

Behavioral Health Research & Services

Evaluation of the Pathways to Sobriety Project

*Pathways to Sobriety Data Report #1:
January 1, 2002 to June 30, 2004*



(BHRS Pathways-Related Technical Report No. 2)

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Pathways to Sobriety Data Report #1: January 1, 2002 to June 30, 2004

*Prepared by BHRS Staff
August 15, 2004*

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 19 or more admissions per year to the Municipality of Anchorage'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) at the University of Alaska Anchorage to conduct an evaluation of the *Pathways to Sobriety* project. The goal of this evaluation is to document the process and impact of the *Pathways to Sobriety* project, as well as to assess treatment outcomes attributable to the new system of care. The purpose of this report is to analyze data from multiple sources to describe *Pathways to Sobriety* clients, document case management and treatment services provided to clients, and assess the impact of the project on Transfer Station utilization.

Between January 2003 and June 2004, 108 individuals enrolled in the *Pathways to Sobriety* project. Of these 108 individuals, 93 (86.1%) are men and 15 (13.9%) are women; their average age at consent to treatment was 44 years; 85 (78.7%) were Alaska Native, 12 (11.1%) White/Caucasian, 5 (4.6%) African American, 2 (1.9%) Hispanic American, and 4 of unknown cultural heritage; 17 (15.7%) were veterans.

Information provided by CITC monthly reports for January 2003 to June 2004 revealed 1764 pre-engagement outreach contacts (an average of 98 contacts per month) and 1324 post-engagement contacts (an average of 77.6 contacts per month) with *Pathways to Sobriety* clients. Referrals provided to these clients included 147 referrals to detoxification treatment, 169 to residential treatment, and 258 referrals to support services. The monthly reports indicate 109 successful detoxification treatment episodes (with more than one treatment episode possible for any given individual).

The *Pathways to Sobriety* project has had a major impact on the Transfer Station. Most notably, Transfer Station visits by clients have been reduced significantly across the life of the project. Across all clients, the total number of visits was reduced from an average of 56.2 per client before enrollment to 40.1 after enrollment, with 11 clients having no Transfer Station visits after enrollment. Given that the targeted group for the project is high-end users of the Transfer Station, not unexpectedly, the overall utilization of the Transfer Station has decreased significantly across the life of the *Pathways to Sobriety* project.

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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 more than 19 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 (CITC) 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.

Purpose of this Report

One facet of the evaluation was the processing of data from multiple sources to document the case management services provided and to assess the impact that the *Pathways to Sobriety* project has had on the Transfer Station utilization. Using data from multiple sources, the current report addresses the following questions:

- What are the demographic characteristics of the participants in the *Pathways to Sobriety Project*?
- What Government Performance Reporting Act (GPRA) data are available for the *Pathways to Sobriety* participants?
- What case management and treatment services have been provided to the *Pathways to Sobriety* participants?
- What impact has the *Pathways to Sobriety Project* had on participants' utilization of the Municipality of Anchorage Transfer Station?
- What impact has the *Pathways to Sobriety Project* had on overall utilization of the Municipality of Anchorage Transfer Station?

Method

Data Sources

To evaluate the *Pathways to Sobriety* project's services and impact, data from four separate sources were obtained, integrated, and analyzed. These data sources include Client Contact Sheets, monthly and quarterly program activity reports, Government Performance Reporting Act (GPRA) database, and Municipality of Anchorage transfer station database. All data were provided to BHRS by the agencies participating in the *Pathways to Sobriety* project. The following section provides an overview of each data source, including the data collection method, data description, cleaning procedures, and sources of difficulty and error. These data are presented for all *Pathways to Sobriety* activities, in general, and for the 108 individuals identified by CITC as *Pathways to Sobriety* clients, in particular.

CITC Case Management Client Contact Sheets

Data Description. The purpose of the Client Contact Sheet is twofold. First, the protocol was developed to provide case managers with a form allowing for easy and efficient documentation of daily client-related activities. Second, the Contact Sheets serve as a means to document ongoing service provision to *Pathways to Sobriety* clients for program evaluation purposes. At the end of each working day, the *Pathways to Sobriety* case managers complete one contact sheet for each case management or outreach-related service provided during their shift. Once completed, the originals are placed in the appropriate client files, which are securely housed in the CITC records room. At the end of each month, the Client Contact Sheets are photocopied and provided by CITC to the Safe City Pathways Coordinator. As permitted by the Data Sharing Agreement signed by the Municipality of Anchorage and the University of Alaska Anchorage, copies of the contact sheets were provided to BHRS for data processing.

A total of 1660 contact sheets, documenting case managers' activities from February 4, 2003 to June 24, 2004, was provided to BHRS for data editing, entering, and cleaning procedures. Within this set of contact sheets, there existed four different versions of the contact sheets. To maximize the usable data, BHRS developed a procedure for extracting data common to all four versions and merging into one dataset. The final dataset included the following variables that were selected from the four contact sheet versions:

- Date of contact
- Name of case manager
- Date of birth
- Gender
- Ethnicity
- Type of contact
- Place of contact
- Immediate need of client
- Severity of need
- Alcohol use status
- Employment status
- Housing status
- Risk of physical violence
- Release of information status
- Substance abuse assessment status
- Referral agency

Data Cleaning and Entry Procedures. BHRS implemented procedures to ensure that data were prepared for entry in a consistent manner. These procedures involved the data being edited twice by two different individuals. Data editing involved reviewing the paper data and making any decisions about response inconsistencies or anomalies in a consistent and logical manner. Data obtained from the contact sheets were entered using the Viking Data Entry System. Viking Data Entry software is ideal for clean data entry as it restricts data entry to valid field parameters and requires rekey verification of each data point as defined when the program was developed. The data entry program is set to require rekey verification to increase error-free data entry. This means that all data must be entered twice and BHRS procedures require this to be completed by two different individuals. When the data are rekeyed (reentered), the computer screen appears to the second keyer as if no data had been previously entered. However, if this second keyer attempts to enter a number that is different than the number entered by the first keyer, the computer alerts the keyer of this discrepancy and the discrepancy must be rectified manually. This rekey verification is the second screen to insure accuracy of data entry. Although the data entry program development and rekeying takes additional staff time, these procedures achieve data entry accuracy of 100% and reduce the amount of staff time required to clean the raw data sets.

Sources of Difficulty and Error. The main source of difficulty was the organization and consolidation of data from four different versions of the contact sheet. This was addressed by reviewing all four versions of the contact sheet, identifying common and unique variables from each form, and developing a plan to gather any missing data (i.e., collected on some versions and not others). For example, one version of the form did not contain date of birth, gender, or ethnicity information; thus, BHRS staff utilized another source of Pathways data (transfer station database; described below) to gather these demographic variables. Despite considerable effort put into gathering missing data, it was not possible to fill in the gaps across all versions of the Client Contact Sheet.

Another source of difficulty was the absence of a unique client identifier. Without such an identifier, contact sheet data could not be linked to the Transfer Station data or other project-related data. To resolve this issue, client identification numbers were obtained from the transfer station database and, whenever possible, assigned to the contact sheets for the same individuals. Through this procedure, BHRS was able to assign common identification numbers for a majority of the Client Contact Sheets.

Pathways to Sobriety Monthly and Quarterly Activity Reports

Data Description. As required by their contract with the Municipality of Anchorage for their role in the *Pathways to Sobriety* project, CITC compiles and submits service utilization data to the Safe City Program Pathways Coordinator on a monthly basis. These data are primarily for individuals who are eligible for the *Pathways to Sobriety* project, that is, individuals identified as high-end users of the Transfer Station (19 or more visits). From this monthly report, the Pathways Coordinator assembles a quarterly report that incorporates project-related information, including but not limited to, project meetings, trainings, reports, and outcomes. Once completed, the quarterly report is approved by the Safe City Program Manager and submitted to SAMSHA. As permitted by the Data Sharing Agreement signed by the Municipality of Anchorage and the University of Alaska Anchorage, copies of the monthly and quarterly reports were provided to BHRS for incorporation into this evaluation report. Monthly and quarterly reports were available for the time period spanning February 2003 to June 2004. This data source includes the following variables:

- Outreach client contacts
- Target population served
- Non-target population served (pre-engagement phase)
- Detoxification referrals
- Number of clients who successfully completed detoxification
- Substance abuse treatment referrals
- Financial assistance referrals
- Number of clients who successfully completed substance abuse treatment
- Housing service referrals
- Mental health referrals
- Employment assistance referrals
- Program partnership activities
- Program challenges and proposed solutions

Data Cleaning and Entry Procedures. The monthly and quarterly reports provide quantitative data in aggregate form and qualitative data in narrative form; thus, no data cleaning or entry is necessary. To assist BHRS in analyzing the data, the Safe City Program Pathways Coordinator provided BHRS with a spreadsheet containing all the quantitative data categorized by variable and month.

