

Behavioral Health Research & Services

Evaluation of the
Pathways to Sobriety Project

*Pathways to Sobriety Final Data Report:
January 1, 2002 to June 30, 2005*



UNIVERSITY of ALASKA
ANCHORAGE

(BHRS Pathways-Related Technical Report No. 4)

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October 1, 2005

This research was supported by Grant Number 4 H79 SP09943-01-4 from the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services. Contents are solely the responsibility of the authors and do not necessarily represent the views of the funding agency.

Pathways to Sobriety Final Data Report: January 1, 2002 to June 30, 2005

*Prepared by BHRS Staff
October 1, 2005*

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 multi-faceted project was aimed at improving the well-being of individuals exhibiting chronic public inebriation in Anchorage. More specifically, the target population consisted of individuals with more than 19 admissions per year to the city's protective care facility, better known as the Community Transfer Station. Aspects of this project included:

- 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 was 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 were high-end users of Municipality's emergency care services (Community Transfer Station, police, and emergency medical transfer), it was hoped that *Pathways to Sobriety* would 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 at the University of Alaska Anchorage to conduct an independent evaluation of the *Pathways to Sobriety* project. The goals of this evaluation project were to chronicle the process and impact of the *Pathways to Sobriety* project. 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 of the *Pathways to Sobriety* project on Community Transfer Station utilization. Using data from multiple sources, the current report presents findings separately for each of the two project years, as well as findings across the life of the project.

Identification of Pathways to Sobriety Clientele

The targeted individuals for the *Pathways to Sobriety* project were high-end users of the Community Transfer Station. Over 80% of the enrolled clients had Community Transfer Station visits during the 12 months prior to their enrollment in the project. The proportion of clients who were high-end users (19 or more visits during the prior 12 months) was 62% in Year One and 75% in Year Two. The higher proportion of high-end users in Year Two reflects increased attention to recruitment criteria by project staff.

CITC Case Management Client Contact Sheets

The purpose of the Client Contact Sheet was to allow for easy and efficient documentation of daily client-related activities and is a means to document ongoing service provision to *Pathways to Sobriety* clients for program evaluation purposes. Overall programmatic findings gathered through the analysis of the client contact sheets are summarized below:

- Over the course of the project (July 2002 to June 2005), a total of 136 unique clients formally received services through the *Pathways to Sobriety* project.
- From July 2002 to June 2005, over 1,670 documented contacts were made by *Pathways to Sobriety* case managers with the 136 clients.
- Contacts were initiated by both the client and the case manager. The three most common forms of contact initiation were:
 - 19% consumer-initiated, in-person
 - 17% case manager-initiated, in-person
 - 15% consumer-initiated, by phone
- Client contact was made throughout the Anchorage community to increase access to services for the targeted group of homeless clients. The three most common locations of contact were:
 - 20% Safe Harbor Inn
 - 10% Beans Cafe
 - 7% Community Transfer Station
- A wide variety of client needs were identified at time of contact. The three most common immediate client needs were:
 - 26% substance abuse treatment
 - 17% detoxification treatment
 - 16% general case management support
- Over 600 referrals to more than 65 behavioral health care providers or other related resources were given to *Pathways to Sobriety* clients. The top three referral targets were:
 - 5% Salvation Army Clitheroe Center
 - 5% Ernie Turner Center
 - 5% Alcoholics Anonymous
- In addition to the services provided to formal clients, outreach efforts were made with individuals not willing to commit to or consent to receive comprehensive case management services. 630 contacts were made with such outreach or informal clients (324 in Year One and 306 in Year Two).

GPRA Data

To remain in compliance with SAMHSA requirements, GPRA data were collected from all *Pathways to Sobriety* participants at baseline. During Year One, 13 intake administrations and no follow-up administrations were completed. At the end of Year One, it was collectively decided by the evaluation team, SAMHSA, and the Municipality of Anchorage SAFE City Project to place increased focus on collecting GPRA data. All parties involved in the *Pathways to Sobriety* project agreed to the change procedures for data collection and made an effort to work together to meet the federal requirements outlined by SAMHSA. During Year Two, a total of 48 GPRA intakes and 10 follow-up interviews were conducted. Overall GPRA findings were as follows:

- During Year Two of the project, *Pathways to Sobriety* met the target for number of formal clients served at 96% (48 out of 50 clients) and met the target follow-up goal at 77% (10 out of the 13 clients falling within administration window).
- According to the GRPA outcome report generated by the Web-based Data Entry System, at six-month follow-up, *Pathways to Sobriety* participants reported:
 - less use of alcohol or illegal drugs in prior 30 days
 - fewer health, behavioral, and social consequences related to use of alcohol or other drugs
 - fewer arrests in prior 30 days
 - higher rates of employment or engagement in productive activities
 - being less likely to reside in shelters as primary living arrangements

Municipality of Anchorage Community Transfer Station Database

The Municipality of Anchorage Community Transfer Station database serves as the single source of information regarding Community Transfer Station utilization. This database has been collected in a consistent manner over time and is available for comparison for both Year One and Year Two of the evaluation. Overall programmatic findings gathered through the analysis of the Community Transfer Station are summarized below:

- Consistent with the purpose of the *Pathways to Sobriety* project, the majority of enrolled clients were high-end users of the Community Transfer Station.
- After enrollment in the *Pathways to Sobriety* project, 11 clients during Year One and two clients during Year Two had no Community Transfer Station visits following their date of enrollment.
- During each of the two project years, *Pathways to Sobriety* clients reduced their average number of Community Transfer Station visits after enrollment.
- Community Transfer Station utilization dropped significantly during 2002 and 2003, which is at least partially accounted for by the *Pathways to Sobriety* project. Utilization has increased since 2003; however, the increase would have been substantially more had it not been for the *Pathways to Sobriety* project.

Recommendations

Based on the overall evaluation findings, we offer several short-term and long-term recommendations, regarding service provision and relevant to the Community Transfer Station. The information gleaned and lessons learned through the *Pathways to Sobriety* project provide a strong foundation for continuing better to serve the public inebriate population and to reduce reliance on the Community Transfer Station.

Service Provision Recommendations

- Further refine the services provided by the case management team better to suit the needs of the target population. These refinements may include the following actions:
 - increase the number of case managers
 - adjust staffing schedules to accommodate fluctuations in service utilization
 - increase the accessibility of case managers at the Community Transfer Station at the time when potential clients are discharged
 - prioritize clients by level of motivation and focus time and energy on those most motivated
 - implement new strategies for engaging clients and increasing motivation for entry into services
 - focus on intensive aftercare case management following a successful discharge from treatment
- 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 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, job seeking skills, job placement assistance, and permanent housing.
- Continue to explore programs that have proven successful in serving homeless individuals dependent on substances, in particular, dependent on alcohol, and integrate these new strategies within the Anchorage community.
- Educate the community on the urgency and severity of the social problems within Anchorage and, more specifically, build awareness regarding the needs of the public inebriate population and their impact on the community.
- Secure funding for services that target high users and future high users of the Community Transfer Station to decrease utilization. As demonstrated by the *Pathways to Sobriety* project, such an intervention approach has immediate impacts on utilization.
- Collaborate with local providers to attend to this target population 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 Community Transfer Station, including increased on-site medical care.
- Develop formal plans for implementing the alternative court sentencing and involuntary commitment components of *Pathways to Sobriety* through interagency collaboration.
- Secure funding to support the possible expansion of the Community Transfer Station and take other steps necessary to realize this expansion.

Community Transfer Station Recommendations

- The patterns identified in Community Transfer Station utilization provide valuable information related to windows of opportunity for outreach and intervention services. By using this information, case managers and other support systems may be able to predict times when intervention might have the greatest impact. For example, high levels of outreach geared toward securing treatment placements and temporary housing may be quite beneficial prior to October when the Alaska Permanent Fund Dividend checks are distributed. As another example, interventions may be effective at reducing high Community Transfer Station utilization that occurs at the beginning of each month.
- With a core group of individuals accounting for the majority of Community Transfer Station visits, continued interventions (similar to the *Pathways to Sobriety* project) targeted toward these individuals may be the most cost-effective mechanism for reducing Community Transfer Station utilization.
- The increased Community Transfer Station utilization during the winter suggests that homeless clients may be using the Community Transfer Station as a primary means to gain shelter from the elements. A major focus of outreach efforts may consist of securing alternate sources of shelter for potential Community Transfer Station clients *before* they are admitted. Given the historical lack of housing services and funding for homeless individuals, new housing resources need to be developed to implement this recommendation.
- More interventions targeted at Community Transfer Station clients at the time of discharge may be helpful in providing the clients with the necessary resources and tools to prevent future admissions. Such interventions could focus on identifying and helping clients who wish to enter mental health or substance use treatment programs, obtain gainful employment, access more permanent housing, or receive other needed social services.
- Limited demographic information is collected on Community Transfer Station clients. It may be helpful to gather more detailed information, such as reasons for becoming intoxicated, sources of alcohol, and living conditions. Such information could be gathered through a short interview as clients are released from the Community Transfer Station. These data could provide insight into the nature of the individuals who frequent the Community Transfer Station and allow for more targeted interventions to be developed.

Ongoing Barriers and Challenges

Throughout the evaluation process, barriers and challenges impeding the progress of the *Pathways to Sobriety* project were identified through data collection, review of program documentation, and interviews with providers and clients. It is vital to document and present these impediments in this final evaluation report as they continue to affect the *Pathways to Sobriety* project and will be of concern to future programs designed to assist the public inebriate population in the Anchorage community.

First and foremost, the number of outreach counselors and case managers in the community assisting the public inebriate population is far too limited. Although the *Pathways to Sobriety* case managers have made a significant difference to clients, two case managers are not an adequate number to serve the needs of the targeted clientele.

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
- Limited treatment facilities willing to admit individuals with prior sex offender convictions
- Insufficient funding to sustain the program in the 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

Acknowledgements

We would like to express our gratitude to:

- *The entire staff at the Municipality of Anchorage SAFE City Program, including Carrie Longoria, Mark Lessard, Therese Bartlett, David Friedline, and Marian Estelle for their incredible cooperation and assistance in providing data for inclusion in the report.*
- *Ramona Christensen and Owen Eben, Pathways to Sobriety case managers, for their ongoing assistance in the evaluation efforts and their dedication to the project.*
- *Victor Joseph and Herman Goodhope at Cook Inlet Tribal Council for their cooperation and assistance in data collection.*

We would also like to thank staff members from the Municipality of Anchorage SAFE City Program for their thoughtful and careful review and editing of this report.

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Pathways to Sobriety Final Data Report: January 1, 2002 to June 30, 2005

Chapter One: Introduction to Final Evaluation Report

Introduction

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 was a multi-faceted project aimed at improving the well-being of individuals exhibiting chronic public inebriation in Anchorage. More specifically, the target population consisted of individuals with more than 19 admissions per year to the city's protective care facility, better known as the Community Transfer Station. Aspects of this project included:

- 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 was 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 were high-end users of the Municipality's emergency care services (Community Transfer Station, police, and emergency medical transfer), it was hoped that *Pathways to Sobriety* would have a significant impact on utilization of the Municipality's emergency care services.

The Municipality of Anchorage SAFE City Program contracted with Behavioral Health Research and Services, at the University of Alaska Anchorage, to conduct an independent evaluation of the *Pathways to Sobriety* project. The goals of this evaluation project were to chronicle the process and impact 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 of the *Pathways to Sobriety* project on Community Transfer Station utilization. Using data from multiple sources, the current report presents findings separately for each of the two project years, as well as findings across the life of the project.

Chapter Two: **Year One Findings (January 1, 2002 to June 30, 2004)**

Introduction

As the *Pathways to Sobriety* evaluators, BHRS conducted annual program evaluations for the project. The most vital facet of the *Pathways to Sobriety* evaluation was the processing of data from multiple sources to document the case management services provided and to assess the impact of the *Pathways to Sobriety* project on the Community Transfer Station utilization. Using data from multiple sources, BHRS completed analyses on data available from January 2002 to June 2004. The results of this effort can be found in the *Pathways to Sobriety Data Report* (BHRS Pathway to Sobriety-Related Technical Report No. 2). These findings are also presented in the following chapter of the overall evaluation report.

