, including to medical, behavioral health, and social services related appointments

Perceptions Related to Success of and Satisfaction with Pathways to Sobriety

Praise for the efforts made by the case managers was unanimous. When asked what additional services could be or could have been provided through the *Pathways to Sobriety* project, all five clients stressed that the case managers had done all they could, repeatedly commending them on their accessibility and attention not only to the clients throughout their involvement, but to the homeless inebriate population in general. Two clients commented on the case managers’ immediate availability via phone if

needed, and three reported that the case managers check in with them on a regular basis. One client reported that the case managers had been doing daily check-ins. Another noted that even more frequent contacts are needed to build the relationship and to assist in clients in recovery

“I would have died if I was not working with my case manager”

“I would probably not be alive today and I’m telling the truth...”

“I would have been dead up here in Anchorage if she hadn’t come along.”

-Pathways Clients

efforts. Four of the clients asserted that they would not be in treatment, and three said they would not be alive, had it not been for the efforts made by the case managers.

Several personal characteristics of the case managers were observed by the clients as being particularly important and encouraging for them before, during, and after their treatment. Most clients commented on the degree of understanding and empathy

“My case manager knows where I am coming from and understands my problems.”

-Pathway’s Client

exhibited by the case managers, stating that they seemed to relate well to clients’ situations and were personally concerned for their well-being. Two clients recognized the case managers’ unconditional or nonjudgmental regard for the public inebriate population, and all but one client acknowledged the undaunted support and faith that the case managers had in their clients’

ability to succeed, noting that the case managers did not give up on them even though others had. Appreciation for the case managers’ honesty and intuition was expressed by two of the clients. These individuals expressed that the case managers were particularly adept in filtering out dishonesty and excuse-making, which helped increase the client’s personal accountability.

Through the *Pathways to Sobriety* project, the case managers assisted the clients toward placement in detoxification programs and long-term substance abuse treatment, as well as working with them in the application processes for Section 8 Housing and job placement. As noted above, at the time of this interview, two clients had finished aftercare, one was in long-term treatment, one was in a detoxification unit, and one was still homeless waiting to get into treatment. Both clients who had completed their treatment attended Alcoholics Anonymous meetings on a regular basis. Interestingly, these two clients successfully completed treatment at the same facilities about which they had stated that they were not beneficial. Subsequent to completing treatment, one of these individuals was employed and one was enrolled in a computer skills training course to help him in his job search.

When asked which services or aspects of the treatment they had received were most beneficial, two clients named the information provided by both the treatment agencies and the AA meetings, one stressed the importance of finding a treatment program that is the best fit for the client, and two individuals mentioned sufficient time in treatment to recover fully. Three clients discussed the importance of support, one indicating specifically the benefit of the family-like support group created in the Ernie Turner Center. Further, the ETC was acknowledged for providing a safe and sober environment away from social triggers, an aspect reported as essential to recovery by three of the clients.

The need for *Pathways to Sobriety* case management for a successful outcome was reported by four of the five clients. One individual stressed the impossibility of navigating the service provision system alone, while another discussed the benefit of working with a case manager who can relate to clients and understand their situation. Within the context of this communication, one client noted the lack of outreach counselors in the community and suggested an increase in outreach counselors to assist specifically the public inebriate population.

With regard to the Transfer Station, mostly negative reviews were given by the clients. Although two clients did acknowledge benefits of the transfer station—namely providing enough

time to sober up and refuge during cold winter months—four of the five clients expressed dislike of the facilities. Reports of theft during their stay were made by three of the clients, one was unable to retrieve his prescription medication after his stay, and two individuals found the staff to be unfriendly. One client noted dissatisfaction with the expectation for the public inebriates to lie on a concrete floor while becoming sober at the Transfer Station.

Municipality of Anchorage and Cook Inlet Tribal Council Staff Interviews

Understanding of the Project Components

As previously described, *Pathways to Sobriety* contains three components or paths designed to serve the target population, including voluntary engagement, alternative court sentencing, and involuntary commitment. All eight Municipality of Anchorage and Cook Inlet Tribal Council staff members clearly understood the voluntary engagement in treatment services aspect which involves the case management team providing outreach to the public inebriate community. When asked to report their understanding of the alternative court sentencing, one staff member had no familiarity with this aspect of the project, and one did not respond to the question. The remaining six had a clear to very clear comprehension of this project component, five of whom discussed the necessity for involvement within the wellness court systems. Two staff members discussed the difficulty in reaching clients while they are within the court system, and four acknowledged it as a facet of the project that warrants further attention.