Sources of Difficulty and Error. Three primary difficulties are apparent in the monthly and quarterly reports. First, several data points were not consistently recorded in the reports. This inconsistency makes it difficult to characterize the project's outcomes and services across time. Second, it appears that there is no systematic means to collating the information needed for these reports. The process that is followed is a combination of review of client contact sheets and discussions with case managers. Without a systematic and objective approach to data collection, the possibility for inaccurate or unreliable data is introduced. Third, the aggregated data provides duplicated counts of variables. For example, the data provides the total number of referrals to detoxification or residential treatment, not the number of clients referred to treatment. As many clients receive more than one referral to detoxification or residential treatment, the resultant number becomes difficult to interpret. This same situation arises for number of individuals who completed detoxification or residential treatment. Many clients may have had completed more than one detoxification or residential treatment episode, accounting for a disproportionate number of the reported completed treatment, whereas other clients may have

not completed any treatment. As the data is provided to BHRS in an aggregate form, it was not possible to determine the data's reliability. However, considerable inconsistencies were noted between the monthly reports and the client contact sheets. It is difficult to determine which of these two data sources are the most accurate; however, it is probably safe to assume that the Client Contact Sheets, with their greater specificity, are a more accurate reflection of actual outcomes and services.

Government Performance Reporting Act (GPRA) Records

Data Description. To adhere to Federal grant requirement, CITC's internal evaluator collects and compiles Government Performance Reporting Act (GPRA) data on all clients receiving substance abuse treatment services within their organization. Whenever possible, these data are collected at baseline, six-month, and twelve-month timeframes. For the purpose of this report, the CITC internal evaluator extracted GPRA data from CITC's database on all *Pathways to Sobriety* clients. This effort yielded data provided by 12 *Pathways to Sobriety* clients, which were extracted into a separate database. These data were provided by CITC to the Safe City Program Pathways Coordinator. As permitted by the Data Sharing Agreement signed by the Municipality of Anchorage and the University of Alaska Anchorage, the GPRA database was provided to BHRS for incorporation into this report. This data source includes variables contained in the following GPRA sections:

- Record Management
- Drug and Alcohol Use
- Family and Living Conditions
- Education, Employment, and Income
- Crime and Criminal Justice Status
- Mental and Physical Health Problems and Treatment
- Demographics

Data Cleaning and Entry Procedures. All the GPRA data were provided in electronic format; therefore, no data cleaning or entry was necessary by BHRS.

Sources of Difficulty and Error. The baseline GRPA data available to date is very limited. Data are available on 13 (12%) of the 108 individuals identified by CITC as *Pathways to Sobriety* clients. Most of these baseline GPRA data were collected beyond four days after enrollment into the project, as required by SAMHSA.

Municipality of Anchorage Transfer Station Database

Data Description. The Municipality of Anchorage Transfer Station database serves as the single source of information regarding Transfer Station utilization. These data are collected and entered into an MS Excel[®] database by Transfer Station staff members with one Excel file created for each month. As permitted by the Data Sharing Agreement signed by the Municipality of Anchorage and the University of Alaska Anchorage, copies of the excel files were provided to BHRS for data analysis. Data analysis focused on the following two related, but separate, aspects of Transfer Station utilization: 1) *Pathways to Sobriety* participants' utilization of the Transfer Station before and after they entered the project, and b) utilization of

the Transfer Station across time by all individuals to determine any impact of the *Pathways to Sobriety* project.

A total of 30 MS Excel[®] files, spanning the range from January 2002 to June 2004, have been provided to BHRS for analysis. To maximize the usable data and to facilitate analysis, the individual excel files were merged into a single MS Access[®] database. This dataset included the following variables:

- Client Name
- Date of Birth
- Ethnicity
- Arrival Time
- Medical
- BrAC on Arrival
- Gender
- Place of Birth
- Transportation Code
- Arrival Date
- BrAC on Departure
- Departure Time
- Departure Date
- Release Code

Data Cleaning. Significant efforts were made to correct any data entry errors present in the dataset using a combination of manual data cleaning to identify and correct any data errors and a procedure to combine all data from a given individual was employed. Regarding manual data cleaning, the data were subjected to a statistical analysis using SAS to identify records that contained values that were invalid or inconsistent with regards to the variable of interest. These questionable observations were then flagged for further analysis. Flagged values were examined, and, if possible, corrected or removed from the dataset. For example, “BrAC on Arrival” scores above 0.5 were assigned a value of “missing” and were not used in the calculations. Missing values on the “Ethnicity” variable could often be determined based on the demographic information recorded for clients with multiple admissions.

The identification of clients with multiple admissions was further complicated by the frequent multiple spellings of client names. To identify clients with multiple admissions, an algorithm to phonetically match names was used. This procedure, known as SOUNDEX, is commonly used in a wide range of settings to find similar sounding names or words. In the current analysis, names that were coded in a phonetically similar manner were matched by date of birth, ethnicity, and gender. Records were linked using the resulting matches and examined to verify matches. Records that failed to match on key variables such as “date of birth,” but were phonetically coded as the same name, were further examined to identify possible typographical errors. Unfortunately, this is not a perfect system. For example, the SOUNDEX algorithm is less effective when phonetically coding non-English names. Additionally, clients with similarly coded names and dates of birth that reflect differences that are typical of typographical errors were likely coded to the same individual. This might inflate the counts for individuals with a large number of visits and deflate the counts for individuals with few visits.

Sources of Difficulty and Error. The main sources of difficulty were due largely to manual data entry, lack of rekey verification, and the reliability of collecting personal information from inebriated clients entering the Transfer Station. The data are entered at the Transfer Station and is subject to a wide range of data entry errors such as multiple spellings of client names, typographical errors in dates and times, and inconsistent formatting of dates and

times. Additional difficulties included the organization and consolidation of data from several differently formatted excel worksheets and the lack of a unique identifier. Without a unique identifier, Transfer Station data could not be reliably linked to the contact sheet data or other project-related data.

Procedures

In addition to the effort put into preparing each individual dataset for analysis, considerable effort was put into assigning a unique identifier to each *Pathways to Sobriety* participant found in three of the four datasets. The three datasets for which this was possible were the contact sheets, GPRA data, and Transfer Station utilization. Assigning this unique identifier to the monthly and quarterly reports was not feasible given that this is aggregated data. CITC and the Transfer Station use different identifiers for the same individuals. To obtain a common identifier, it was necessary to match the individuals by name and other demographic data and assign a common identifier to each name. This identifier was then incorporated into the various datasets. Once this common identifier was assigned to each participant, the three datasets were merged and analyzed using SAS (SAS Institute, 2004).

Findings

What are the demographic characteristics of the participants in the Pathways to Sobriety Project?

Using information extracted from client files, supplemented with data from the Contact Sheets and Transfer Station database, demographic information was available for the 108 individuals identified by CITC as *Pathways to Sobriety* participants. The following summarizes these data:

- 93 (86.1%) were men; 15 (13.9%) were women
- average age of 44.0 years at consent to treatment
- average age of 45.1 years at writing of this report
- 85 (78.7%) were Alaska Native, 12 (11.1%) White/Caucasian, 5 (4.6%) African American, 2 (1.9%) Hispanic American, and 4 (3.7%) unknown cultural background
- 17 (15.7%) were veterans; 91 (84.3%) non-veterans
- 103 (95.4%) were identifiable in the Transfer Station database that included two months in 2001 and January 2002 to June 2004; 98 had visits to the Transfer Station between January 2002 and June 2004; 5 (4.6%) were not identifiable in the Transfer Station database, possibly due to the limited number of months represented in the database
- 92 (85.2%) have CITC Contact Sheets; 16 (14.8%) had no identifiable CITC Contact Sheets

What GPRA data are available for the Pathways to Sobriety participants?