This chapter addresses the following programmatic and outcome questions of interest for Year One of the project:

- 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 Community Transfer Station?
- What impact has the *Pathways to Sobriety* project had on overall utilization of the Municipality of Anchorage Community 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 Community 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, were 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 them into one dataset. The final dataset included the following variables 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 second 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 (Community 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 Community Transfer Station data or other project-related data. To resolve this issue, client identification numbers were obtained from the Community 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 Community 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 were apparent in the monthly and quarterly reports. First, several data points were not consistently recorded in the reports. This inconsistency made it difficult to characterize the project's outcomes and services across time. Second, it appears that there was no systematic means to collating the information needed for these reports. The process that was followed was 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 was introduced. Third, the aggregated data provided duplicated counts of variables. For example, the data contained 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 completed more than one detoxification or residential treatment episode, whereas other clients may have not completed any treatment. As the data were 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 was difficult to determine which of these two data sources were most accurate; however, it is probably safe to assume that the Client contact sheets, with their greater specificity, were 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 from 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 were very limited. Data were 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 Community Transfer Station Database

Data Description. The Municipality of Anchorage Community Transfer Station database serves as the single source of information regarding Community Transfer Station utilization. These data are collected and entered into an MS Excel[®] database by Community Transfer Station staff members with one MS 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 MS Excel[®] files were provided to BHRS for data analysis. Data analysis focused on the following two related, but separate, aspects of Community Transfer Station utilization: 1) *Pathways to Sobriety* participants' utilization of the Community Transfer Station before and after they entered the project, and 2) utilization of the Community 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 time period from January 2002 to June 2004, were provided to BHRS for analysis. To maximize the usable data and to facilitate analysis, the individual MS 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. Regarding manual data cleaning, data were subjected to 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 data" 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 Community Transfer Station. The data are entered at the Community Transfer Station and are 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 MS Excel[®] worksheets and the lack of a unique identifier. Without a unique identifier, Community 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 Community Transfer Station utilization. Assigning this unique identifier to the monthly and quarterly reports was not feasible given that this are aggregated data. CITC and the Community 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 Community 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, five (4.6%) African American, two (1.9%) Hispanic American, and four (3.7%) unknown cultural background

- 17 (15.7%) were veterans; 91 (84.3%) were non-veterans
- 103 (95.4%) were identifiable in the Community Transfer Station database that included two months in 2001 and January 2002 to June 2004; 98 had visits to the Community Transfer Station between January 2002 and June 2004; 5 (4.6%) were not identifiable in the Community Transfer Station database, possibly due to the limited number of months represented in the database
- 92 (85.2%) had 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 that consent to treatment was provided. GPRA data obtained closest in time to the admission date were 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 for Year One Participants

<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 for Year One Participants

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
1. During the past 30 days how many days have you used the following:				
<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
2. During the past 30 days, how many days have you used any of the following:				
<i>No 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%		

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)	0	0.0%		
4. Ketamine (known as Special K or Vitamin K)	0	0.0%		
5. Other tranquilizers, downers, sedatives or hypnotics	0	0.0%		
h. Inhalants (poppers, snappers, rush, whippets)	0	0.0%		
i. Other illegal drugs (specify)	0	0.0%		
3. In the past 30 days have you inject drugs?				
Yes	0	0.0%		
No	13	100.0%		
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 for Year One Participants

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%

Information Item	<i>Number</i>	<i>Percent</i>
2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?		
<i>Not at all</i>	3	23.1%
<i>Somewhat</i>	2	15.4%
<i>Considerably</i>	3	23.1%
<i>Extremely</i>	4	30.8%
<i>Not applicable</i>	0	0.0%
<i>Missing data</i>	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?		
<i>Not at all</i>	3	23.1%
<i>Somewhat</i>	2	15.4%
<i>Considerably</i>	4	30.8%
<i>Extremely</i>	4	30.8%
<i>Not applicable</i>	0	0.0%
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 for Year One Participants

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

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
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)				
Employed full-time(35+ hours per week, or would have been)				
Employed part-time	0	100.0%		
Unemployed, looking for work	4	30.8%		
Unemployed, disabled	4	30.8%		
Unemployed, volunteer work	1	7.7%		
Unemployed, retired	0	100.0%		
Unemployed, not looking for work	0	100.0%		
Other (specify)	0	100.0%		
Missing data	2	15.4%		
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 for Year One Participants

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 for Year One Participants

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

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
<i>c. Emergency Room Treatment for:</i>				
<i>i. Physical complaint</i>				
yes	3	23.1%		
no	10	76.9%		
<i>If yes, altogether for how many times</i>			0.5	0-1
<i>ii. Mental or emotional difficulties</i>				
yes	0	0.0%		
no	13	100.0%		
<i>If yes, altogether for how many times</i>			0.0	
<i>iii. Alcohol or substance abuse</i>				
yes	3	23.1%		
no	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?				
Not permitted to ask	13	100.0%		
Yes				
No				
<i>If yes, altogether how many:</i>				
a. Sexual contacts (vaginal, oral, or anal) did you have?				
b. Unprotected sexual contacts did you have?				
c. Unprotected sexual contacts were with an individual who is or was:				
1. HIV positive or has AIDS				
2. An injection drug user				
3. High on some substance				
4. In the past 30 days (not due to your use of alcohol or drugs) how many days have you:				
a. Experienced serious depression	3	23.1%		
b. Experienced serious anxiety or tension	3	23.1%		
c. Experienced hallucinations	0	0.0%		
d. Experienced trouble understanding, concentrating, or remembering	2	15.4%		
e. Experienced trouble controlling violent behavior	1	7.7%		
f. Attempted suicide	0	0.0%		
g. Been prescribed medication for psychological/emotional problem	0	0.0%		

Information Item	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</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>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 for Year One Participants

Information Item	<i>Number</i>	<i>Mean or Percent</i>	<i>Range</i>
1. Gender			
<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%	
2. Are you Hispanic or Latino?			
<i>Yes</i>	0	0.0%	
<i>No</i>	13	100.0%	
3. What is your race? (Select one or more)			
<i>Black or African American</i>	0	0.0%	
<i>Asian</i>	0	0.0%	
<i>American Indian</i>	0	0.0%	
<i>Native Hawaiian or other Pacific Islander</i>	0	0.0%	
<i>Alaska Native</i>	12	92.3%	
<i>White</i>	1	7.7%	
<i>Other (specify)</i>	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 aggregate 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 aggregate 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 for Year One Participants

Monthly Report Variables	2003								
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Number Outreach Contacts	83	61	63	24	70	84	94	117	102
Individuals with 19 - 39 Community Transfer Station Visits									
<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
Individual with 40 or more Community 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

<i>Census Variables</i>	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 Community 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
Individual with 40 or more Community Transfer Station Visits									
<i>Individuals Served in Identified Target Population</i>	27	14	54	83	88	168	44	63	20
<i>Individuals Served not in Identified Target Population</i>	0	0	0	16	0	0	0	2	5
<i>Outreach Services, No File</i>	4	5	4	4	¹	¹	0	2	12
<i>Number of Clients Referred to and Completed Detox</i>	8	1	5	4	6	5	4	2	2
<i>Number of Clients Referred to and did not Complete Detox</i>	0	1	1	0	1	2	2	3	0
<i>Total Referred to Detox</i>	8	2	6	4	7	7	6	5	2
<i>Number of Clients Referred to and Completed or Currently in Residential Treatment</i>	7	4	2	1	7	10	4	4	4
<i>Number of Clients Referred to and did not Complete Residential Treatment</i>	0	0	0	0	0	2	2	1	0
<i>Total Referred to Residential Treatment</i>	7	4	2	1	7	12	6	5	4
<i>Financial Assistance Referrals</i>	3	0	0	1	1	2	1	2	1
<i>Housing Referrals</i>	12	4	2	3	2	2	0	0	3
<i>Mental Health Services Referrals</i>	1	5	2	2	1	2	0	1	0
<i>Employment Services Referrals.</i>	1	0	1	2	0	2	0	2	2

¹Data Missing from Monthly Reports

CITC Case Manager Contact Sheets

BHRS was provided 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 Community Transfer Station Visits for Year One Participants

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

Table Ten

Type and Number of Case Manager Contacts for Year One Participants

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

Figure One
Number of Contacts between February 2003 and June 2004

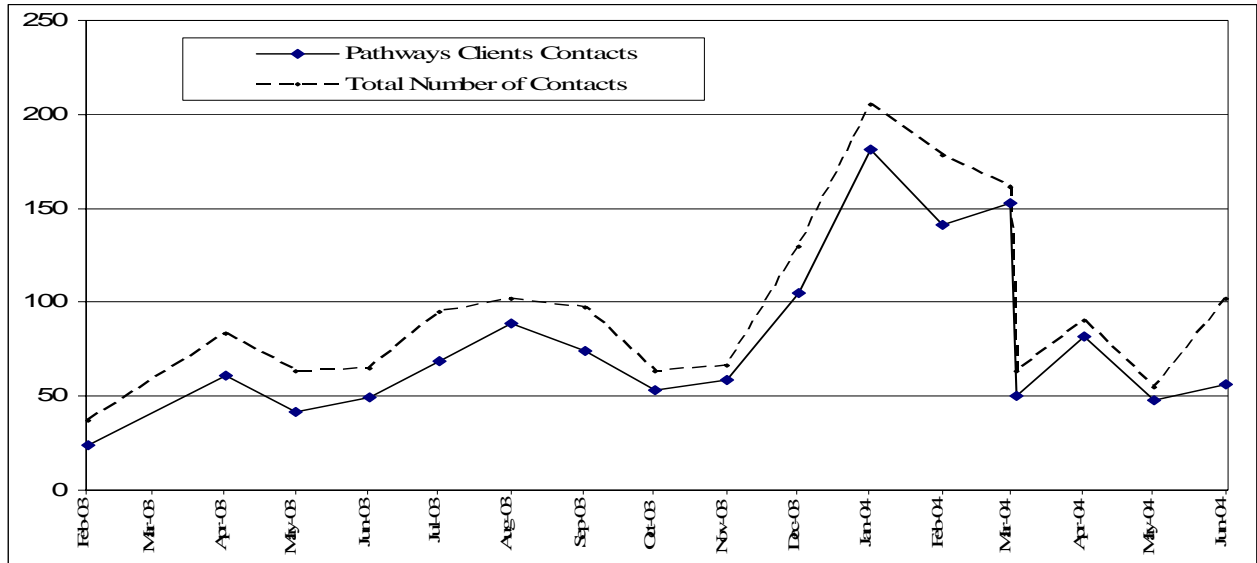


Table Eleven
Location of Case Manager Contacts for Year One Participants

<i>Location of Contact</i>	<i>Number (n=1336)</i>	<i>Percent</i>
<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>Beans Cafe</i>	152	11.4%
<i>Brother Francis Shelter</i>	14	1.1%
<i>Community Transfer Station</i>	88	6.6%
<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>Public Transit Station</i>	2	0.2%
<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>Veterans Administration Domiciliary</i>	1	0.1%
<i>Missing data</i>	146	10.93

Table Twelve
Clients' Immediate Needs at Time of Contact for Year One Participants

<i>Immediate Needs at Contact</i>	<i>Number (n=1336)</i>	<i>Percentage</i>
<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>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 for Year One Participants

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

Table Fourteen
Current Housing Status at Time of Contact for Year One Participants

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

Table Fifteen
Current Employment Status at Time of Contact for Year One Participants

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 data</i>	1070	80.1%

Table Sixteen
Current Substance Abuse Treatment Status at Time of Contact for Year One Participants

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 data</i>	1045	78.2%

Table Seventeen

Current Substance Use Status at Time of Contact for Year One Participants

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 data</i>	939	70.3%

Table Eighteen

Status of Substance Abuse Assessment at Time of Contact for Year One Participants

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

Table Nineteen

Referrals Made at Time of Contact for Year One Participants

Referral Target	2003 (N=421)	2004 (N=460)	Total (N=861)
<i>Adult Protective Services</i>	3	0	3
<i>Alaska Housing Authority</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
<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 Community Mental Health Services</i>	3	0	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>Community Transfer Station</i>	8	5	13
<i>Cook Inlet Pre-Trial Center</i>	1	0	1
<i>Cook Inlet Tribal Council</i>	4	3	7

Referral Target	2003 (N=421)	2004 (N=460)	Total (N=861)
<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>Freedom Frog Ministries</i>	1	0	1
<i>Homeward Bound</i>	18	9	27
<i>Hospital</i>	1	2	3
<i>Hudson Lake Recovery Camp</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 Family Recovery Camp</i>	2	3	5
<i>Oxford House</i>	2	0	2
<i>Providence Alaska Medical Center</i>	6	2	8
<i>Public Transit Station</i>	2	0	2
<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 Rehabilitation</i>	6	0	6
<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 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>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 Community Transfer Station?

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

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

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

Number of Visits

In assessing the impact of the *Pathways to Sobriety* project on participants' visits to the Community Transfer Station, we first looked at how many clients had zero visits *after* enrolling in the project. Of the 98 *Pathways to Sobriety* clients with identifiable Community Transfer Station visits between January 2002 and June 2004, 11 (11.2%) had no Community 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 more detailed comparison of the number of visits before and after enrollment, we considered three separate timeframes: 1) three months before and three months after enrolling in the project; 2) six months before and 3) 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 had fewer visits after enrolling than before enrolling. For all three timeframes, this reduction in number of visits was statistically significant.