Regarding the involuntary commitment component, all eight staff members were aware of its inclusion in the *Pathways to Sobriety* proposal and expressed dissatisfaction with its halted progress. The belief that concentrated effort was needed on this component appeared universal among the interviews. Further, four individuals firmly stressed the importance of the involuntary commitment process for the benefit and safety of the homeless inebriate population. Multiple challenges were noted as impeding the progress of implementing the involuntary commitment process within the state of Alaska, including liability concerns, difficulty building a collaborative group of community providers able to invest time and resources into its pursuit, stringent State laws related to personal freedoms, significant obstacles related to documentation and the completion of the appropriate legal paperwork, and the need for a strong commitment from a medical provider to initiate the involuntary commitment process. Several staff members described this aspect of the project as being in its infancy. Although it has been determined as a definite need in the community to maintain the safety of *Pathways to Sobriety* clients and the safety of others, the process of involuntary commitment is still in the planning and development stage.

“Involuntary commitment is important.... because it could save the lives of our clients.”

-Pathways Staff

Overall Project Success

When asked about the voluntary engagement into treatment services, all eight individuals believed the project had been very successful thus far in its implementation of this particular project component. Four staff members stressed the importance of measuring the success of the project in terms of the individual accomplishments of the clients. Two staff respondents reported

receiving informal feedback from community providers with regard to the positive impact the voluntary engagement component has had on the community. These positive changes included a drop in Transfer Station admissions since the project implementation that has been informally attributed to *Pathways to Sobriety*. Although in agreement that the case management process is

“I think any time we can give someone a hand up and help them to better themselves it benefits the community as a whole.”

-Community Provider

an asset for the public inebriate population, five of the eight staff members did acknowledge that further development of this branch of the project would be beneficial.

Without discounting the importance and success of the voluntary engagement component, two staff members considered the *Pathways to Sobriety* project to be somewhat unsuccessful when considering the limited degree of

progress made towards the implementation of two of the three branches of the program, namely, alternative court sentencing and involuntary commitment. However, as one respondent stated, the *Pathways to Sobriety* project is a long-term solution.

When asked what was considered the most beneficial aspect or component of the project, all but one of the staff members responded with the efforts made by the case management team. Specific attributes and actions of the case managers considered paramount to their success included:

“They accept the person and start working with them where they physically, mentally, and psychologically are, and start building on the strengths there.”

-Community Providers

- Establishment of trusting relationships and a sense of acceptance within the homeless inebriate community
- One-to-one interaction and involvement with the target clientele
- Maintaining an inspiring level of dedication to and confidence in the clients
- Provision of various services (i.e., outreach, intensive case management, life-skills training, etc.)
- Serving as a bridge between the different phases of treatment
- Adept skills in navigating the service systems (i.e., medical, mental health, substance abuse, and housing)
- Facilitating engagement in the treatment process and building motivation

Another aspect of the project considered successful by three of the staff members was the involvement and support extended from other community agencies that are in favor of the goals and objectives of the *Pathways to Sobriety* project. Additionally, three of the staff members mentioned what an inspiration a successfully treated individual can be to the public inebriate population. Respondents noted the impact recovery can have on other individuals within the target population by providing a positive influence and increasing motivation towards seeking or maintaining sobriety.

When asked in what ways the *Pathways to Sobriety* project was beneficial to consumers, three staff members stated receiving treatment, six staff members responded with the opportunities and treatment options that the case managers provide, five individuals reported its influence in facilitating major life changes, and five named the support and encouragement clients receive,

from their case managers and their peers. With regard to the positive effects of the project to the Anchorage community, four staff members discussed the decrease in the use of community and emergency resources and six reported the improvement in the safety of the community, two of whom specifically mentioned the positive implications for tourism. The increase in the quality of life was discussed by three of the staff members, who felt that an improvement in the life of one member of the community was, in essence, an improvement of the community as a whole. Five individuals believed *Pathways to Sobriety* to be influential in the increased public awareness to the needs of the homeless inebriates within the community.

Barriers and Suggestions

In general, barriers noted by the staff members as impeding the progress of the *Pathways to Sobriety* project included time constraints, poor public awareness and education, and lack of sufficient funds. Two staff members felt that the difficulties the project has met thus far are to be expected with the implementation of any new program and could be remedied provided the time and funds to do so were available. Three staff respondents discussed the importance of community awareness regarding the needs of the homeless inebriate population and its responsibility in adequately assisting these members of the community. Hence, the need for more public awareness and education on the subject was considered paramount.