GPRA data for 13 *Pathways to Sobriety* participants were collected by and provided to BHRS by CITC's internal evaluator. The following table provides information on the length of time from participants' admission to the *Pathways to Sobriety* project and completion of the GPRA. Admission to the *Pathways to Sobriety* project was determined through reviewing participants'

client charts to identify the data that consent to treatment was provided. GPRA data obtained closest in time to the admission date was used in this analysis. The length of time between admission to the *Pathways to Sobriety* project and completion of GPRA ranged from -419 days to 493 days, with an average of 111.1 days.

Table One
Length of Time between Admission to Pathways to Sobriety and Completion of GPRA

<i>Admission to Pathways to Sobriety</i>	<i>Completion of GPRA</i>	<i>Days between Admission and Completion</i>	<i>Months between Admission and Completion</i>
10-Sep-02	16-Jan-04	493	16.4
2-Oct-02	1-Oct-02	-1	0.0
8-Oct-02	22-Nov-02	45	1.5
17-Oct-02	15-Jan-03	90	3.0
29-Oct-02	18-Nov-03	385	12.8
11-Dec-02	21-Jan-04	406	13.5
13-Dec-02	6-Jan-03	24	0.8
13-Dec-02	10-Dec-03	362	12.1
16-Dec-02	23-Oct-01	-419	-14.0
7-Jan-03	13-Jan-03	6	0.2
8-Jan-03	18-Feb-03	41	1.4
28-Feb-03	6-Mar-03	6	0.2
30-Jul-03	5-Aug-03	6	0.2
<i>Average</i>		111.1	3.7

Note: Negative numbers indicate that the GPRA was completed prior to formal enrollment in the Pathways to Sobriety project

The following tables provide GPRA data for these 13 *Pathways to Sobriety* participants. Each table represents a separate section in the GPRA survey.

Table Two
GPRA Drug and Alcohol Use

<i>Information Item</i>	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
<i>1. During the past 30 days how many days have you used the following:</i>				
<i>No alcohol or drug use reported</i>	3	23.1%		
<i>a. Any alcohol</i>	10	76.9%	18.5	0-30
<i>b1. Alcohol to intoxication (5+ drinks in one sitting)</i>	9	69.2%	15.0	0-30
<i>b2. Alcohol to intoxication (4 or fewer drinks and felt high)</i>	2	15.4%	4.1	0-30
<i>c. Illegal drugs</i>	2	15.4%	0.2	0-2

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
2. During the past 30 days, how many days have you used any of the following:				
<i>No alcohol or drug use reported</i>	11	84.6%		
<i>a. Cocaine/Crack</i>	0	0.0%		
<i>b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)</i>	2	15.4%	0.2	0-2
<i>c. Heroin (Smack, H, Junk, Skag), or other opiates:</i>				
<i>1. Heroin (Smack, J, Junk, Skag)</i>	0	0.0%		
<i>2. Morphine</i>	0	0.0%		
<i>3. Dilaudid</i>	0	0.0%		
<i>4. Demerol</i>	0	0.0%		
<i>5. Percocet</i>	0	0.0%		
<i>6. Darvon</i>	0	0.0%		
<i>7. Codeine</i>	0	0.0%		
<i>8. Tylenol 2,3,4</i>	0	0.0%		
<i>d. Non-prescription methadone</i>	0	0.0%		
<i>e. Hallucinogens/psychedelics/PCP (Angel Dust, Ozone, Wack, Rocket Fuel) MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline</i>	0	0.0%		
<i>f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)</i>	0	0.0%		
<i>g. 1. Benzodiazepines: Diazepam (Valium); Alpeazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol-also known as roofies, roche, and cope)</i>	0	0.0%		
<i>2. Barbiturates: Mephobarbital (Mebscut); and pentobarbital sodium (Nembutal)</i>	0	0.0%		
<i>3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)</i>	0	0.0%		
<i>4. Ketamine (known as Special K or Vitamin K)</i>	0	0.0%		
<i>5. Other tranquilizers, downers, sedatives or hypnotics</i>	0	0.0%		
<i>h. Inhalants (poppers, snappers, rush, whippets)</i>	0	0.0%		
<i>i. Other illegal drugs (specify)</i>	0	0.0%		
3. In the past 30 days have you inject drugs?				
<i>Yes</i>	0	0.0%		
<i>No</i>	13	100.0%		

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?				
Always	0	0.0%		
More than half the time	0	0.0%		
Half the time	0	0.0%		
Less than half the time	0	0.0%		
Never	13	100.0%		

Table Three
GPRA Family and Living Conditions

Information Item	<i>Number</i>	<i>Percent</i>
1. In the past 30 days, where have you been living most of the time?		
Shelter (safe havens, TLC, low demand facilities, reception centers, other temporary or evening facility)	4	30.8%
Street/outdoors (sidewalk, doorway, park, public or abandoned building)	4	8%
Institution (hospital, nursing home, jail/prison)	0	0.0%
Housed:		
Own/rent apartment, room, or house	0	0.0%
Someone else's apartment, room, or house	1	7.7%
Halfway house	0	0.0%
Residential treatment	2	15.4%
Other housed (specify)	1	7.7%
2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?		
Not at all	3	23.1%
Somewhat	2	15.4%
Considerably	3	23.1%
Extremely	4	30.8%
Not applicable	0	0.0%
Missing	1	7.7%
3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?		
Not at all	3	23.1%
Somewhat	2	15.4%
Considerably	4	30.8%
Extremely	4	30.8%
Not applicable	0	0.0%

Information Item	<i>Number</i>	<i>Percent</i>
4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?		
<i>Not at all</i>	4	30.8%
<i>Somewhat</i>	5	38.5%
<i>Considerably</i>	1	7.7%
<i>Extremely</i>	3	23.1%
<i>Not applicable</i>	0	0.0%

Table Four
GPRA Education, Employment, and Income

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
1. Are you currently enrolled in school or a job training program? (If enrolled: Is that full time or part time?)				
<i>Not enrolled</i>	13	100.0%		
<i>Enrolled, full time</i>	0	0.0%		
<i>Enrolled, part time</i>	0	0.0%		
<i>Other (specify)</i>	0	0.0%		
2. What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshmen, 16=college completion)				
<i>Level in years</i>	13		11.0	7-15
3. Are you currently employed? (Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work)				
<i>Employed full-time(35+ hours per week, or would have been)</i>				
<i>Employed part-time</i>	0	100.0%		
<i>Unemployed, looking for work</i>	4	30.8%		
<i>Unemployed, disabled</i>	4	30.8%		
<i>Unemployed, volunteer work</i>	1	7.7%		
<i>Unemployed, retired</i>	0	100.0%		
<i>Unemployed, not looking for work</i>	0	100.0%		
<i>Other (specify)</i>	0	100.0%		
<i>Missing</i>	2	15.4%		

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
4. Approximately, how much money did you receive (pre-tax individual income) in the past 30 days from...				
Wages	3	23.1%	\$261.54	0-3000
Public assistance	2	15.4%	\$37.62	0-264
Retirement	0	100.0%	\$0.00	
Disability	1	7.7%	\$50.77	0-660
Non-legal income	0	100.0%	\$0.00	
Other (specify)	5	38.5%	\$228.91	0-900

Table Five
GPRA Crime and Criminal Justice Status

Information Item	<i>Number</i>	<i>Mean or Percent</i>	<i>Mean</i>	<i>Range</i>
1. In the past 30 days, how many times have you been arrested?				
Individuals with arrests	4	30.8%	2.5	0-30
2. In the past 30 days, how many times have you been arrested for drug-related offenses?				
Individuals with drug-related arrests	1	7.7%	0.1	0-1
3. In the past 30 days, how many nights have you spent in jail/prison?				
Individuals with nights in jail/prison	3	23.1%	0.9	0-10