Table Twenty

Number of Community Transfer Station Visits before and after Enrollment in Pathways to Sobriety for Year One Participants

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

Admission BrAC

The average admission BrAC for all *Pathways to Sobriety* clients before their enrollment in the project was 0.23; the average BrAC after their enrollment was 0.21. The difference between pre-enrollment and post-enrollment BrAC 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 BrAC after their enrollment was 0.070. The difference between pre-enrollment and post-enrollment BrAC was statistically significant, $t(1, 8482) = 3.07, p < .005$.

Length of Stay

The average length of stay at the Community 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 hours. The difference between pre-enrollment and post-enrollment length of stay was statistically significant, $t(1, 9247) = 5.41, p < .0001$.

Mode of Transportation to the Community Transfer Station

The following table provides information on the mode of transportation used by *Pathways to Sobriety* clients for their admission to the Community 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 Community Transfer Station moving on April 16, 2002, than with any direct effects of the *Pathways to Sobriety* project.

Table Twenty-One

Transportation Mode to Community Transfer Station for Year One Participants

<i>Transportation Mode</i>	<i>Pre-Consent</i>		<i>Post-Consent</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</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

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

Thirty months' data were available for Community Transfer Station utilization, January 2002 to June 2004. The following graphs provide a visual representation of the number of Community 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 the average across time. As indicated by the trendlines in both graphs, utilization of the Community Transfer Station decreased over this 30-month timeframe. During the same time period, *Pathways to Sobriety* project increased their outreach and case management services.

Figure Two

Number of Total Monthly Community Transfer Station Visits between January 2002 and June 2004

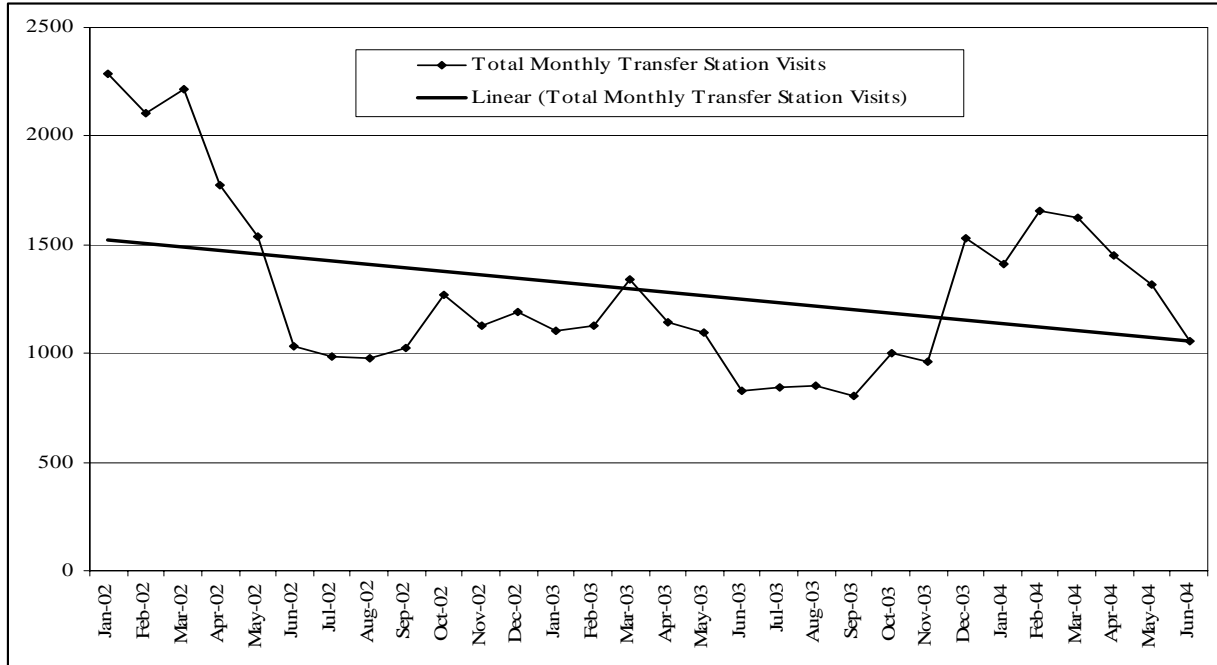
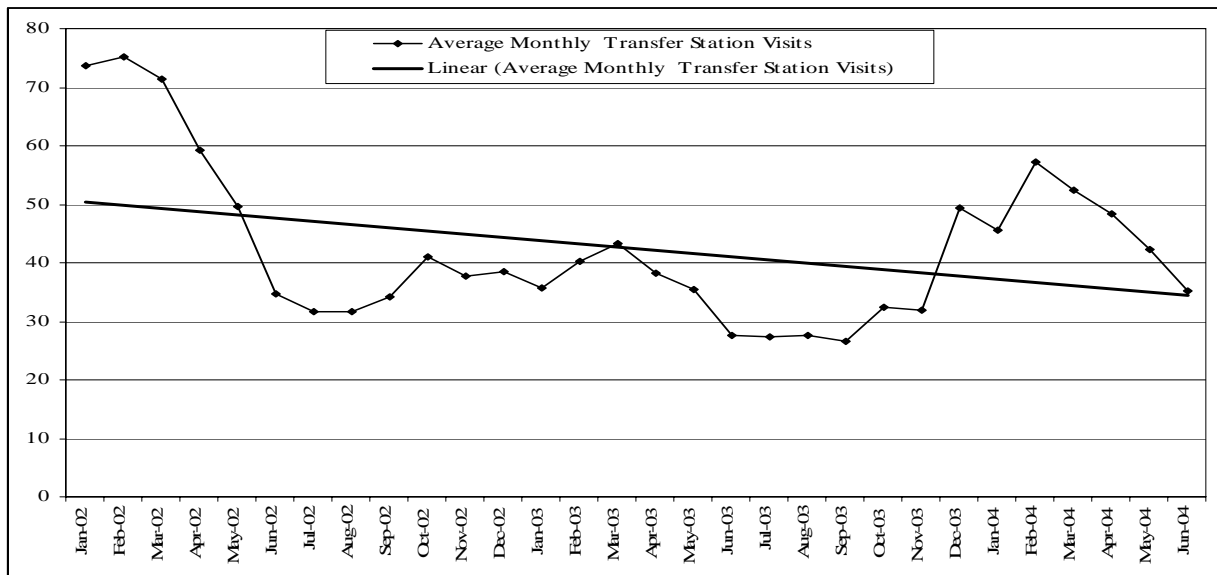


Figure Three

Number of Average Monthly Community Transfer Station Visits between January 2002 and June 2004



Chapter Three: **Year Two Findings (July 1, 2004 to June 30, 2005)**

Introduction

As noted in the previous chapter, the *Pathways to Sobriety* evaluators conducted annual project evaluations. The most vital facet of the *Pathways to Sobriety* evaluation was the processing of data from multiple sources to document the case management services provided and to assess the impact of the *Pathways to Sobriety* project on Community Transfer Station utilization. Using data from multiple sources, BHRS completed analyses on data available from July 2004 to June 2005. These results are presented in the following chapter.

To be consistent across evaluation years, Chapter Three provides findings related to most of the same programmatic and outcome questions as those answered in Chapter Two for Year One. Due to the unavailability of a complete set of Monthly and Quarterly Activity reports for this grant year, we were only able to provide information on case management services provided to *Pathways to Sobriety* clients; information on treatment services were unavailable. For Year Two, the following questions were addressed:

- 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 services have been provided to *Pathways to Sobriety* participants?
- What impact has the *Pathways to Sobriety* project had on participants' utilization of the Municipality of Anchorage Community Transfer Station?
- What impact has the *Pathways to Sobriety* project had on overall utilization of the Municipality of Anchorage Community Transfer Station?

Method

Data Sources

To evaluate the *Pathways to Sobriety* project's services and impact for Year Two, data from three separate sources were obtained, integrated, and analyzed. These data sources included Client contact sheets, Government Performance Reporting Act (GPRA) Intake and Follow-up database, and Municipality of Anchorage Community Transfer Station database. As mentioned previously, a complete set of Monthly and Quarterly Activity Reports were not available for analysis for Year Two; therefore, findings related to treatment services provided could not be included in this chapter. 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 48 individuals identified by CITC as *Pathways to Sobriety* clients for Year Two.

CITC Case Management Client Contact Sheets

Data Description. The purpose of the client contact sheets 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, an electronic file containing the contact sheet data was provided to BHRS for data analysis.

A total of 336 contact sheets, documenting case managers' activities from July 1, 2004 to June 30, 2005, were provided to BHRS for the purpose of data analysis. Data editing, entering, and cleaning procedures were conducted by SAFE City Program staff. To streamline the data collection process and to better meet the needs of the *Pathways to Sobriety* case managers, the contact sheet format was revised. The revised form incorporated variables from the existing contact sheet and variables deemed important to the case management process. The new form included the following variables:

- Date of contact
- Name of case manager
- Date of birth
- Gender
- Ethnicity
- Type of contact
- Place of contact
- Immediate need of client
- Alcohol use status
- Treatment assessment status
- Employment status
- Housing status
- Emotional status at time of contact
- Substance abuse assessment status
- Referrals made at time of contact

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

Sources of Difficulty and Error. As data editing, entering, and cleaning procedures were conducted by SAFE City Program staff, the database was provided in what is considered to be a functional and clean state. However, two sources of difficulty were present in the contact sheet database. First, occasional inconsistencies were found across data sheets for unique client identifiers and, second, missing data were present within the database. No avenues were available for correcting the inconsistencies or to gather additional contact sheet data to replace missing data.

Government Performance Reporting Act (GPRA) Records

Data Description. GPRA data were required for all participants in the *Pathways to Sobriety* project. For each participant, GPRA data were collected during three separate interviews. The first data collection occurred at baseline, that is, when the individual entered the *Pathways to Sobriety* project. To meet SAMHSA requirements, subsequent data collection was to occur at 6-month and 12-month follow-up. However, given the duration of the project, during this time period, no individuals were enrolled in the project for more than 10 months and, thus, 12-month follow-up data collection was not possible.

Baseline interviews were the responsibility of CITC and were conducted by one of the *Pathways to Sobriety* case managers. As outlined in GPRA guidelines, the baseline interview must be conducted on all grant-funded clients within four days of formal admission into the program. It was determined by all parties involved in the project that the date on which the client signed the Consent for Services Agreement was the date at which the individual became a formal *Pathways to Sobriety* client. Thus, the baseline interview for GPRA data collection was completed within four days of the individual signing the consent form. At the end of each month, a copy of all baseline interviews was provided to BHRS. BHRS staff was responsible for entering the baseline interview data into the GPRA Web-Based Data Entry System and conducting all data analysis on the GPRA data for the *Pathways to Sobriety* clients.

BHRS was responsible for and conducted the 6-month interviews (due to the duration of the project, no 12-month follow-up interviews were required). According to the GPRA guidelines, the follow-up interview “window” is 30 days before and two months after the scheduled 6-month follow-up date. The *Pathways to Sobriety* case managers assisted BHRS in developing a client tracking system that alerted all parties when the 6-month interviews were due. This client tracking system provided the time frame for the follow-up interviews. Due to the difficulty in locating clients within the *Pathways to Sobriety* project, the Case Managers worked closely with BHRS to assist in the endeavor and to facilitate contact between BHRS staff and *Pathways to Sobriety* clients. BHRS was responsible for entering the 6-month interview data into the GPRA Web-Based Data Entry System and conducting all data analysis on the GPRA data. This data source included variables from 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

To meet SAMHSA enrollment requirements for the *Pathways to Sobriety* project, 50 eligible individuals were to be entered into the project with baseline data collected from each. For this grant year, 48 individuals were enrolled, representing a 96% compliance rate with SAMHSA expectations. This compliance rate is comparable to or exceeds those achieved in similar projects. For 6-month follow-up GPRA data, SAMHSA requires an 80% completion rate. For this grant year, 13 individuals were eligible for the 6-month GPRA follow-up and 10 were actually located and provided GPRA data. This follow-up data collection rate represents a 77%

compliance rate with SAMHSA expectations, a compliance rate that is comparable to or exceeds those achieved in similar projects.

Data Cleaning and Entry Procedures. All the GPRA baseline data were provided in hard copy format to BHRS for data entry. In the case of missing data, BHRS contacted the case managers and requested assistance. Most missing data were easily accessible and protocols were completed. The major source of difficulty was the reliability and validity of the self-report data collection process, as many clients were in the process of detoxifying from substances and may have experienced memory deficits. Regarding follow-up, GPRA data were collected by BHRS staff in hard copy format and entered into the web-based system. Considerable efforts were made during follow-up interviews to minimize missing data.