Concerning the hindered progress of both the alternative court sentencing and involuntary commitment components of the project, five of the staff members indicated challenges in facilitating and maintaining interagency communication, collaboration, and subsequent agreement related to strategies and plans for implementation. Issues pertaining not only to the coordination between those agencies which comprise the *Pathways to Sobriety* project, but to the cooperation from other community services were frequently mentioned by many of the staff members who called for stronger relationships and more frequent communication between agencies. One staff member suggested the placement of a *Pathways to Sobriety* liaison within the various community service systems (i.e., medical, mental health, social services, and court systems) and further recommended the placement of a medical provider within the Transfer Station to conduct client assessments and medical clearance, and potentially to serve a role in the involuntary commitment process.

“Success is going to come when the public opens their eyes and begins to understand the need to develop a long-term solution rather than a short term fix.”

-Pathways Staff

More specifically, barriers affecting the progress and success of the voluntary engagement in case management services included case management staffing issues, treatment bed availability, and aftercare services. Six staff members felt the limited availability of the case managers made it difficult to adequately meet the needs of the clientele. Five respondents expressed a need for more case management staff, scheduled in such a way so as to ensure that their services and support are available to the clients at all times. Further, three staff members expressed concern regarding the amount of time devoted to clients who eventually relapse, suggesting the case management focus should be narrowed to those clients who seem most likely and most willing to seek treatment. These staff members expressed that given the influence a successfully treated

individual can have on those who are considering treatment themselves, the benefits to the program and the population would come full circle.

Although two respondents felt a barrier to the program to be an inadequate amount of resources in general, the need for more pre-treatment and detoxification beds specifically was identified by five of the staff members. Three of these individuals referred to the lack of treatment facilities able to admit individuals with a previous sexual offense, one wished for a facility able to accommodate and medically stabilize those clients suffering mental illness, and one suggested the purchase of beds within a treatment facility held exclusively for *Pathways to Sobriety* clients. However, one respondent strongly felt that although the treatment beds were not available to the clients on an immediate basis, there are enough in the community to serve the population, provided the individual is motivated enough for treatment to wait.

Additional assistance needed within the community as indicated by the staff members was intensive aftercare for the *Pathways to Sobriety* clients. Five respondents expressed the importance of safe and sober housing for clients post-treatment to help them avoid their previous lifestyles and negative triggers that could lead to relapse. These respondents suggested a post-treatment residential facility to provide case management services to assist the client in rejoining the community. Ideally, the clients could contribute to the facility and participate in group functions, thereby increasing their sense of ownership and unity with the rest of the housing community. One participant wished for *Pathways to Sobriety* to become a self-sustaining program including medical, clinical, and case management staff within one facility that housed the client throughout the treatment process, wherein the participants would assist each other through treatment in addition to the assistance provided by the staff.

Predictions for the Project

Six of the staff members expressed the need for the project to seek out further funding sources, three of whom were optimistic that such funding opportunities would be found and the program would continue. However, two respondents doubted the possibility of the program continuing without federal support, and three discussed the role that community awareness and support for the project endeavors will have in the acquisition of future funding. If no other funding is secured, the respondents predicted that Transfer Station admissions, emergency service utilization, and community quality of life will return to previous levels.

Community Provider Interviews

Understanding of the Project Components

All eight providers had a clear understanding of the voluntary engagement into treatment services facet of the *Pathways to Sobriety* project and were familiar with the members of the case management team. When asked to discuss their familiarity with the alternative court sentencing and the involuntary commitment components of the project, one provider indicated knowledge of their inclusion within *Pathways to Sobriety* and three individuals described their understanding of what these project components might entail. Three of the providers reported no knowledge of these project components.

Overall Project Success

“It’s my personal and professional belief that it is a tremendously effective program.”

-Community Provider

Three providers commended the efforts of the *Pathways to Sobriety* project, deeming it quite successful in its endeavors. Of the remaining five, four felt the project thus far had been fairly successful in its ability to assist the homeless chronic inebriate population and discussed the decrease in Transfer Station intakes and the success stories that have resulted from the efforts of the case management team. Six of the providers went on to discuss the most successful aspects of the *Pathways to Sobriety* project, all of whom referred to the role of the case management outreach team. Four individuals applauded the case managers’ devotion and advocacy to their clients throughout the treatment engagement process, and three providers noted their ability to understand and develop trusting relationships within the homeless inebriate population. One provider reported that the project had not been as successful as was originally envisioned. This individual’s concerns centered on the need for case managers to be available 24 hours a day, seven days a week, as well as increased availability of housing options.

“Many times what a client sees as a barrier to accessing services, the case managers have been very successful in contacting the program provider or the service provider and paving the way.”