Table Six
GPRA Mental and Physical Health Problems and Treatment

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
1. How would you rate your overall health right now?				
Mean			3.08	
Excellent	1	7.7%		
Very Good	3	23.1%		
Good	4	30.8%		
Fair	4	30.8%		
Poor	1	7.7%		
2. During the past 30 days, did you receive:				
a. Inpatient Treatment for:				
i. Physical complaint				
yes	1	7.7%		
no	12	92.3%		

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
<i>If yes, altogether for how many nights</i>			0.2	0-1
<i>ii. Mental or emotional difficulties</i>				
<i>yes</i>	0	0.0%		
<i>no</i>	13	100.0%		
<i>If yes, altogether for how many nights</i>			0.0	
<i>iii. Alcohol or substance abuse</i>				
<i>yes</i>	3	23.1%		
<i>no</i>	10	66.9%		
<i>If yes, altogether for how many nights</i>			12.4	0-30
b. Outpatient Treatment for:				
<i>i. Physical complaint</i>				
<i>yes</i>	2	15.4%		
<i>no</i>	11	84.6%		
<i>If yes, altogether for how many times</i>			2.0	0-6
<i>ii. Mental or emotional difficulties</i>				
<i>yes</i>	0	0.0%		
<i>no</i>	13	100.0%		
<i>If yes, altogether for how many times</i>			0.0	
<i>iii. Alcohol or substance abuse</i>				
<i>yes</i>	0	0.0%		
<i>no</i>	13	100.0%		
<i>If yes, altogether for how many times</i>			0.0	
C, Emergency Room Treatment for:				
<i>i. Physical complaint</i>				
<i>yes</i>	3	23.1%		
<i>no</i>	10	76.9%		
<i>If yes, altogether for how many times</i>			0.5	0-1
<i>ii. Mental or emotional difficulties</i>				
<i>yes</i>	0	0.0%		
<i>no</i>	13	100.0%		
<i>If yes, altogether for how many times</i>			0.0	
<i>iii. Alcohol or substance abuse</i>				
<i>yes</i>	3	23.1%		
<i>no</i>	10	76.9%		
<i>If yes, altogether for how many times</i>			0.7	0-2
3. During the past 30 days, did you engage in sexual activity?				
<i>Not permitted to ask</i>	13	100.0%		
<i>Yes</i>				
<i>No</i>				

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
<i>If yes, altogether how many:</i>				
<i>a. Sexual contacts (vaginal, oral, or anal) did you have?</i>				
<i>b. Unprotected sexual contacts did you have?</i>				
<i>c. Unprotected sexual contacts were with an individual who is or was:</i>				
<i>1. HIV positive or has AIDS</i>				
<i>2. An injection drug user</i>				
<i>3. High on some substance</i>				
<i>4. In the past 30 days (not due to your use of alcohol or drugs) how many days have you:</i>				
<i>a. Experienced serious depression</i>	3	23.1%		
<i>b. Experienced serious anxiety or tension</i>	3	23.1%		
<i>c. Experienced hallucinations</i>	0	0.0%		
<i>d. Experienced trouble understanding, concentrating, or remembering</i>	2	15.4%		
<i>e. Experienced trouble controlling violent behavior</i>	1	7.7%		
<i>f. Attempted suicide</i>	0	0.0%		
<i>g. Been prescribed medication for psychological/emotional problem</i>	0	0.0%		
<i>4a. If you reported one or more days in question 4, how much have you been bothered by these psychological or emotional problems in the past 30 days (If you did not report any days to the items in question 4, skip to the next question)</i>				
<i>Skipped</i>	7	53.8%		
<i>Not at all</i>	2	15.4%		
<i>Slightly</i>	1	7.7%		
<i>Moderately</i>	0	0.0%		
<i>Considerable</i>	1	7.7%		
<i>Extremely</i>	2	15.4%		

Table Seven
GPRA Demographics

Information Item	<i>Number</i>	<i>Mean or Percent</i>	<i>Range</i>
<i>1. Gender</i>			
<i>Male</i>	9	69.2%	
<i>Female</i>	4	30.8%	
<i>Transgender</i>	0	0.0%	
<i>Other (specify)</i>	0	0.0%	

Information Item	Number	Mean or Percent	Range
2. Are you Hispanic or Latino?			
Yes	0	0.0%	
No	13	100.0%	
3. What is your race? (Select one or more)			
Black or African American	0	0.0%	
Asian	0	0.0%	
American Indian	0	0.0%	
Native Hawaiian or other Pacific Islander	0	0.0%	
Alaska Native	12	92.3%	
White	1	7.7%	
Other (specify)	0	0.0%	
4. What is your date of birth? (age at time of interview)	13	48.4	30-58

What case management and treatment services have been provided to the Pathways to Sobriety participants?

Data to address this question were available from two sources: CITC Monthly and Quarterly Reports and case manager Contact Sheets. As discussed earlier, the monthly and quarterly reports are aggregated data provided by CITC to the Municipality of Anchorage. These data were obtained by CITC through a review of contact sheets and discussions with the case managers. The contact sheets are completed by case managers for each contact made with potential or current *Pathways to Sobriety* clients. Following are summaries of both datasets, presented separately.

CITC Monthly and Quarterly Reports. Monthly and quarterly reports were provided to BHRS spanning an 18-month period of time (January 2003 to June 2004). Following is a summary of these data. It is important to note that these aggregated data are duplicated. For example, for substance abuse referrals, the numbers refer not to number of clients, but rather to number of referrals (many clients received more than one referral). Thus, based on these data, it is impossible to discern how many of the 108 *Pathways to Sobriety* clients received referrals.

Pre-engagement outreach contacts

- 1764 outreach contacts
- average of 98 contacts per month
- low of 24 contacts in April 2003
- high of 206 contacts in February 2004

Post-engagement contacts with Pathways to Sobriety clients

- 1324 purposeful contacts
- average of 77.6 contacts per month
- low of 20 contacts in February 2003
- high of 251 contacts in March 2004

Post-engagement contacts with non-Pathways to Sobriety clients

- 132 purposeful contacts

Substance abuse treatment referrals

- 147 referrals to detoxification treatment were made
 - 109 successful completions of detoxification treatment
- 169 referrals to residential treatment resulted in placement

Other referrals

- 258 referrals made to various agencies
 - 51 financial assistance referrals
 - 99 housing services referrals
 - 76 mental health care referrals
 - 32 employment support referrals

The following table provides details provided on the monthly reports submitted by CITC to the Pathways to Sobriety Coordinator.

Table Eight
Summary of CITC Monthly Reports

<i>Monthly Report Variables</i>	<i>2003</i>								
	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>
<i>Number Outreach Contacts</i>	83	61	63	24	70	84	94	117	102
<i>Individuals with 19 - 39 Transfer Station Visits</i>									
<i>Individuals Served in Identified Target Population</i>	5	13	13	3	7	7	12	19	13
<i>Individuals Served not in Identified Target Population</i>	10	5	3	3	1	1	0	0	1
<i>Outreach Services, No File</i>	15	8	3	279	1	2	4	7	5
<i>Number of Clients Referred to and Completed Detox</i>	5	1	0	1	0	0	2	4	3
<i>Number of Clients Referred to and did not Complete Detox</i>	1	0	0	0	2	2	1	1	1
<i>Total Referred to Detox</i>	6	1	0	1	2	2	3	5	4
<i>Number of Clients Referred to and Completed or Currently in Residential Treatment</i>	4	2	0	2	0	0	4	1	4
<i>Number of Clients Referred to and did not Complete Residential Treatment</i>	1	0	0	3	0	0	0	0	0
<i>Total Referred to Residential Treatment</i>	5	2	0	5	0	0	4	1	4
<i>Financial Assistance Referrals</i>	4	4	0	0	0	0	1	1	1
<i>Housing Referrals</i>	2	2	3	1	2	1	3	1	3
<i>Mental Health Services Referrals</i>	4	2	3	1	2	1	2	2	2
<i>Employment Services Referrals.</i>	0	0	0	1	1	1	1	1	2