Sources of Difficulty and Error. The major difficulty confronted during GPRA data collection was locating the individuals for the 6-month follow-up. Given the nature of the clientele (homeless and transient), the location process was challenging and required the resources and coordination of BHRS and CITC staff. As a result of this difficulty, three individuals were lost to follow-up.

Municipality of Anchorage Community Transfer Station Database

Data Description. The Municipality of Anchorage Community Transfer Station database serves as the single source of information regarding Community Transfer Station utilization. These data are collected and entered into an MS Excel[®] database by Community Transfer Station staff members with one MS Excel[®] file created for each month. These files are then aggregated into a MS Access[®] database by SAFE City staff. As permitted by the Data Sharing Agreement signed by the Municipality of Anchorage and the University of Alaska Anchorage, a copy of the MS Access[®] database and the most recent MS Excel[®] files were provided to BHRS for data analysis. 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. During this grant year, SAFE City personnel made significant efforts to correct data entry errors present in the dataset in the prior year, resulting in a relatively clean and error-free dataset. Once received, the data were examined by BHRS staff using a combination of manual data cleaning methods and statistical methods targeted at identifying inconsistent or invalid records. For example, data were subjected to 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 data” and were not used in the calculations.

The identification of clients with multiple admissions was further complicated by the frequent multiple spellings of client names. To identify clients with multiple admissions, a significant effort was expended on the part of SAFE City staff. Unique identifiers were assigned as new individuals entered the Community Transfer Station and historical admissions were reviewed and assigned the appropriate identifiers.

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 Community Transfer Station. The data were entered at the Community Transfer Station and were 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.

Procedures

In addition to the effort put into preparing each individual dataset for analysis, data from the three datasets were matched using a unique identifier and merged for the purpose of analysis and comparison across source and evaluation year. The data were 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 Community Transfer Station database, demographic information was available for the 48 individuals identified by CITC as *Pathways to Sobriety* participants. The following summarizes these data:

- 40 (83.3%) were men; 8 (16.7%) were women
- average age of 48.3 years at consent to treatment
- average age of 48.9 years at writing of this report
- 42 (87.5%) identified themselves as Alaska Native, five (10.4%) White/Caucasian and one (2.1%) individual identified themselves as both Alaska Native and White/Caucasian.
- 3 (6.25%) were veterans; 45 (93.8%) were non-veterans
- 46 (95.8%) were identifiable in the Community Transfer Station database, January 2002 to June 2005; 45 had visits to the Community Transfer Station between July 2004 and June 2005; 2 (4.2%) were not identifiable in the Community Transfer Station database
- 39 (81.3%) had CITC Contact Sheets; 9 (18.8%) had no identifiable CITC Contact Sheets

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

GPRA Intake data for 48 *Pathways to Sobriety* participants were collected by and provided to BHRS by CITC's *Pathways to Sobriety* case managers. GPRA follow-up data were collected by BHRS staff with the assistance of the case managers. Of the 13 clients with six-month

anniversary dates falling within the 90-day administration window, a total of 10 follow-up interviewees were successfully located and completed the interview.

Table Twenty-Two

Intake and Follow-up GPRA Drug and Alcohol Use for Year Two Participants

Information Item	Intake (N=48)				Follow-up (N=10)			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
1. During the past 30 days how many days have you used the following:								
<i>No alcohol or drug use reported</i>	5	10.6%			4	40.0%		
<i>a. Any alcohol</i>	42	87.5%	21.9	3-30	6	60.0%	25.8	15-30
<i>b1. Alcohol to intoxication (5+ drinks in one sitting)</i>	41	85.4%	20.5	3-30	6	60.0%	24.2	15-30
<i>b2. Alcohol to intoxication (4 or fewer drinks and felt high)</i>	4	8.3%	8.3	2-16	1	10.0%	10	
<i>c. Illegal drugs</i>	17	35.4%	5.5	1-30	3	30.0%	8.7	2-20
<i>Missing data</i>	2	4.1%	n/a	n/a	0	0.0%	n/a	n/a
2. During the past 30 days, how many days have you used any of the following:								
<i>No drug use reported</i>	29	60.4%			8	80.0%		
<i>a. Cocaine/Crack</i>	2	4.2%	5.5	1-10	0	0		
<i>b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)</i>	17	35.4%	4.9	1-30	3	30.0%	8.7	2-20
<i>c. Heroin (Smack, H, Junk, Skag), or other opiates:</i>	0	0.0%			0	0.0%		
<i>1. Heroin (Smack, J, Junk, Skag)</i>	0	0.0%			0	0.0%		
<i>2. Morphine</i>	0	0.0%			0	0.0%		
<i>3. Dilaudid</i>	0	0.0%			0	0.0%		
<i>4. Demerol</i>	0	0.0%			0	0.0%		
<i>5. Percocet</i>	0	0.0%			0	0.0%		
<i>6. Darvon</i>	0	0.0%			0	0.0%		
<i>7. Codeine</i>	0	0.0%			0	0.0%		
<i>8. Tylenol 2,3,4</i>	0	0.0%			0	0.0%		
<i>d. Non-prescription methadone</i>	0	0.0%			0	0.0%		

Information Item	Intake (N=48)				Follow-up (N=10)			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>
<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%			0	0.0%		
<i>f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)</i>	0	0.0%			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%			0	0.0%		
<i>2. Barbiturates: Mephobarbital (Mebscut); and pentobarbital sodium (Nembutal)</i>	0	0.0%			0	0.0%		
<i>3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)</i>	0	0.0%			0	0.0%		
<i>4. Ketamine (known as Special K or Vitamin K)</i>	0	0.0%			0	0.0%		
<i>5. Other tranquilizers, downers, sedatives or hypnotics</i>	0	0.0%			0	0.0%		
<i>h. Inhalants (poppers, snappers, rush, whippets)</i>	0	0.0%			0	0.0%		
<i>i. Other illegal drugs (specify)</i>	0	0.0%			0	0.0%		
3. In the past 30 days have you injected drugs?								
<i>Yes</i>	0	0.0%			0	0.0%		
<i>No</i>	46	95.8%			10	10.0%		
<i>Missing data</i>	2	4.1%			0	0.0%		

Information Item	Intake (N=48)				Follow-up (N=10)			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<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%			0	0.0%		
More than half the time	0	0.0%			0	0.0%		
Half the time	0	0.0%			0	0.0%		
Less than half the time	0	0.0%			0	0.0%		
Never	48	100.0%			10	100.0%		

Table Twenty-Three
Intake and Follow-up GPRA Family and Living Conditions for Year Two Participants

Information Item	Intake		Follow-up	
	<i>Number</i>	<i>Percent</i>	<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)	18	37.5%	1	10.0%
Street/outdoors (sidewalk, doorway, park, public or abandoned building)	20	41.7	4	40.0%
Institution (hospital, nursing home, jail/prison)	1	2.1%	1	10.0%
Housed:	9	18.8%	4	40.0%
Own/rent apartment, room, or house	2	22.2%	0	0.0%
Someone else's apartment, room, or house	4	44.4%	0	0.0%
Halfway house	1	11.1%	0	0.0%
Residential treatment	2	22.2%	3	75.0%
Other housed (specify)	0	0.0%	1	25.0%

Information Item	Intake		Follow-up	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?				
<i>Not at all</i>	7	14.6%	2	20.0%
<i>Somewhat</i>	13	27.1%	4	40.0%
<i>Considerably</i>	11	22.9%	0	0.0%
<i>Extremely</i>	17	35.4%	2	20.0%
<i>Not applicable</i>	0	0.0%	2	20.0%
<i>Missing data</i>	0	0.0%	1	10.0%
3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?				
<i>Not at all</i>	8	17.4%	2	20.0%
<i>Somewhat</i>	13	28.3%	4	40.0%
<i>Considerably</i>	13	28.3%	1	10.0%
<i>Extremely</i>	12	26.1%	1	10.0%
<i>Not applicable</i>	0	0.0%	2	20.0%
<i>Missing data</i>	2	4.1%	0	0.0%
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>	15	31.3%	2	20.0%
<i>Somewhat</i>	13	27.1%	4	40.0%
<i>Considerably</i>	11	22.9%	0	0.0%
<i>Extremely</i>	9	18.8%	2	20.0%
<i>Not applicable</i>	0	0	2	20.0%

Table Twenty-Four
Intake and Follow-up GPRA Education, Employment, and Income for Year Two Participants

Information Item	Intake				Follow-up			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<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>	44	93.6%			9	90.0%		
<i>Enrolled, full time</i>	1	2.1%			0	0.0%		
<i>Enrolled, part time</i>	2	4.3%			1	10.0%		
<i>Other (specify)</i>	0	0.0%			0	0.0%		
<i>Missing data</i>	1	2.0%			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>Average level in years</i>	47	98.0%	10.8	4-16	10	100.0%	11.5	8-14
<i>Missing data</i>	1	2.0%			0	0.0%		
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>	2	4.3%			0	0.0%		
<i>Employed part-time</i>	2	4.3%			0	0.0%		
<i>Unemployed, looking for work</i>	1	2.1%			0	0.0%		
<i>Unemployed, disabled</i>	17	36.2%			2	20.0%		
<i>Unemployed, volunteer work</i>	3	6.4%			0	0.0%		
<i>Unemployed, retired</i>	0	0.0%			1	10.0%		
<i>Unemployed, not looking for work</i>	0	0.0%			0	0.0%		
<i>Other (specify)</i>	22	46.8%			7	70.0%		
<i>Missing data</i>	1	2.1%			0	0.0%		

Information Item	Intake				Follow-up			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<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...								
<i>Wages</i>	7	14.6%	418.0	20-1400	1	10.0%	200	
<i>Public assistance</i>	4	8.3%	401.0	157-1000	1	10.0%	175	
<i>Retirement</i>	0	0.0%			0	0.0%		
<i>Disability</i>	2	4.2%	527.0	300-754	0	0.0%		
<i>Non-legal income</i>	2	4.2%	800.0	600-1000	0	0.0%		
<i>Other (specify)</i>	11	22.9%	461.0	30-2200	4	40.0%	591.3	50-1500

Table Twenty-Five
Intake and Follow-up GPRA Crime and Criminal Justice Status for Year Two Participants

Information Item	Intake				Follow-up			
	<i>Number</i>	<i>Mean or Percent</i>	<i>Mean</i>	<i>Range</i>	<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?								
<i>Individuals with arrests</i>	7	15.6%	1.3	1-2	1	10.0%	1	
2. In the past 30 days, how many times have you been arrested for drug-related offenses?								
<i>Individuals with drug-related arrests</i>	1	14.3%	1		1	10.0%	1	
3. In the past 30 days, how many nights have you spent in jail/prison?								
<i>Individuals with nights in jail/prison</i>	10	15.0%	7.1	1-30	1	10.0%	25	

Table Twenty-Six

Intake and Follow-up GPRA Mental and Physical Health Problems and Treatment for Year Two Participants

Information Item	Intake				Follow-up			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<i>Number</i>	<i>Mean or Percent</i>	<i>Mean</i>	<i>Range</i>
1. How would you rate your overall health right now?								
<i>Mean</i>	48		3.5	1-5	10		3.8	3-5
<i>Excellent</i>	4	8.3%						
<i>Very Good</i>	2	4.2%						
<i>Good</i>	16	33.3%			4	40.0%		
<i>Fair</i>	17	35.9%			4	40.0%		
<i>Poor</i>	9	18.8%			2	20.0%		
2. During the past 30 days, did you receive:								
<i>a. Inpatient Treatment for:</i>								
<i>i. Physical complaint</i>								
<i>yes</i>	4	8.3%			1	10.0%		
<i>no</i>	44	91.7%			9	90.0%		
<i>If yes, altogether for how many nights</i>			7.5	1-17			6	
<i>ii. Mental or emotional difficulties</i>								
<i>yes</i>	1	2.1%			0	0.0%		
<i>no</i>	47	97.9%			10	100.0%		
<i>If yes, altogether for how many nights</i>								
<i>iii. Alcohol or substance abuse</i>								
<i>yes</i>	6	12.5%			5	50.0%		
<i>no</i>	42	87.5%			5	50.5%		
<i>If yes, altogether for how many nights</i>			15.3	2-30			45.5	6-30
<i>b. Outpatient Treatment for:</i>								
<i>i. Physical complaint</i>								
<i>yes</i>	8	16.7%			1	10.0%		
<i>no</i>	40	83.3%			9	90.0%		
<i>If yes, altogether for how many times</i>			1.3	1-3			1	