-Community Provider

When asked in what manner *Pathways to Sobriety* has been beneficial to the *community*, the providers expressed several opinions with regard to the effects of the services provided by the case management team, including the following:

“Improvement in the quality of life for one individual is an improvement for the community as a whole.”

“Anything that helps move people away from behaviors and activities that endanger them is better for the community.”

-Community Provider

- Decrease in the burden on existing community resources (i.e., emergency services, police, EMT)
- Reduction in the number of visible public inebriates in Anchorage
- Increase in safety for the community and homeless public inebriates
- Improvement in the quality of life for the public inebriate population and members of the community
- Provision of basic humanitarian services for the Anchorage community
- Possible reduction in incidents of a criminal nature (i.e., disorderly conduct, property damage, theft, domestic violence, etc.)

When asked in what ways *Pathways to Sobriety* has been beneficial to *consumers*, the providers expressed several positive outcomes linked to the support provided by the case management team, including the following:

- Increased accessibility to treatment beds (detoxification and short- and long-term treatment services)
- Assistance in applying for disability, health, and medical care coverage

- Access to emergency medical care and medication management
- Facilitation of admission into various levels of substance abuse treatment and transitional housing
- Increased opportunity for consumers to reconnect with their families and communities;
- Experience of empathy and an understanding that somebody cares about their well-being
- Support in making major life changes
- Increased sense of dignity, self-worth, and self-respect

Barriers and Suggestions

Client Needs and Case Manager Availability. All but one respondent expressed concern over the difference between the amount of time and attention needed by the homeless inebriate client as compared to the time and attention the case managers are able to provide. It was concluded by these seven providers that the *Pathways to Sobriety* clients were in need of daily attention prior to, during, and after treatment, and that this demand was more than a two-member case management team could adequately meet while still providing quality services. One provider observed that the current case management team served too many roles for the client, two suggested the need for off-hours case management availability, and one provider highlighted the implausibility of a two-person team adequately assisting a target population of this size. Therefore, the need for more case management staff was reported by all eight interviewees.

Client Motivation and Treatment Accessibility. Many respondents voiced concern over the difficulty the *Pathways to Sobriety* case managers were having in finding immediate treatment facility openings for interested clients. This gap was acknowledged as a barrier by all eight interviewees due to the importance of clients’

“Motivation is everything. If it were possible to motivate someone else, we could all shut down and go home.”

-Community Provider

motivation in their treatment outcome, and the decrease in motivation that occurs while waiting for space in a treatment facility. Two providers indicated that, due to the shortage of treatment beds, finding a facility that was appropriate and acceptable to the client is an essential element in client motivation and successful treatment outcome and is often out of the control of the case managers. The providers called for more facilities offering pre-treatment housing and services, detoxification, long-term treatment, and transitional housing. Given the limited resources available and given the difficulties said to exist in networking between treatment facilities, one provider suggested an all-inclusive treatment facility, thereby maximizing clients’ motivation for treatment while eliminating transitional treatment waiting lists.

Client Recidivism and Adequate Aftercare. The issue of the *Pathways to Sobriety* client recidivism rate was a concern for several of the providers, not only given the time and effort dedicated by the client, case managers, and treatment facilities, but also the difficulty case managers encounter in reengaging those clients who relapsed.

“What others view as a failure, I may view as a delayed success.”

-Community Provider

Although one respondent did define recidivism among such a challenging population as disheartening rather than as a failure, six providers expressed a need for more adequate and

attentive long-term aftercare services to keep clients away from relapse-prone triggers. Safer and sober transitional and permanent housing facilities were requested by five of the providers, one of whom suggested a communal living situation specifically for the *Pathways to Sobriety* clients. Three respondents indicated the need for more aftercare support and assistance in adjusting to the responsibilities and changes in lifestyle of clients, suggesting post-treatment therapy, support groups, and ongoing *Pathways to Sobriety* services.

Other Barriers and Suggestions. Two providers discussed the absence of housing in the Anchorage Bowl area and across the state of Alaska willing to admit individuals with prior sex offender convictions. This issue has emerged as a barrier for the *Pathways to Sobriety* clients as well as a significant proportion of the targeted population of homeless public inebriates served by *Pathways to Sobriety*. Further, two providers mentioned the lack of funds within the program to serve the clients adequately, as well as the lack of community-wide services to serve the Anchorage public inebriate population in general.