Monthly Report Variables	2003								
	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>
Individual with 40 or more Transfer Station Visits									
<i>Individuals Served in Identified Target Population</i>	20	7	25	21	10	14	20	20	33
<i>Individuals Served not in Identified Target Population</i>	15	15	0	1	4	1	0	0	0
<i>Outreach Services, No File</i>	10	9	16	0	2	3	7	5	10
<i>Number of Clients Referred to and Completed Detox</i>	12	0	7	7	0	0	3	3	3
<i>Number of Clients Referred to and did not Complete Detox</i>	3	0	0	2	3	4	0	0	1
<i>Total Referred to Detox</i>	15	0	7	9	3	4	3	3	4
<i>Number of Clients Referred to and Completed or Currently in Residential Treatment</i>	9	6	5	9	0	0	6	6	11
<i>Number of Clients Referred to and did not Complete Residential Treatment</i>	1	2	0	0	0	2	0	0	1
<i>Total Referred to Residential Treatment</i>	10	8	5	9	0	2	6	6	12
<i>Financial Assistance Referrals</i>	3	3	1	0	0	0	0	2	7
<i>Housing Referrals</i>	5	5	5	5	0	2	0	1	8
<i>Mental Health Services Referrals</i>	8	4	7	3	3	2	1	1	2
<i>Employment Services Referrals.</i>	0	0	0	0	2	0	0	0	4
Census Variables	2003			2004					
	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>
Number Outreach Contacts	136	203	185	201	206	30	54	51	1
Individuals with 19 - 39 Transfer Station Visits									
<i>Individuals Served in Identified Target Population</i>	14	8	72	88	93	83	94	32	17
<i>Individuals Served not in Identified Target Population</i>	0	0	0	14	0	2	0	27	6
<i>Outreach Services, No File</i>	6	0	1	6	1	6	1	3	4
<i>Number of Clients Referred to and Completed Detox</i>	1	1	4	0	6	2	4	2	1
<i>Number of Clients Referred to and did not Complete Detox</i>	1	0	1	0	1	2	0	2	0
<i>Total Referred to Detox</i>	2	1	5	0	7	4	4	4	1
<i>Number of Clients Referred to and Completed or Currently in Residential Treatment</i>	2	3	7	2	8	7	4	2	0
<i>Number of Clients Referred to and did not Complete Residential Treatment</i>	1	2	2	0	0	1	0	0	1
<i>Total Referred to Residential Treatment</i>	3	5	9	2	8	8	4	2	1
<i>Financial Assistance Referrals</i>	2	2	2	2	1	0	2	2	0
<i>Housing Referrals</i>	1	0	6	2	2	2	3	6	0
<i>Mental Health Services Referrals</i>	3	4	2	1	2	0	0	0	0
<i>Employment Services Referrals.</i>	0	1	1	1	1	3	2	0	0

Monthly Report Variables	2003								
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Individual with 40 or more Transfer Station Visits									
Individuals Served in Identified Target Population	27	14	54	83	88	168	44	63	20
Individuals Served not in Identified Target Population	0	0	0	16	0	0	0	2	5
Outreach Services, No File	4	5	4	4	¹	¹	0	2	12
Number of Clients Referred to and Completed Detox	8	1	5	4	6	5	4	2	2
Number of Clients Referred to and did not Complete Detox	0	1	1	0	1	2	2	3	0
Total Referred to Detox	8	2	6	4	7	7	6	5	2
Number of Clients Referred to and Completed or Currently in Residential Treatment	7	4	2	1	7	10	4	4	4
Number of Clients Referred to and did not Complete Residential Treatment	0	0	0	0	0	2	2	1	0
Total Referred to Residential Treatment	7	4	2	1	7	12	6	5	4
Financial Assistance Referrals	3	0	0	1	1	2	1	2	1
Housing Referrals	12	4	2	3	2	2	0	0	3
Mental Health Services Referrals	1	5	2	2	1	2	0	1	0
Employment Services Referrals.	1	0	1	2	0	2	0	2	2

¹Data Missing from Monthly Reports

CITC Case Manager Contact Sheets. Provided to BHRS were 1660 contact sheets; of these, 1336 represented contacts with *Pathways to Sobriety* clients. The following tables summarize the data included in the contact sheets for *Pathways to Sobriety* clients only. It is important to note that these are duplicated contact sheets; that is, any given client has multiple contact sheets. These contact sheets represented interactions with 190 different individuals. These 190 individuals had an average of 8.4 contact sheets completed per individual, with a range from 1 to 105. Of these 190 individuals, 92 were identifiable as *Pathways to Sobriety* clients. These 92 clients had an average of 14.5 contacts, with a range from 1 to 104.

Table Nine
Client Categorization Based on Number of Transfer Station Visits

Client Category	Number (n=1336)	Percent
1-18 Transfer Station Visits	53	4.0%
19-39 Transfer Station Visits	485	36.3%
40+ Transfer Station Visits	690	51.7%
Non-Client	46	3.4%
Missing	62	4.6%

Table Ten
Type and Number of Case Manager Contacts

Type of Contact	Number (n=1336)	Percent
In person	309	23.1%
Telephone	207	15.5%
Consumer/Self	9	0.7%
Staff Initiated	15	1.1%
Agency Initiated	12	0.9%
Consumer Initiated - Telephone	179	13.4%
Consumer Initiated – In person	235	17.6%
Staff Initiated - Telephone	31	2.3%
Staff Initiated – In person	226	16.9%
Agency Initiated - Telephone	41	3.1%
Agency Initiated – In person	7	0.5%
Other	1	0.1%
Missing	64	4.8%