Information Item	Intake				Follow-up			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<i>Number</i>	<i>Mean or Percent</i>	<i>Mean</i>	<i>Range</i>
<i>ii. Mental or emotional difficulties</i>								
<i>yes</i>	1	2.1%			1	10.0%		
<i>no</i>	47	97.9%			9	90.0%		
<i>If yes, altogether for how many times</i>							2	
<i>iii. Alcohol or substance abuse</i>								
<i>yes</i>	4	8.3%			2	20.0%		
<i>no</i>	44	91.7%			8	80.0%		
<i>If yes, altogether for how many times</i>			4.7	1-14			4	
C, Emergency Room Treatment for:								
<i>i. Physical complaint</i>								
<i>yes</i>	13	27.1%			3	30.0%		
<i>no</i>	35	72.9%			7	70.0%		
<i>If yes, altogether for how many times</i>			1.6	1-3			1.3	1-2
<i>ii. Mental or emotional difficulties</i>								
<i>yes</i>	2	4.2%			0	0.0%		
<i>no</i>	46	95.8%			10	100.0%		
<i>If yes, altogether for how many times</i>			2					
<i>iii. Alcohol or substance abuse</i>								
<i>yes</i>	17	35.4%			0	0.0%		
<i>no</i>	31	64.6%			10	100.0%		
<i>If yes, altogether for how many times</i>			1.1	1-2				
3. During the past 30 days, did you engage in sexual activity?								
<i>Not permitted to ask</i>	2	4.3%			0	0.0%		
<i>Yes</i>	17	36.9%			5	50.0%		
<i>No</i>	26	56.5%			5	50.0%		
<i>Missing data</i>	3	6.3%			0	0.0%		

Information Item	Intake				Follow-up			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<i>Number</i>	<i>Mean or 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>	17		11.0	1-30	5		2.6	1-4
<i>b. Unprotected sexual contacts did you have?</i>	13		10.3	1-30	5		2.6	1-4
<i>c. Unprotected sexual contacts were with an individual who is or was:</i>	0				0			
<i>1. HIV positive or has AIDS</i>	0				0			
<i>2. An injection drug user</i>	0				0			
<i>3. High on some substance</i>	8		15.3	1-30	3		3.0	2-4
<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>	27	56.3%			6	60.0%		
<i>b. Experienced serious anxiety or tension</i>	21	43.7%			7	70.0%		
<i>c. Experienced hallucinations</i>	3	6.3%			2	20.0%		
<i>d. Experienced trouble understanding, concentrating, or remembering</i>	14	29.2%			5	50.0%		
<i>e. Experienced trouble controlling violent behavior</i>	5	10.4%			3	30.0%		
<i>f. Attempted suicide</i>	8	6.3%			1	10.0%		
<i>g. Been prescribed medication for psychological/emotional problem</i>	2	4.2%			0	0.0%		

Information Item	Intake				Follow-up			
	<i>Number</i>	<i>Percent</i>	<i>Mean</i>	<i>Range</i>	<i>Number</i>	<i>Mean or Percent</i>	<i>Mean</i>	<i>Range</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>Skipped</i>	21	43.8%			3	30.0%		
<i>Not at all</i>	1	2.1%			0	0.0%		
<i>Slightly</i>	6	12.5%			2	20.0%		
<i>Moderately</i>	6	12.5%			1	10.0%		
<i>Considerable</i>	8	16.7%			4	40.0%		
<i>Extremely</i>	6	12.5%			0	0.0%		

Table Twenty-Seven
Intake and Follow-up GPRA Demographics for Year Two Participants

Information Item	Intake			Follow-up		
	<i>Number</i>	<i>Mean or Percent</i>	<i>Range</i>	<i>Number</i>	<i>Mean or Percent</i>	<i>Range</i>
1. Gender						
<i>Male</i>	40	83.3%		9	90.0%	
<i>Female</i>	8	16.7%		1	10.0%	
<i>Transgender</i>	0	0.0%		0	0.0%	
<i>Other (specify)</i>	0	0.0%		0	0.0%	
2. Are you Hispanic or Latino?						
<i>Yes</i>	0	0.0%		0	0.0%	
<i>No</i>	48	100.0%		10	100.0%	
3. What is your race? (Select one or more)						
<i>Black or African American</i>	0	0.0%		0	0.0%	
<i>Asian</i>	0	0.0%		0	0.0%	
<i>American Indian</i>	0	0.0%		0	0.0%	
<i>Native Hawaiian or other Pacific Islander</i>	0	0.0%		0	0.0%	
<i>Alaska Native</i>	43 ¹	90.0%		10	90.0%	
<i>White</i>	6 ¹	12.5%		1	10.0%	
<i>Other (specify)</i>	0	0.0%				

Information Item	Intake			Follow-up		
	<i>Number</i>	<i>Mean or Percent</i>	<i>Range</i>	<i>Number</i>	<i>Mean or Percent</i>	<i>Range</i>
4. What is your date of birth? (average age at time of interview)	48	48.3	31-66	10	50.3	34-63

¹One participant reported was Alaska Native and White

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

Data to address this question were available from the case manager contact sheets. The contact sheets are completed by case managers for each contact made with potential or current *Pathways to Sobriety* clients.

CITC Case Manager Contact Sheets

BHRS was provided 642 contact sheets; of these, 336 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 likely has multiple contact sheets. These contact sheets represented interactions with 119 different individuals. Of these 119 individuals, 39 were identifiable as *Pathways to Sobriety* clients. These 39 clients had an average of 8.6 contacts, with a range from 1 to 55. Data provided in the following tables and graphs are based on the 39 formal clients with services documented through the use of the contact sheets.

Table Twenty-Eight

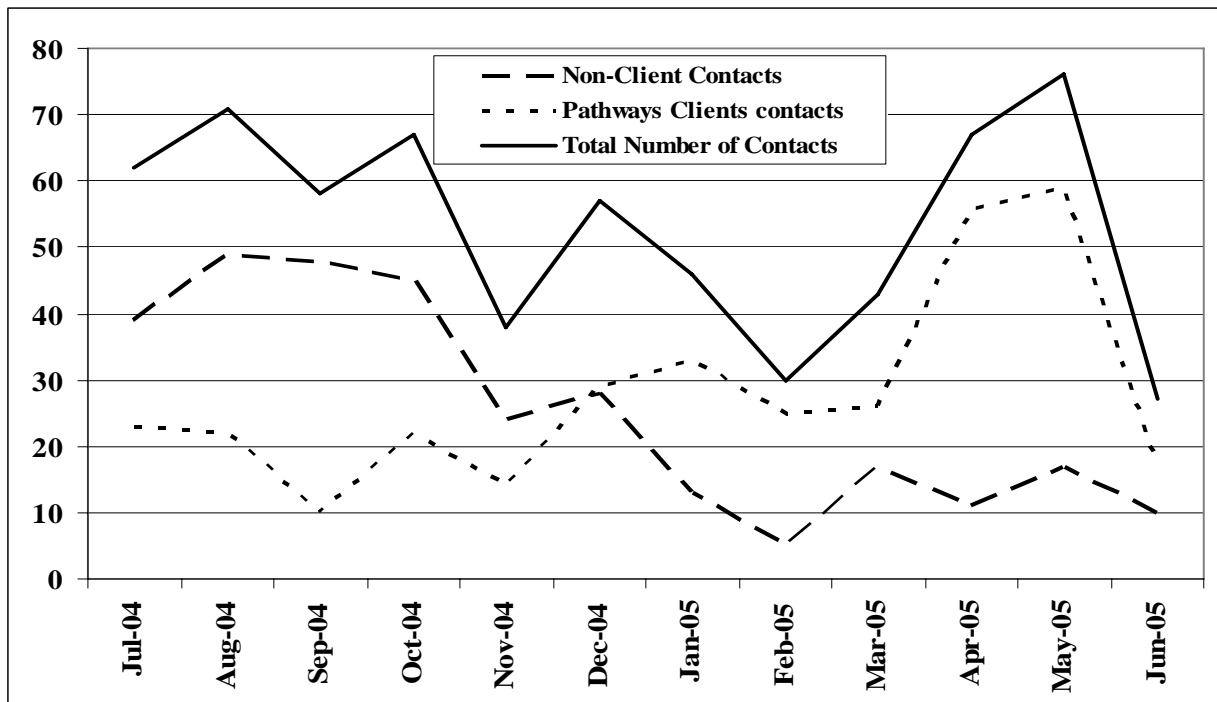
Client Categorization Based on Number of Community Transfer Station Visits for Year Two Participants

<i>Client Category</i>	<i>Number (n=336)</i>	<i>Percent</i>
<i>1-18 Community Transfer Station Visits</i>	10	3.0%
<i>19-39 Community Transfer Station Visits</i>	49	14.6%
<i>40+ Community Transfer Station Visits</i>	267	79.5%
<i>Non-Client</i>	0	0.0%
<i>Missing data</i>	10	3.0%

Table Twenty-Nine
Type and Number of Case Manager Contacts for Year Two Participants

Type of Contact	Number (n=336)	Percent
In person	185	55.1%
Telephone	93	27.7%
Missing data	58	17.3%
Consumer/Self	170	50.6%
Staff Initiated	80	23.8%
Agency Initiated	37	11.0%
Missing data	49	14.6%
Consumer Initiated - Telephone	67	19.9%
Consumer Initiated – In person	84	25.0%
Staff Initiated - Telephone	13	3.9%
Staff Initiated – In person	57	17.0%
Agency Initiated - Telephone	12	3.6%
Agency Initiated – In person	24	7.1%
Missing data	79	23.5%

Figure Four
Number of Contacts between July 2004 and June 2005



Note: These data take into consideration any contact made with clients considered to have been a client at any time during the life of the project.

Figure Five
Client Recruitment Efforts during Year Two

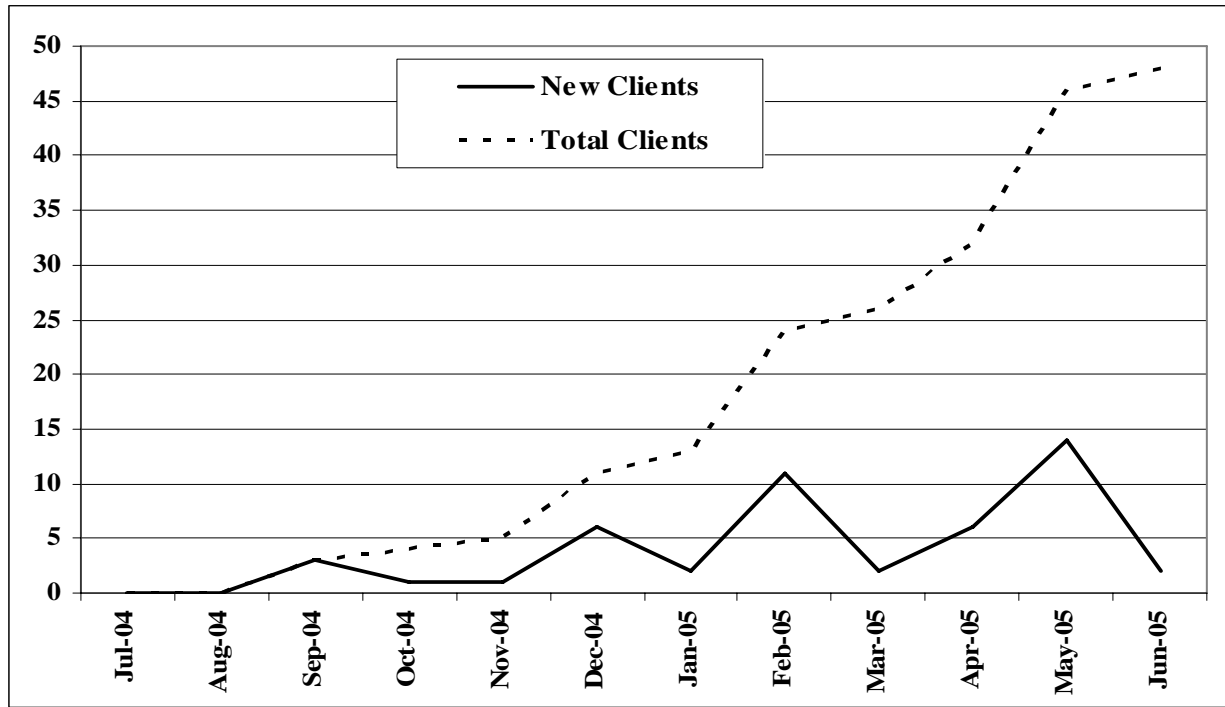


Table Thirty
Location of Case Manager Contacts for Year Two Participants

<i>Location of Contact</i>	<i>Number (n=336)</i>	<i>Percent</i>
<i>Alaska Native Medical Center</i>	17	5.1%
<i>Assisted Living</i>	1	0.3%
<i>Beans Cafe</i>	21	6.3%
<i>Brother Francis Shelter</i>	1	0.3%
<i>Community Transfer Station</i>	25	7.4%
<i>Cook Inlet Tribal Council</i>	5	1.5%
<i>Correctional Facility</i>	7	2.1%
<i>Court</i>	1	0.3%
<i>Detoxification Treatment Center</i>	88	26.0%
<i>Homeward Bound</i>	2	0.6%
<i>North Star Behavioral Health System</i>	1	0.3%
<i>Public Transit Station</i>	8	2.4%
<i>Safe Harbor Inn</i>	17	5.1%
<i>Shopping Center</i>	51	15.2%
<i>Soup Kitchen</i>	3	1.0%
<i>Street</i>	4	1.2%
<i>Telephone Booth</i>	5	1.5%
<i>Missing data</i>	74	22.0%