Predictions for the Project. Respondents anticipated that without federal funding the progress made by the *Pathways to Sobriety* project would revert and the number of homeless inebriate deaths, admissions to the transfer station, and use of the community emergency systems would increase back to the status prior to program implementation. Although one respondent did decline to comment, two providers stressed the importance of seeking other sources of funding to continue the program so that it can continue to meet the needs of the public inebriate population and to support the Anchorage community.

Summary and Recommendations

In response to the open-ended questions of this interview, clients, Municipality of Anchorage and CITC staff members, and community providers painted a picture of success for the voluntary engagement component of the *Pathways to Sobriety* project. Members of the case management team, in particular, were praised for their hard work and dedication to providing services to the Anchorage public inebriate population. However, respondents were more guarded with regard to the two remaining project components, involuntary commitment and alternative court sentencing, both of which are currently in the development and planning stages.

Success of Project Components

When asked about the success of the voluntary engagement component of the project, clients reported satisfaction with the services provided by the case management team, including their development of a trusting and empathic relationship with the target clientele, level of accessibility and availability to clients in need, assistance in gaining client placement in detoxification programs and long-term substance abuse treatment, and support in securing other medical, mental health, and housing services. Interviewees made reference to a drop in Transfer Station admissions since the implementation of the voluntary engagement process and to success stories that have resulted from the efforts of the case management team. Community provider respondents also applauded the case managers for their ability to advocate for their clients throughout the treatment engagement process and their ability to understand and develop trusting relationships within the homeless inebriate population.

When inquiring about the involuntary commitment and alternative court sentencing project components, staff members were aware of their inclusion in the *Pathways to Sobriety* proposal and expressed concern at their limited progress. The belief that concentrated effort was needed on these components appeared universal among the staff members. Community provider respondents exhibited a low level of familiarity with both, the alternative court sentencing and the involuntary commitment components of the project. Therefore, they had inadequate knowledge about these components and, therefore, were not able to comment on their level of satisfaction and success.

Barriers and Challenges

In general, respondents noted several barriers impeding the progress of the *Pathways to Sobriety* project. First and foremost, respondents perceived the limited number of outreach counselors and case managers in the community assisting the public inebriate population as a significant challenge to overcome. Although extremely positive in their perceptions of the *Pathways to Sobriety* case managers, respondents did not consider two case managers as adequate to serve the needs of the targeted clientele.

In addition, the success of the voluntary engagement component is also perceived as being negatively affected by several factors, including the following:

- Time constraints and staffing issues of the case management team
- Lack of public awareness and education
- Insufficient treatment bed availability and aftercare services
- Lack of safe and sober housing for clients post-treatment
- High client recidivism rates
- No treatment facilities willing to admit individuals with prior sex offender convictions
- Insufficient funding to sustain the program long-term

As would be expected from the current progress of both the alternative court sentencing and involuntary commitment components, perceived barriers and challenges also exist that hinder the progress of these components, including the following issues:

- Difficulty facilitating and maintaining interagency communication and collaboration
- Challenges gaining cooperation from other community services
- Complications in working within the court and legal system
- Need for additional resources to coordinate and facilitate the service provision within the legal system

Recommendations

Following is a summary of recommendations for the future of the *Pathways to Sobriety* project made most frequently and consistently by the client, staff, and community members who participated in this set of interviews:

- Continue to work toward building community awareness regarding the needs of the public inebriate population and their impact on the community
- Seek long-term, alternative funding that will allow for the expansion of services
- Further refine the services provided by the case management team to better suit the needs of the target population, including:
 - increase number of case managers
 - adjust staffing schedules
 - increase amount of case manager time spent at the Transfer Station to access potential clients as they prepare to leave the facility
 - prioritize clients by level of motivation and focus time and energy on those most motivated
 - implement new strategies for engaging clients and increasing motivation
 - focus on intense aftercare case management following a successful discharge from treatment
- Collaborate with local hospitals to attend to *Pathways to Sobriety* clients in a more expedient manner to prevent lost opportunities for intervention
- Work toward increasing the amount of time and types of services clients can access at the Transfer Station, including increased on-site medical care
- Continue to explore ways of securing treatment beds and safe and sober transitional and permanent housing through community collaboration
- Continue to explore the option of increasing detoxification beds in the community through development of a social detoxification unit at the Transfer Station
- Advocate for an array of services that will provide a comprehensive continuum of care system for clients in their transition to sobriety. Such a system would provide appropriate levels of care and support depending upon the clients' needs and would include adequate access to the following resources: detoxification treatment, substance abuse residential treatment, intensive outpatient services, transitional housing, wraparound case management services, employment training, and permanent housing
- Develop formal plans for implementing the alternative court sentencing and involuntary commitment components of *Pathways to Sobriety* through interagency collaboration