Figure One
Number of Contacts between February 2003 and June 2004

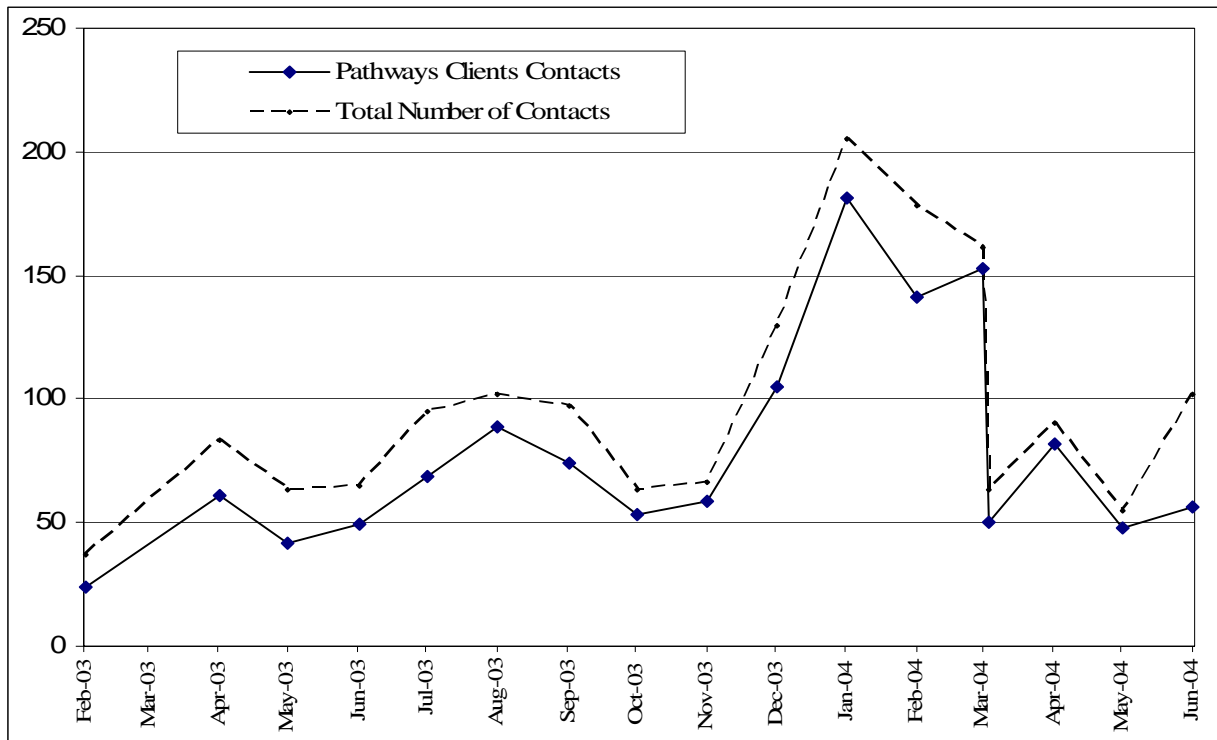


Table Eleven
Location of Case Manager Contacts

Location of Contact	Number (n=1336)	Percent
<i>Alaska Native Medical Center</i>	58	4.3%
<i>Alaska Psychiatric Institute</i>	2	0.2%
<i>Alcohol and Drug Triage Team</i>	5	0.4%
<i>Anchorage Transit District Transit Center</i>	2	0.2%
<i>Beans Cafe</i>	152	11.4%
<i>Brother Francis Shelter</i>	14	1.1%
<i>Cook Inlet Tribal Council</i>	37	2.8%
<i>Court</i>	9	0.7%
<i>Detoxification Treatment Center</i>	14	1.1%
<i>Ernie Turner Center</i>	68	5.1%
<i>Homeward Bound</i>	52	3.9%
<i>Other</i>	97	7.3%
<i>Park</i>	3	0.2%
<i>Providence Alaska Medical Center</i>	6	0.5%
<i>Rescue Mission</i>	6	0.5%
<i>Residence of Friends or Significant Others</i>	34	2.5%
<i>Safe Harbor Inn</i>	318	23.8%
<i>Salvation Army Clitheroe Center</i>	8	0.6%
<i>Salvation Army Clitheroe Center Adult Rehabilitation</i>	10	0.8%
<i>Salvation Army Clitheroe Center Detoxification Unit</i>	57	4.3%
<i>Salvation Army Clitheroe Center Residential Treatment</i>	56	4.2%
<i>Soup Kitchen</i>	29	2.2%
<i>Street</i>	53	4.0%
<i>Telephone Booth</i>	11	0.8%
<i>Transfer Station</i>	88	6.6%
<i>Veterans Administration Domiciliary</i>	1	0.1%
<i>Missing</i>	146	10.93

Table Twelve
Clients' Immediate Needs at Time of Contact

Immediate Needs at Contact	Number (n=1336)	Percentage
<i>Aftercare</i>	56	4.2%
<i>Assessment</i>	25	1.9%
<i>Bus Token</i>	139	10.4%
<i>Clothes</i>	82	6.1%
<i>Detoxification Treatment</i>	242	18.1%
<i>Emergency Room Treatment</i>	9	0.7%
<i>Food</i>	15	1.1%

<i>Immediate Needs at Contact</i>	<i>Number (n=1336)</i>	<i>Percentage</i>
<i>Housing</i>	24	1.8%
<i>Legal Assistance</i>	10	0.8%
<i>Medical Care, Non-Emergency</i>	90	6.7%
<i>Medication</i>	12	0.9%
<i>Mental Health Treatment</i>	78	5.8%
<i>Other</i>	126	9.4%
<i>Safe House</i>	93	7.0%
<i>Social Security Insurance</i>	7	0.5%
<i>Sponsor</i>	12	0.9%
<i>Substance Abuse Treatment</i>	378	28.3%
<i>Support: Alcoholics Anonymous</i>	61	4.6%
<i>Support: Assistance in scheduling appointments</i>	18	1.4%
<i>Support: Assistance with paperwork</i>	16	1.2%
<i>Support: General</i>	147	11.0%
<i>Support: Monitoring Progress</i>	112	8.4%
<i>Support: Other</i>	26	2.0%
<i>Support: Planning for employment, housing, and future treatment</i>	100	7.5%
<i>Support: Relapse Prevention</i>	28	2.1%
<i>Support: Work Therapy/Training</i>	4	0.3%
<i>Transportation</i>	73	5.5%

Table Thirteen
Client Emotional Status at Time of Contact

<i>Experiencing Crisis</i>	<i>Number (n=1336)</i>	<i>Percent</i>
<i>Yes</i>	78	5.8%
<i>No</i>	696	52.1%
<i>Missing</i>	562	42.1%
<i>Physically Violent</i>		
<i>Yes</i>	8	0.6%
<i>No</i>	441	33.0%
<i>Missing</i>	887	64.4%

Table Fourteen
Current Housing Status at Time of Contact

<i>Current Housing Status</i>	<i>Number (n=1336)</i>	<i>Percent</i>
<i>Safe House</i>	182	13.6%
<i>Street</i>	126	9.4%
<i>In treatment facility</i>	19	1.4%
<i>Missing</i>	1009	75.5%

Table Fifteen
Current Employment Status at Time of Contact

Current Employment Status	Number (n=1336)	Percent
<i>Employed</i>	45	3.4%
<i>Not Employed</i>	214	16.0%
<i>Disabled</i>	7	0.5%
<i>Missing</i>	1070	80.1%

Table Sixteen
Current Substance Abuse Treatment Status at Time of Contact

Substance Abuse Treatment Status	Number (n=1336)	Percent
<i>Pre-Treatment</i>	122	9.1%
<i>In Treatment</i>	23	1.7%
<i>Post-Treatment</i>	146	10.9%
<i>Missing</i>	1045	78.2%

Table Seventeen
Current Substance Use Status at Time of Contact

Alcohol Status	Number (n=1336)	Percent
<i>Sober</i>	306	22.9%
<i>Not Sober</i>	87	6.5%
<i>In Detoxification</i>	4	0.3%
<i>Missing</i>	939	70.3%

Table Eighteen
Status of Substance Abuse Assessment at Time of Contact

Substance Abuse Assessment	Number (n=1336)	Percent
<i>Completed</i>	790	59.1%
<i>Not Completed</i>	400	30.0%
<i>Missing</i>	939	10.9%

Table Nineteen
Referrals Made at Time of Contact

Referral Target	2003 (N=421)	2004 (N=460)	Total (N=861)
<i>Adult Protective Services</i>	3	0	3
<i>Alaska Housing</i>	1	19	20
<i>Alaska Native Medical Center</i>	26	23	49
<i>Alaska Psychiatric Institute</i>	1	0	1
<i>Alaska Vocational Center</i>	0	1	1

Referral Target	2003 (N=421)	2004 (N=460)	Total (N=861)
<i>Alcohol and Drug Triage Team</i>	5	4	9
<i>Alcohol Safety Action Program</i>	0	2	2
<i>Alcoholics Anonymous</i>	26	34	60
<i>Anchor House</i>	2	1	3
<i>Anchorage Housing Association</i>	1	0	1
<i>Anchorage Police Department</i>	6	1	7
<i>Anchorage Vocational Technology Center</i>	1	0	1
<i>Assisted Living Home</i>	2	0	2
<i>Beans Cafe</i>	3	0	3
<i>Brother Francis Shelter</i>	6	1	7
<i>Catholic Social Services</i>	1	0	1
<i>Clare House</i>	0	1	1
<i>Cleveland House</i>	4	12	16
<i>Cocaine Anonymous</i>	0	1	1
<i>Cook Inlet Pre-Trial Center</i>	1	0	1
<i>Cook Inlet Tribal Council</i>	4	3	7
<i>Department of Corrections</i>	1	0	1
<i>Department of Motor Vehicles</i>	3	1	4
<i>Eagle Crest Treatment Center</i>	1	0	1
<i>Ernie Turner Center</i>	27	20	47
<i>First Step Rescue Mission</i>	5	6	7
<i>Free Frog Ministries</i>	1	0	1
<i>Homeward Bound</i>	18	9	27
<i>Hospital</i>	1	2	3
<i>Hudson Lake</i>	8	13	21
<i>Job Fair</i>	0	1	1
<i>Job Service</i>	0	1	1
<i>Maniilaq Recovery Center</i>	22	14	36
<i>McKinnell Shelter</i>	0	1	1
<i>Mental Health Court</i>	1	0	1
<i>Mental Health Services</i>	1	0	1
<i>Nine Star</i>	0	5	5
<i>Nugens Ranch</i>	3	6	9
<i>Old Minto Camp</i>	2	3	5
<i>Oxford House</i>	2	0	2
<i>Providence Alaska Medical Center</i>	6	2	8
<i>Public Transport Center</i>	1	0	1
<i>Quyana House</i>	2	0	2
<i>Rescue Mission</i>	2	5	7
<i>Safe City Program</i>	0	1	1
<i>Safe Harbor Inn</i>	24	13	37
<i>Salvation Army Clitheroe Center</i>	35	21	56
<i>Salvation Army Clitheroe Center Adult</i>	6	0	6