Table Thirty-One
Clients' Immediate Needs at Time of Contact for Year Two Participants

Immediate Needs at Contact	Number (n=336)	Percentage
<i>Aftercare</i>	10	3.0%
<i>Assessment</i>	26	7.7%
<i>Bus Token</i>	1	0.3%
<i>Clothes</i>	15	4.5%
<i>Detoxification Treatment</i>	34	10.1%
<i>Emergency Room Treatment</i>	4	1.2%
<i>Glasses-Reading</i>	1	0.3%
<i>Housing</i>	12	3.6%
<i>Legal Assistance</i>	1	0.3%
<i>Medical Care, Non-Emergency</i>	19	5.7%
<i>Medication</i>	1	0.3%
<i>Mental Health Treatment</i>	5	1.5%
<i>Other</i>	19	5.7%
<i>Safe House</i>	7	2.1%
<i>Shower/Laundry</i>	1	0.3%
<i>Sponsor</i>	1	0.3%
<i>Substance Abuse Treatment</i>	52	15.5%
<i>Suicide Assessment</i>	1	0.3%
<i>Support: Assistance in scheduling appointments</i>	21	6.3%
<i>Support: Assistance with paperwork</i>	19	5.7%
<i>Support: General</i>	127	37.8%
<i>Support: Group</i>	3	0.9%
<i>Support: Monitoring Progress</i>	36	10.7%
<i>Support: Other</i>	14	4.2%
<i>Support: Planning for employment, housing, and future treatment</i>	8	2.4%
<i>Support: Relapse Prevention</i>	14	4.2%
<i>Support: Work Therapy/Training</i>	2	0.6%
<i>Transportation</i>	50	14.9%

Table Thirty-Two
Client Emotional Status at Time of Contact for Year Two Participants

Emotional Status	Number (n=336)	Mean or Percent
Severity of Needs <i>1= not at all severe</i> <i>6=extremely severe</i>		2.61
Physically Violent		
<i>Yes</i>	3	0.1%
<i>No</i>	0	0.0%
<i>Missing data</i>	333	99.1%

Verbally Abusive		
<i>Yes</i>	6	1.8%
<i>No</i>	0	0.0%
<i>Missing data</i>	330	98.2%

Table Thirty-Three
Current Housing Status at Time of Contact for Year Two Participants

Current Housing Status	Number (n=336)	Percent
<i>Hotel</i>	0	0.0%
<i>In treatment facility</i>	0	0.0%
<i>Permanent Housing</i>	6	1.8%
<i>Safe House</i>	0	0.0%
<i>Shelter</i>	58	17.3%
<i>Street</i>	138	41.1%
<i>Transitional Housing</i>	53	15.8%
<i>Missing data</i>	87	25.8%

Table Thirty-Four
Current Employment Status at Time of Contact for Year Two Participants

Current Employment Status	Number (n=336)	Percent
<i>Employed</i>	9	2.7%
<i>Not Employed</i>	192	57.1%
<i>Disabled</i>	7	2.1%
<i>Missing data</i>	128	38.1%

Table Thirty-Five
Current Substance Abuse Treatment Status at Time of Contact for Year Two Participants

Substance Abuse Treatment Status	Number (n=336)	Percent
<i>Pre-Treatment</i>	39	11.6%
<i>In Treatment</i>	79	23.5%
<i>Post-Treatment</i>	48	14.3%
<i>Missing data</i>	170	50.6%

Table Thirty-Six
Current Substance Use Status at Time of Contact for Year Two Participants

Alcohol Status	Number (n=336)	Percent
<i>Sober</i>	188	56.0%
<i>Not Sober</i>	68	20.2%
<i>In Detoxification</i>	11	3.3%
<i>Missing data</i>	69	20.5%

Table Thirty-Seven

Status of Substance Abuse Assessment at Time of Contact for Year Two Participants

Substance Abuse Assessment	Number (n=39)	Percent
<i>Completed</i>	204	60.7%
<i>Not Completed</i>	132	39.3%
<i>Missing data</i>	0	0.0%

Table Thirty-Eight

Referrals Made at Time of Contact for Year Two Participants

Referral Target	Number (n=336)	Percent
<i>Akeela House</i>	2	0.6%
<i>Alaska Native Medical Center</i>	6	1.8%
<i>Anchorage Police Department</i>	2	0.6%
<i>Brother Francis Shelter</i>	3	0.9%
<i>Catholic/Lutheran Social Services</i>	2	0.6%
<i>Cleveland House</i>	1	0.3%
<i>Cook Inlet Tribal Council</i>	3	0.9%
<i>Ernie Turner Center</i>	16	4.8%
<i>Homeward Bound</i>	3	0.9%
<i>Hudson Lake Recovery Camp</i>	1	0.3%
<i>Maniilaq Recovery Center</i>	9	2.7%
<i>Other</i>	1	0.3%
<i>Rescue Mission</i>	7	2.1%
<i>SAFE City Program-Pathways to Sobriety</i>	2	0.6%
<i>Salvation Army Clitheroe Center</i>	10	3.0%
<i>Substance Abuse Assessment Center</i>	1	0.3%
<i>Yukon Kuskokwim Health Corporation</i>	1	0.3%

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

To investigate the impact of the *Pathways to Sobriety* project on participants' utilization of the Community Transfer Station, we compared participants' visits to the Community Transfer Station before and after their enrollment in the *Pathways to Sobriety* project. Since the definition of a client changed during the current analysis year, July 2004 to June 2005, only those clients identified as current Pathways clients were considered in the following analysis. The database included 42 months' (January 2002 to June 2005) data from the Community Transfer Station. The following five variables were available in the Community Transfer Station database for this comparison:

- Number of visits to the Community Transfer Station
- Breath alcohol concentration (BrAC) at time of admission to the Community Transfer Station

- BrAC at time of discharge from Community Transfer Station
- Length of stay at Community Transfer Station
- Mode of transportation to the Community Transfer Station

Of the 48 *Pathways to Sobriety* clients enrolled during this grant year, 46 were identifiable in the Community Transfer Station database. That is, 46 of the 48 clients had visits to the Community Transfer Station between January 2002 and June 2005, the timeframe for which BHRS was provided data. The following analyses used a window of 60 days prior to enrollment into *Pathways to Sobriety* and 60 days after enrollment.

Number of Visits

In assessing the impact of the *Pathways to Sobriety* project on participants' visits to the Community Transfer Station, we first looked at how many of the clients had no visits in a 60-day window *after* having been admitted into the project. Of the 46 *Pathways to Sobriety* clients with identifiable Community Transfer Station visits between January 2002 and June 2005, only 37 had full 60-day windows post-enrollment. That is, at the time of these analyses, 14 of the clients had not been enrolled in the program for a minimum of 60 days. Of the 37 clients who had full 60-day post-enrollment windows, 30 (93.7%) had at least one visit to the Community Transfer Station and two (6.3%) had no Community Transfer Station visits after enrolling in the project.

Next, we examined the average number of visits by participants before and after enrolling in the project. To do this, we identified 37 clients with sufficient time in the program to provide a full 60-day enrollment window. The 37 *Pathways to Sobriety* clients had a total of 340 visits during the 60 days before their enrollment into the project and 266 visits in the 60 days after enrollment. As shown in the following table, this represents for each client an average of 9.2 visits to the Community Transfer Station prior to enrollment into the *Pathways to Sobriety* project and 7.2 visits after enrollment.

Table Thirty-Nine

Average Number of Community Transfer Station Visits before and after Enrollment in Pathways to Sobriety for Year Two Participants

Community Transfer Station Visits	60-day Mean (N=37)	Minimum	Maximum
<i>Pre-Enrollment</i>	9.2	0	46
<i>Post-Enrollment</i>	7.2	1	25

Admission BrAC

The average admission BrAC for all *Pathways to Sobriety* clients 60 days prior to their enrollment in the project was 0.22; the average BrAC after their enrollment was 0.23. The difference between pre-enrollment and post-enrollment BrAC was not statistically significant, $t(1, 585) = 1.11, p = .27$.

Discharge BrAC

The average discharge BrAC for all *Pathways to Sobriety* the 60 days prior to their enrollment in the project was 0.063; the average BrAC after their enrollment was 0.071. The difference between pre-enrollment and post-enrollment BrAC was statistically significant, $t(1, 593) = 2.46$, $p = .01$.

Length of Stay

The average length of stay at the Community Transfer Station for all *Pathways to Sobriety* clients the 60 days before their enrollment in the project was 8.82 hours; the average after their enrollment was 8.83 hours. The difference between pre-enrollment and post-enrollment length of stay was not statistically significant, $t(1, 563) = 0.04$, $p = .97$.

Mode of Transportation to the Community Transfer Station

The following table provides information on the mode of transportation used by *Pathways to Sobriety* clients for their admission to the Community Transfer Station for the 60 days before and after entering the project. As noted, the proportion of individuals using Community Service Patrol (CSP) transportation stayed roughly the same.

Table Forty

Transportation Mode to Community Transfer Station for Year Two Participants

<i>Transportation Mode</i>	<i>Pre-Consent</i>		<i>Post-Consent</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
<i>Community Service Patrol</i>	329	79.3%	153	79.3%
<i>Anchorage Police Department</i>	45	10.8%	22	11.4%
<i>Walk-in</i>	39	9.4%	17	8.8%
<i>Unknown</i>	1	0.2%	0	0.0%
<i>Anchorage Fire Department/ Emergency Medical Services</i>	1	0.2%	0	0.0%
<i>Concerned Citizen</i>	0	0.0%	1	0.5%

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

The following graphs provide a visual representation of the number of Community Transfer Station visits during January 2002 to June 2005. 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 trend lines in the graphs represent the average across time. As indicated by the trend lines in both graphs, utilization of the Community Transfer Station dipped initially and has been gradually increasing over this 42-month timeframe. As identified in Chapter Two and in the preceding section of this chapter, the *Pathways to Sobriety* project had a significant effect in reducing utilization of the Community Transfer Station by the targeted population of high-end users. However, during the same time period as the *Pathways to Sobriety* project was implemented (2002-2004), the population in the Municipality of Anchorage increased by approximately 5% from the 2001 population numbers. This population increase

may at least partially account for the gradual increase in Community Transfer Station utilization, an increase that would likely have been substantially higher had it not been for the *Pathways to Sobriety* project.

Figure Six

Number of Total Monthly Community Transfer Station Visits between January 2002 and June 2005

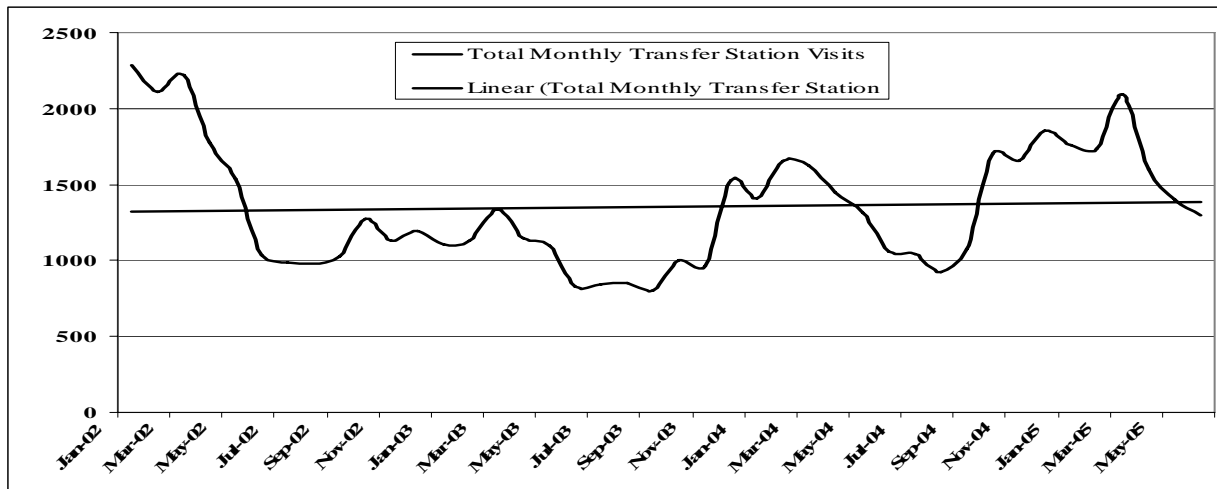
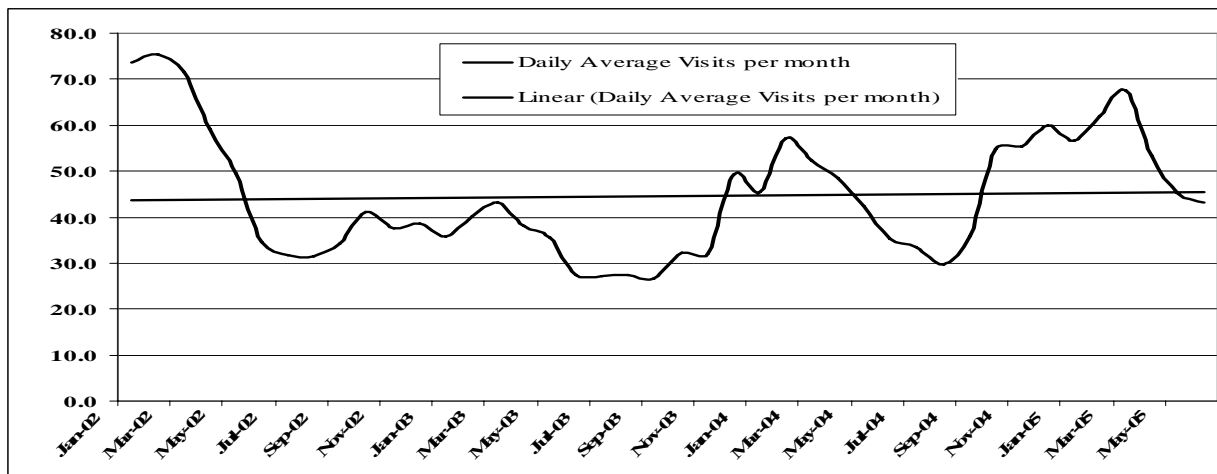


Figure Seven

Number of Average Monthly Community Transfer Station Visits between January 2002 and June 2005



Chapter Four:
Overall Evaluation Findings (Year One and Year Two Combined)

Introduction

Chapters Two and Three presented findings related to each of the two evaluation years, Year One and Year Two, respectively. For the purpose of an overall project evaluation, this chapter integrates findings from both evaluation years to permit a comparison across project years and to assess the impact on Community Transfer Station utilization over time. To compare participant data across the years of the project, two data sources were available that had been gathered consistently across Years One and Two. These data sources were the CITC Contact Sheet and Community Transfer Station database. The preparation and merging of these data sets was described in Chapters Two and Three.

Overall Findings about Identification of Pathways to Sobriety Clientele

It is important to note that a significant change was made to the definition of a formal *Pathways to Sobriety* client during July 2004. This new definition was prompted by the need to establish a target number for clients served within FY2004 to meet federal requirements. Individuals entering the program as of July 2004 were required to meet the following criteria prior to admission as a formal client (versus an informal outreach client):

- Sign an informed consent to participate in treatment
- Complete a formal substance abuse assessment
- Participate in GPRA Intake Protocol administration
- Agree to allow case managers to maintain a formal clinical chart

The effect of the change in definition of what constitutes a formal *Pathways to Sobriety* client was two-fold. First, some previous clients were reclassified as new clients and, second, some previous clients were reclassified as informal outreach clients. In Year One, a total of 108 individuals was considered formal clients; in Year Two, a total of 48 individuals was considered formal clients. Of the 48 formal clients in Year Two, 20 were previous *Pathways to Sobriety* clients resulting in a unique client count of 28 individuals for Year Two (see Table One).

Table Forty-One
Number of Clients Enrolled during Year One and Year Two

<i>Client Status</i>	<i>Year One</i>		<i>Year Two</i>	<i>Total</i>
	<i>FY03</i> 7/2002-6/2003	<i>FY04</i> 7/2003-6/2004	<i>FY05</i> 7/2004-6/2005	
<i>New Clients</i>	74	34	48	156
<i>Unique New Clients</i>	74	34	28	136

The targeted individuals for *Pathways to Sobriety* project were high-end users of the Community Transfer Station. The following table provides information on the degree to which this targeted group was enrolled in the project. As shown, during Year One, over 80% of the clients had had Transfer Station visits within the 12 months prior to their enrollment into *Pathways to Sobriety*; over 60% had more than 19 visits during the preceding year. During Year Two, almost 90% of the clients had Transfer Station visits during the 12 months prior to their enrollment; 75% had 19 or more visits; and nearly 70% had more than 40 visits in the prior year.

Table Forty-Two

Client Categorization Based on Number of Community Transfer Station Visits during 12 Months Prior to Enrollment

	Year One	Year Two	Overall¹
Client Category	Number and Percent (n=108)	Number and Percent (n=48)	Number and Percent (n=136)
<i>1-18 Community Transfer Station Visits</i>	22 (20.4%)	7 (14.6%)	26 (19.1%)
<i>19-39 Community Transfer Station Visits</i>	25 (23.1%)	3 (6.3%)	23 (16.9%)
<i>40+ Community Transfer Station Visits</i>	42 (38.9%)	33 (68.8%)	63 (46.3%)
<i>Not in Community Transfer Station Database</i>	19 (17.6%)	5 (10.4%)	24 (17.6%)

¹Unique new clients across both project years

Overall Findings about CITC Case Management Client Contact Sheets

As previously noted, the purpose of the CITC Contact Sheet was to provide case managers with a form allowing for easy and efficient documentation of daily client-related activities and to document ongoing service provision to *Pathways to Sobriety* clients for program evaluation purposes. Contact sheets were utilized throughout the life of the project and, therefore, provided a valuable source of data related to client demographics, treatment status, and service provision.

Contact sheets were completed on 85% (n = 92) of the formal clients in Year One, equaling a total of 1,336 contact sheets, and 81% (n = 39) in Year Two, equaling a total of 336 contact sheets. The following tables provide a comparison of clients served throughout the project. It is important to note that 20 of the formal clients in Year Two are also represented in Year One, creating an overlap of client information. In addition, as contact sheets are completed for each client contact, multiple contact sheets exist for most clients.

Table Forty-Three
Client Demographic Information during Years One and Two

	Year One	Year Two
Information Item	Mean, or Number and Percent (n=108)	Mean, or Number and Percent (n=48)
<i>Gender</i>		
<i>Women</i>	15 (13.9%)	8 (16.7%)
<i>Men</i>	93 (86.1%)	40 (83.3%)
<i>Age</i>		
<i>At consent to treatment</i>	44.0	48.3
<i>At writing of report</i>	45.1	48.9
<i>Ethnicity</i>		
<i>African American</i>	5 (4.6%)	0 (0.0%)
<i>Alaska Native</i>	85 (78.7%)	43 ¹ (90.0%)
<i>Hispanic American</i>	2 (1.9%)	0 (0.0%)
<i>White/Caucasian</i>	12 (11.1%)	6 ¹ (12.5%)
<i>Unknown</i>	4 (3.7%)	0 (0.0%)
<i>Veteran Status</i>		
<i>Veteran</i>	17 (15.7%)	3 (6.25%)
<i>Non-Veteran</i>	91 (84.3%)	45 (93.8%)
<i>Community Transfer Station visits</i>		
<i>Identifiable by database</i>	98 (90.7%)	45 (93.8%)
<i>Not identifiable by database</i>	10 (9.3%)	3 (6.3%)
<i>CITC Contact Sheets</i>		
<i>Yes</i>	92 (85.2%)	39 (81.3%)
<i>No</i>	16 (14.8%)	9 (18.8%)

Note: During Year Two, one individual self-identified as Alaska Native and White

A total of 1672 contact sheets, documenting case managers' activities from February, 2003 to June 30, 2005, were provided to BHRS for the purpose of data analysis. Data editing, entering, and cleaning procedures were conducted by both BHRS and SAFE City Program staff. To streamline the data collection process and to better meet the needs of the *Pathways to Sobriety* case managers, the contact sheet was revised for Year Two. The revised form incorporated variables from the existing Year One contact sheet and variables deemed important to the case management process.

Table Forty-Four

Client Categorization On Case Management Contact Sheets based on Number of Community Transfer Station Visits during 12 Months Prior to Enrollment

	Year One	Year Two	Overall
Client Category	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>1-18 Community Transfer Station Visits</i>	53 (4.0%)	10 (3.0%)	63 (3.8%)
<i>19-39 Community Transfer Station Visits</i>	485 (36.3%)	49 (14.6%)	534 (31.9%)
<i>40+ Community Transfer Station Visits</i>	690 (51.7%)	267 (79.5%)	957 (57.2%)
<i>Non-Client</i>	46 (3.4%)	0 (0.0%)	46 (2.8%)
<i>Missing data</i>	62 (4.6%)	10 (3.0%)	72 (4.3%)

Table Forty-Five

Type and Number of Case Manager Contacts during Entire Project

	Year One	Year Two	Overall
Type of Contact	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>In person</i>	309 (23.1%)	185 (55.1%)	494 (29.5%)
<i>Telephone</i>	207 (15.5%)	93 (27.7%)	300 (17.9%)
<i>Missing data</i>	820 (61.4%)	58 (17.3%)	878 (67.9%)
<i>Consumer/Self</i>	9 (0.7%)	170 (50.6%)	179 (10.7%)
<i>Staff Initiated</i>	15 (1.1%)	80 (23.8%)	95 (5.7%)
<i>Agency Initiated</i>	12 (0.9%)	37 (11.0%)	49 (2.9%)
<i>Missing data</i>	*	49 (14.6%)	49 (2.9%)
<i>Consumer Initiated - Telephone</i>	179 (13.4%)	67 (19.9%)	246 (14.7%)
<i>Consumer Initiated – In person</i>	235 (17.6%)	84 (25.0%)	319 (19.1%)
<i>Staff Initiated - Telephone</i>	31 (2.3%)	13 (3.9%)	44 (2.6%)
<i>Staff Initiated – In person</i>	226 (16.9%)	57 (17.0%)	283 (16.9%)
<i>Agency Initiated - Telephone</i>	41 (3.1%)	12 (3.6%)	53 (3.2%)
<i>Agency Initiated – In person</i>	7 (0.5%)	24 (7.1%)	31 (1.9%)
<i>Other</i>	1 (0.1%)	*	1 (0.1%)
<i>Missing data</i>	64 (4.8%)	79 (23.5%)	143 (8.6%)

Note: * indicates data not collected during a particular year

Table Forty-Six
Location of Case Manager Contacts during Entire Project

	Year One	Year Two	Overall
Location of Contact	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>Alaska Native Medical Center</i>	58 (4.3%)	17 (5.1%)	75 (4.5%)
<i>Alaska Psychiatric Institute</i>	2 (0.2%)	*	2 (0.1%)
<i>Alcohol and Drug Triage Team</i>	5 (0.4%)	*	5 (0.3%)
<i>Assisted Living</i>	*	1 (0.3%)	1 (0.1%)
<i>Beans Cafe</i>	152 (11.4%)	21 (6.3%)	173 (10.3%)
<i>Brother Francis Shelter</i>	14 (1.1%)	1 (0.3%)	1 (0.1%)
<i>Community Transfer Station</i>	88 (6.6%)	25 (7.4%)	113 (6.8%)
<i>Cook Inlet Tribal Council</i>	37 (2.8%)	5 (1.5%)	42 (2.5%)
<i>Correctional Facility</i>	0 (0.0%)	7 (2.1%)	7 (0.4%)
<i>Court</i>	9 (0.7%)	1 (0.3%)	10 (0.6%)
<i>Detoxification Treatment Center</i>	14 (1.1%)	88 (26.0%)	102 (6.1%)
<i>Ernie Turner Center</i>	68 (5.1%)	*	68 (4.1%)
<i>Homeward Bound</i>	52 (3.9%)	2 (0.6%)	54 (3.2%)
<i>North Star Behavioral Health System</i>	*	1 (0.3%)	1 (0.1%)
<i>Other</i>	97 (7.3%)	51 (15.2%)	97 (5.8%)
<i>Park</i>	3 (0.2%)	1 (0.3%)	3 (0.2%)
<i>Providence Alaska Medical Center</i>	6 (0.5%)	2 (0.6%)	6 (0.4%)
<i>Public Transit Station</i>	2 (0.2%)	8 (2.4%)	10 (0.6%)
<i>Rescue Mission</i>	6 (0.5%)	0 (0.0%)	6 (0.4%)
<i>Residence of Friends or Significant Others</i>	34 (2.5%)	*	34 (2.0%)
<i>Safe Harbor Inn</i>	318 (23.8%)	17 (5.1%)	335 (20.0%)
<i>Salvation Army Clitheroe Center</i>	8 (0.6%)	0 (0.0%)	8 (0.5%)
<i>Salvation Army Clitheroe Center: Adult Rehabilitation</i>	10 (0.8%)	*	10 (0.6%)
<i>Salvation Army Clitheroe Center: Detoxification Unit</i>	57 (4.3%)	*	57 (3.4%)
<i>Salvation Army Clitheroe Center: Residential Treatment</i>	56 (4.2%)	*	56 (3.3%)
<i>Shopping Center</i>	*	51(15.2%)	51 (3.1%)
<i>Soup Kitchen</i>	29 (2.2%)	3 (0.9%)	32 (1.9%)
<i>Street</i>	53 (4.0%)	4 (1.2%)	57 (3.4%)
<i>Telephone Booth</i>	11 (0.8%)	5 (1.5%)	16 (1.0%)
<i>Veterans Administration Domiciliary</i>	1 (0.1%)	*	1 (0.1%)
<i>Missing data</i>	146 (10.9%)	74 (22.0%)	220 (13.2%)