Referral Target	2003 (N=421)	2004 (N=460)	Total (N=861)
<i>Rehabilitation</i>			
<i>Salvation Army Clitheroe Center Reflections Program</i>	1	0	1
<i>Serenity House</i>	0	6	6
<i>Shelter</i>	1	0	1
<i>Social Security Disability</i>	0	1	1
<i>Soup Kitchen</i>	1	0	1
<i>Southcentral Counseling Center</i>	3	0	3
<i>Southcentral Foundation</i>	1	0	1
<i>Substance Abuse Assessment Center</i>	2	1	3
<i>Substance Abuse Treatment Center--Fairbanks</i>	2	0	2
<i>Substance Abuse Treatment Center-Juneau</i>	1	0	1
<i>Traditional Healing</i>	2	1	3
<i>Transfer Station</i>	8	5	13
<i>Transit Station</i>	1	0	1
<i>Veterans Administration</i>	6	7	13
<i>Vocational Training</i>	0	2	2
<i>Wellness Court</i>	0	1	1

What impact has the Pathways to Sobriety Project had on participants' utilization of the Municipality of Anchorage Transfer Station?

To investigate the impact that the *Pathways to Sobriety* project has had on participants' utilization of the Transfer Station, we compared participants' visits to the Transfer Station before and after their enrollment in the *Pathways to Sobriety* project. The database included 30 months (January 2002 to June 2004) of data on visits to the Transfer Station. The following five variables were available in the Transfer Station database for this comparison:

- Breath alcohol concentration (BrAC) at time of admission to the Transfer Station
- BrAC at time of discharge from Transfer Station
- Length of stay at Transfer Station
- Mode of transportation to the Transfer Station
- Number of visits to the Transfer Station

Of the 108 *Pathways to Sobriety* clients, 98 were identifiable in the Transfer Station database. That is, 98 of the 108 clients had visits to the Transfer Station between January 2002 and June 2004, the timeframe for which BHRS was provided data.

Admission BrAC. The average admission BrAC for all *Pathways to Sobriety* clients before their enrollment in the project was 0.23; the average after their enrollment was 0.21. The difference between pre-enrollment and post-enrollment was statistically significant, $t(1, 9319) = 16.08, p < .0001$.

Discharge BrAC. The average discharge BrAC for all *Pathways to Sobriety* clients before their enrollment in the project was 0.073; the average after their enrollment was 0.070. The difference between pre-enrollment and post-enrollment was statistically significant, $t(1, 8482) = 3.07, p < .005$.

Length of Stay. The average length of stay at the Transfer Station for all *Pathways to Sobriety* clients before their enrollment in the project was 8.79 hours; the average after their enrollment was 8.41. The difference between pre-enrollment and post-enrollment was statistically significant, $t(1, 9247) = 5.41, p < .0001$.

Mode of Transportation to the Transfer Station. The following table provides information on the mode of transportation used by *Pathways to Sobriety* clients for their admission to the Transfer Station before and after entering the project. As noted, the proportion of individuals using Community Service Patrol (CSP) transportation increased while the other categories decreased. This difference was statistically significant, $X^2(5, N=9446) = 296.8, p < .0001$. It should be noted that this heavier reliance upon the Community Service Patrol for transportation may have more to do with the Transfer Station moving on April 16, 2002 than any direct effects of the *Pathways to Sobriety* project.

Table Twenty
Transportation Mode to Transfer Station

Transportation Mode	Pre-Consent		Post-Consent	
	<i>N</i>	%	<i>N</i>	%
<i>Community Service Patrol</i>	3658	66.3	3189	81.2
<i>Anchorage Police Department</i>	950	17.2	473	12.0
<i>Walk-in</i>	878	15.9	243	6.2
<i>Unknown</i>	22	0.4	11	0.3
<i>Anchorage Fire Department/ Emergency Medical Services</i>	5	0.1	7	0.2
<i>Concerned Citizen</i>	7	0.1	3	0.1

Note: The Transfer Station moved to its current location on April 16, 2002

Number of Visits. In assessing the impact that the *Pathways to Sobriety* project had on participants' visits to the Transfer Station, we first looked at how many of the clients had zero visits *after* enrolling in the project. Of the 98 *Pathways to Sobriety* clients with identifiable Transfer Station visits between January 2002 and June 2004, 11 (11.2%) had no Transfer Station visits after enrolling in the project.

Next, we examined the average number of visits participants had before and after enrolling in the project. For total number of visits, the 98 *Pathways to Sobriety* clients had 5511 visits before their enrollment into the project and 3926 visits after enrollment. To provide a statistical comparison of the number of visits before and after enrollment, we considered three separate timeframes: a) three months before and three months after enrolling in the project; b) six months before and six months after enrolling; and across the entire timeframe before and after enrollment. The following table provides the means for each of these three timeframes. As

indicated, *Pathways to Sobriety* clients have fewer visits after enrolling than before enrolling. For all three timeframes, this reduction in number of visits was statistically significant.

Table Twenty-One

Number of Transfer Station Visits before and after Enrollment in Pathways to Sobriety

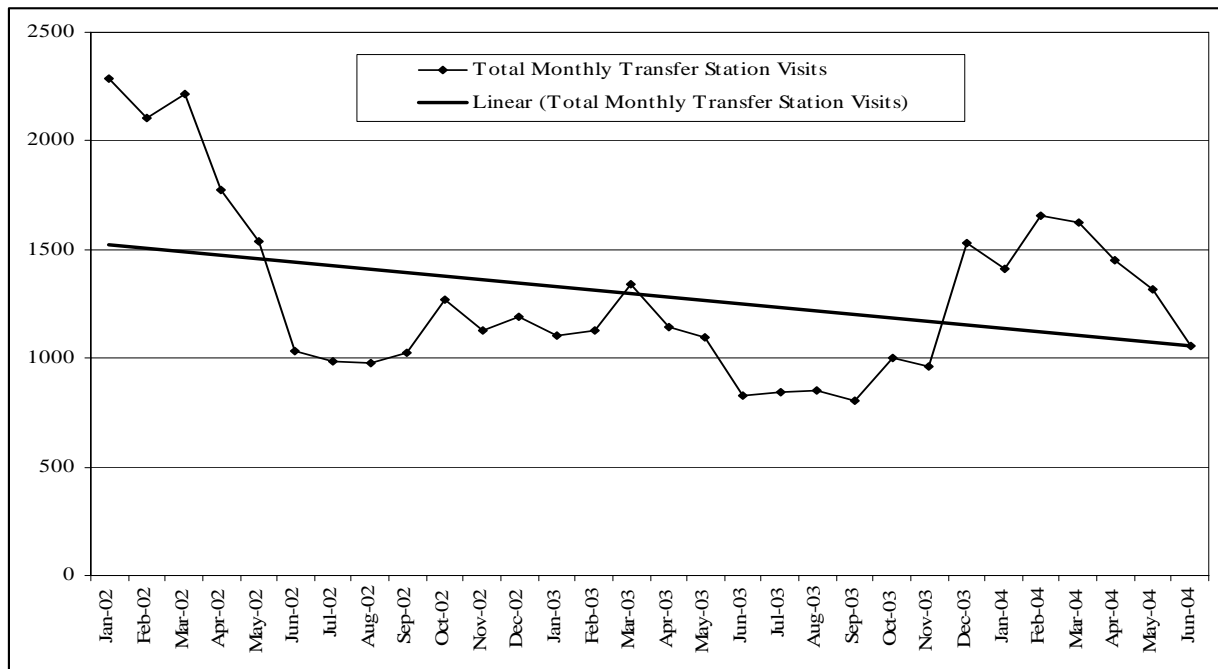
	3-month	6-months	All data
Pre-Enrollment	12.7	21.7	56.2
Post-Enrollment	9.7	16.4	40.1
t-test	2.13, p < .05	2.19, p < .05	2.94, p < .005

What impact has the Pathways to Sobriety Project had on overall utilization of the Municipality of Anchorage Transfer Station?

Thirty months of data were available for Transfer Station utilization, January 2002 to June 2004. The following graphs provide a graphic representation of the number of Transfer Station visits during this timeframe. The first graph provides the total number of visits for each month during this time frame; the second graph provides the average number of visits for each month. The trendlines in the graphs represents an average across time. As indicated by the trendlines in both graphs, utilization of the Transfer Station has been decreasing over this 30-month timeframe. During the same time period, *Pathways to Sobriety* project has increased their outreach and case management services.

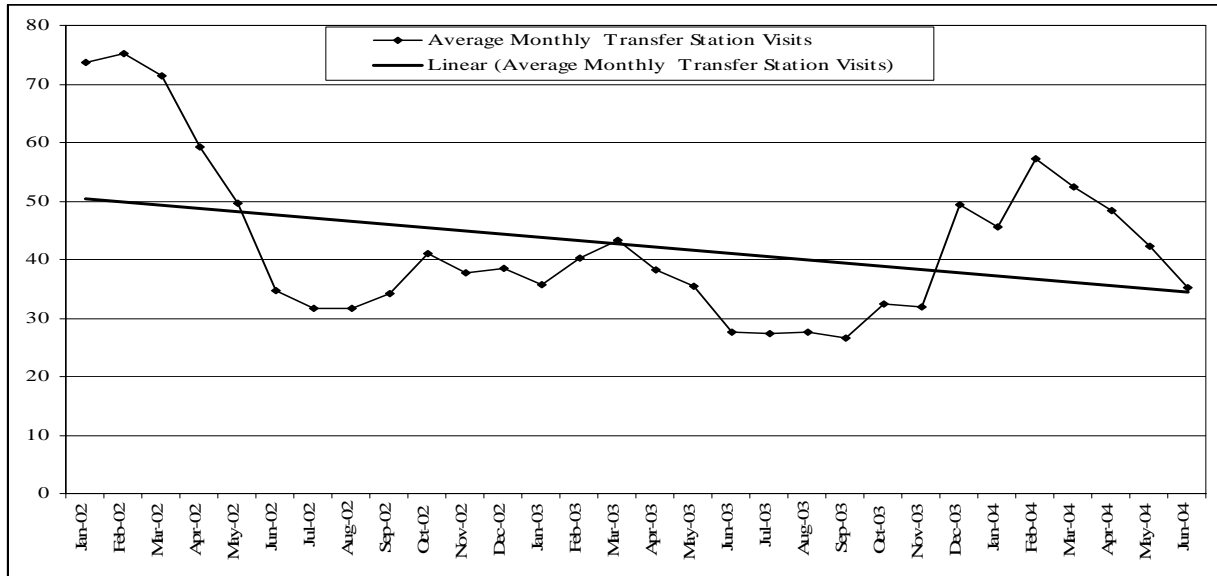
Figure Two

Number of Total Monthly Transfer Station Visits



Note: The Transfer Station moved to its current location on April 16, 2002

Figure Three
Number of Average Monthly Transfer Station Visits



Note: The Transfer Station moved to its current location on April 16, 2002

Recommendations for Future Data Collection

Following are recommendations for enhancing the various sources of data utilized in this report. The immediate goal of these recommendations is to achieve the most comprehensive and reliable data for purposes of evaluating the *Pathways to Sobriety* project. A longer term goal is the development of accurate and reliable data that may be used for funding future requests for the *Pathways to Sobriety* or other projects.

Client Contact Sheets. As would be expected, utilizing one form to document multiple kinds of client contact is problematical. During the processing of contact sheet data, areas of potential improvement to the form were identified. These improvements, include, but are not limited to:

- Need for thorough completion of contact sheet sections regardless of the type or purpose of contact
- Need for a more comprehensive list of places of contact and immediate client needs
- Need for additional data points on most recent version of contact sheet (e.g., ID Number, DOB, Gender, Ethnicity, Client Active/Inactive Status, and Referral Source)
- Need for description of contact activity (i.e., Outreach Service, Case Management, Relapse Notification, Client No-Show Documentation)

Pathways to Sobriety Monthly and Quarterly Activity Reports. These monthly and quarterly reports have the important role of providing a general overview of the project and its

accomplishments to Municipal and Federal grantors. It would appear that the data for these reports are not collected in a systematic and reliable manner, resulting in caution needed when interpreting the data. For example, even though the monthly and quarterly reports draw heavily upon the client Contact Sheets, they provide different numbers than those calculated by BHRS based on the same Contact Sheets. In addition, certain data points have not been included consistently in the monthly and quarterly reports, making it difficult to draw conclusions about services and outcomes across time. Finally, because data are not provided on an individual basis, but rather are duplicated, it is difficult to determine, for example, how many of the 108 *Pathways to Sobriety* clients were referred to treatment or how many of the clients completed treatment. Instead, provided in the report are the total number of referrals to treatment without indicating how many clients the referrals represent. Due to these limitations, to gain a more accurate depiction of the project's outcomes and services, it is necessary to utilize other data sources, such as client contact sheets.

It is recommended that CITC develop a more systematic approach to collecting data for their monthly reports. Since BHRS does not have ready access to the existent CITC data collection system, it is difficult to provide specific suggestions or guidelines about how to improve it. However, the goal of the data collection system should be the ability to identify the current status of each individual *Pathways to Sobriety* client at any time. That is, for example, it is important to know at any point in time, how many clients were referred to treatment, how many are in treatment, or how many completed treatment. Such individualized information would be much more meaningful than simply the total number of referrals or total number of clients completing treatment as such numbers are confounded by the fact that any given client could have multiple referrals or treatment episodes. With this data capacity, preparing accurate and reliable monthly reports would be simplified and meaningful.

GPRA Records. To remain in compliance with SAMHSA requirements, GPRA data must be collected on all *Pathways to Sobriety* participants at baseline and six-month and twelve-month follow-ups. To accomplish this, it is critical that all parties to the *Pathways to Sobriety* project, that is, CITC, Municipality of Anchorage, and BHRS, cooperate and coordinate their efforts. It is recommended that the procedures agreed upon by the three parties be implemented as soon as possible. Specifically, baseline GPRA data will be collected by CITC as soon as feasible after an individual agrees to enter the *Pathways to Sobriety* project and provides informed consent. These data will be provided by CITC to BHRS on a regular basis via hard copies of the completed GPRA. The six-month and twelve-month GPRA follow-ups will be the responsibility of BHRS. This data collection effort will necessitate a close collaboration between the CITC case managers and BHRS staff. When a *Pathways to Sobriety* client nears the window of opportunity for collecting the follow-up data, BHRS will contact CITC case managers who will help facilitate a meeting between the client and BHRS staff. It will be critical that all data be collected within the time frame expected by SAMHSA, namely, for baseline, within four days of formal admission into the program and for follow-up interviews no earlier than 30 days before and two months after the scheduled 6-month and 12-month interviews.

Municipality of Anchorage Transfer Station Database. The primary challenge facing the Transfer Station database is the accurate identification of each consumer visiting the Transfer Station and the accurate entry of this identification into the database. Many factors complicate the accurate identification of visitors, including that all consumers are inebriated at admission,

many consumers will intentionally provide a name other than their own, many consumers use multiple names or nicknames, and birthdates are often inaccurately provided. Complicating the entry of this identification into the database are typographical errors, misspellings of names that are verbally provided, difficult spelling of many names, and more than one individual with the same name. The Transfer Station managers have taken the first step in addressing this situation through the development of a client identification protocol. This protocol involves assigning unique identification numbers to each visitor to the transfer station and using this identification number to record each visit.

Additionally, more historical data for the Transfer Station would provide the opportunity for more in-depth and accurate data analysis. At present, BHRS was provided data for January 2002 to June 2004, as well as the first two months in 2001. If data were available for at least all months in 2001, data analysis could provide a more extensive perspective on trends in Transfer Station utilization, more detailed analysis on high-end users, and more accurate and reliable information on *Pathways to Sobriety* clients' use of the Transfer Station across time.