Note: * indicates data not collected during a particular year

Table Forty-Seven
Clients' Immediate Needs at Time of Contact during Entire Project

<i>Immediate Needs at Contact</i>	<i>Year One Number and Percent (n=1336)</i>	<i>Year Two Number and Percent (n=336)</i>	<i>Overall Number and Percent (n=1672)</i>
<i>Aftercare</i>	56 (4.2%)	10 (3.0%)	66 (3.9%)
<i>Assessment</i>	25 (1.9%)	26 (7.7%)	51 (3.1%)
<i>Bus Token</i>	139 (10.4%)	1 (0.3%)	140 (8.4%)
<i>Clothes</i>	82 (6.1%)	15 (4.5%)	97 (5.8%)
<i>Detoxification Treatment</i>	242 (18.1%)	34 (10.1%)	276 (16.5%)
<i>Emergency Room Treatment</i>	9 (0.7%)	4 (1.2%)	13 (0.8%)
<i>Food</i>	15 (1.1%)	*	15 (0.9%)
<i>Glasses-Reading</i>	*	1 (0.3%)	1 (0.1%)
<i>Housing</i>	24 (1.8%)	12 (3.6%)	36 (2.2%)
<i>Legal Assistance</i>	10 (0.8%)	1 (0.3%)	11 (0.7%)
<i>Medical Care, Non-Emergency</i>	90 (6.7%)	19 (5.7%)	109 (6.5%)
<i>Medication</i>	12 (0.9%)	1 (0.3%)	13 (0.8%)
<i>Mental Health Treatment</i>	78 (5.8%)	5 (1.5%)	83 (5.0%)
<i>Other</i>	126 (9.4%)	19 (5.7%)	145 (8.7%)
<i>Safe House</i>	93 (7.0%)	7 (2.1%)	100 (6.0%)
<i>Shower/Laundry</i>	*	1 (0.3%)	1 (0.1%)
<i>Social Security Insurance</i>	7 (0.5%)	*	7 (0.4%)
<i>Sponsor</i>	12 (0.9%)	1 (0.3%)	13 (0.8%)
<i>Substance Abuse Treatment</i>	378 (28.3%)	52 (15.5%)	430 (25.7%)
<i>Suicide Assessment</i>	*	1 (0.3%)	1 (0.1%)
<i>Support: Alcoholics Anonymous</i>	61 (4.6%)	*	61 (3.6%)
<i>Support: Assistance in scheduling appointments</i>	18 (1.4%)	21 (6.3%)	39 (2.3%)
<i>Support: Assistance with paperwork</i>	16 (1.2%)	19 (5.7%)	35 (2.1%)
<i>Support: General</i>	147 (11.0%)	127 (37.8%)	274 (16.4%)
<i>Support: Group</i>	*	3 (0.9%)	3 (0.2%)
<i>Support: Monitoring Progress</i>	112 (8.4%)	36 (10.7%)	148 (8.9%)
<i>Support: Other</i>	26 (2.0%)	14 (4.2%)	40 (2.4%)
<i>Support: Planning for employment, housing, and future treatment</i>	100 (7.5%)	8 (2.4%)	108 (6.5%)
<i>Support: Relapse Prevention</i>	28 (2.1%)	14 (4.2%)	42 (2.5%)
<i>Support: Work Therapy/Training</i>	4 (0.3%)	2 (0.6%)	6 (0.4%)
<i>Transportation</i>	73 (5.5%)	50 (14.9%)	123 (7.4%)

Note: * indicates data not collected during a particular year

Table Forty-Eight
Client Emotional Status at Time of Contact during Entire Project

	Year One	Year Two	Overall
Experiencing Crisis	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>Yes</i>	78 (5.8%)	*	78 (4.7%)
<i>No</i>	696 (52.1%)	*	696 (41.6%)
<i>Missing data</i>	562 (42.1%)	*	562 (33.6%)
<i>Mean (SD)[†]</i>	*	2.6 (1.9)	
Physically Violent			
<i>Yes</i>	8 (0.6%)	3 (0.1%)	11 (0.1%)
<i>No</i>	441 (33.0%)	0 (0.0%)	441 (26.4%)
<i>Missing data</i>	887 (64.4%)	333 (99%)	1220 (72.9%)
Verbally Abusive			
<i>Yes</i>	*	6 (1.8%)	6 (0.4%)
<i>No</i>	*	0 (0.0%)	0 (0.0%)
<i>Missing data</i>	*	330 (98.2%)	330 (19.7%)

[†]Experiencing Crisis was collected as a 1-6 scale during Year Two (1=not severe 6= very severe).
Note: * indicates data not collected during a particular year

Table Forty-Nine
Current Housing Status at Time of Contact during Entire Project

	Year One	Year Two	Overall
Current Housing Status	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>Safe House</i>	182 (13.6%)	*	182 (10.9%)
<i>Street</i>	126 (9.4%)	*	126 (7.5%)
<i>In treatment facility</i>	19 (1.4%)	*	19 (1.1%)
<i>Permanent Housing</i>	*	6 (1.8%)	6 (0.4%)
<i>Shelter</i>	*	58 (17.3%)	58 (3.5%)
<i>Street</i>	*	138 (41.1%)	138 (8.3%)
<i>Transitional Housing</i>	*	53 (15.8%)	53 (3.2%)
<i>Missing data</i>	1009 (75.5%)	81 (24.1%)	1090 (65.1%)

Note: * indicates data not collected during a particular year

Table Fifty

Clients' Current Employment Status at Time of Contact during Entire Project

	Year One	Year Two	Overall
Current Employment Status	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>Employed</i>	45 (3.4%)	9 (2.7%)	54 (3.2%)
<i>Not Employed</i>	214 (16.0%)	192 (57.1%)	406 (24.3%)
<i>Disabled</i>	7 (0.5%)	7 (2.1%)	14 (0.8%)
<i>Missing data</i>	1070 (80.1%)	128 (38.0%)	1198 (71.6%)

Table Fifty-One

Clients' Current Substance Abuse Treatment Status at Time of Contact during Entire Project

	Year One	Year Two	Overall
Substance Abuse Treatment Status	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>Pre-Treatment</i>	122 (9.1%)	39 (11.6%)	161 (9.6%)
<i>In Treatment</i>	23 (1.7%)	79 (23.5%)	102 (6.1%)
<i>Post-Treatment</i>	146 (10.9%)	48 (14.3%)	194 (11.6%)
<i>Missing data</i>	1045 (78.2%)	170 (50.6%)	1215 (72.7%)

Table Fifty-Two

Clients' Current Substance Use Status at Time of Contact during Entire Project

	Year One	Year Two	Overall
Alcohol Status	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>Sober</i>	306 (22.9%)	188 (56.0%)	494 (29.5%)
<i>Not Sober</i>	87 (6.5%)	68 (20.2%)	155 (9.3%)
<i>In Detoxification</i>	4 (0.3%)	11 (3.3%)	15 (0.9%)
<i>Missing data</i>	939 (70.3%)	69 (20.5%)	1008 (60.3%)

Table Fifty-Three

Clients' Status of Substance Abuse Assessment at Time of Contact during Entire Project

	Year One	Year Two	Overall
Substance Abuse Assessment	Number and Percent (n=1336)	Number and Percent (n=336)	Number and Percent (n=1672)
<i>Completed</i>	790 (59.1%)	204 (60.7%)	994 (59.4%)
<i>Not Completed</i>	400 (30.0%)	132 (39.3%)	532 (31.8%)
<i>Missing data</i>	939 (10.9%)	0 (0.0%)	939 (56.1%)

Table Fifty-Four
Referrals Made at Time of Contact during Entire Project

Referral Target	2003 (N=421)	2004 (N=460)	2005 (N=336)	Total (N=1217)
<i>Adult Protective Services</i>	3	0	0	3
<i>Akeela House</i>	0	0	2	2
<i>Alaska Housing Authority</i>	1	19	0	20
<i>Alaska Native Medical Center</i>	26	23	6	55
<i>Alaska Psychiatric Institute</i>	1	0	0	1
<i>Alaska Vocational Center</i>	0	1	0	1
<i>Alcohol and Drug Triage Team</i>	5	4	0	9
<i>Alcohol Safety Action Program</i>	0	2	0	2
<i>Alcoholics Anonymous</i>	26	34	0	60
<i>Anchor House</i>	2	1	0	3
<i>Anchorage Community Mental Health Services</i>	3	0	0	3
<i>Anchorage Housing Association</i>	1	0	0	1
<i>Anchorage Police Department</i>	6	1	2	9
<i>Anchorage Vocational Technology Center</i>	1	0	0	1
<i>Assisted Living Home</i>	2	0	0	2
<i>Beans Cafe</i>	3	0	0	3
<i>Brother Francis Shelter</i>	6	1	3	10
<i>Catholic Social Services</i>	1	0	2	3
<i>Clare House</i>	0	1	0	1
<i>Cleveland House</i>	4	12	1	17
<i>Cocaine Anonymous</i>	0	1	0	1
<i>Community Transfer Station</i>	8	5	0	13
<i>Cook Inlet Pre-Trial Center</i>	1	0	0	1
<i>Cook Inlet Tribal Council</i>	4	3	3	10
<i>Department of Corrections</i>	1	0	0	1
<i>Department of Motor Vehicles</i>	3	1	0	4
<i>Eagle Crest Treatment Center</i>	1	0	0	1
<i>Ernie Turner Center</i>	27	20	16	63
<i>First Step Rescue Mission</i>	5	6	0	11
<i>Freedom Frog Ministries</i>	1	0	0	1
<i>Homeward Bound</i>	18	9	3	30
<i>Hospital</i>	1	2	0	3
<i>Hudson Lake Recovery Camp</i>	8	13	1	22
<i>Job Fair</i>	0	1	0	1
<i>Job Service</i>	0	1	0	1
<i>Maniilaq Recovery Center</i>	22	14	9	45
<i>McKinnell Shelter</i>	0	1	0	1
<i>Mental Health Court</i>	1	0	0	1
<i>Mental Health Services</i>	1	0	0	1

Referral Target	2003 (N=421)	2004 (N=460)	2005 (N=336)	Total (N=1217)
<i>Nine Star</i>	0	5	0	5
<i>Nugens Ranch</i>	3	6	0	9
<i>Old Minto Family Recovery Camp</i>	2	3	0	5
<i>Other</i>	0	0	1	1
<i>Oxford House</i>	2	0	0	2
<i>Providence Alaska Medical Center</i>	6	2	0	8
<i>Public Transit Station</i>	2	0	0	2
<i>Quyana House</i>	2	0	0	2
<i>Rescue Mission</i>	2	5	7	14
<i>SAFE City Program</i>	0	1	2	3
<i>Safe Harbor Inn</i>	24	13	0	37
<i>Salvation Army Clitheroe Center</i>	35	21	10	66
<i>Salvation Army Clitheroe Center: Adult Rehabilitation</i>	6	0	0	6
<i>Salvation Army Clitheroe Center: Reflections Program</i>	1	0	0	1
<i>Serenity House</i>	0	6	0	6
<i>Shelter</i>	1	0	0	1
<i>Social Security Disability</i>	0	1	0	1
<i>Soup Kitchen</i>	1	0	0	1
<i>Southcentral Foundation</i>	1	0	0	1
<i>Substance Abuse Assessment Center</i>	2	1	1	4
<i>Substance Abuse Treatment Center--Fairbanks</i>	2	0	0	2
<i>Substance Abuse Treatment Center-Juneau</i>	1	0	0	1
<i>Traditional Healing</i>	2	1	0	3
<i>Veterans Administration</i>	6	7	0	13
<i>Vocational Training</i>	0	2	0	2
<i>Wellness Court</i>	0	1	0	1
<i>Yukon-Kuskokwim Health Corporation</i>	0	0	1	1

Overall Findings about Municipality of Anchorage Community Transfer Station Database

The Municipality of Anchorage Community Transfer Station database serves as the single source of information regarding Community Transfer Station utilization. This database has been collected in a consistent manner across the life of the *Pathways to Sobriety* project and is available for comparison for both Year One and Year Two of the evaluation.

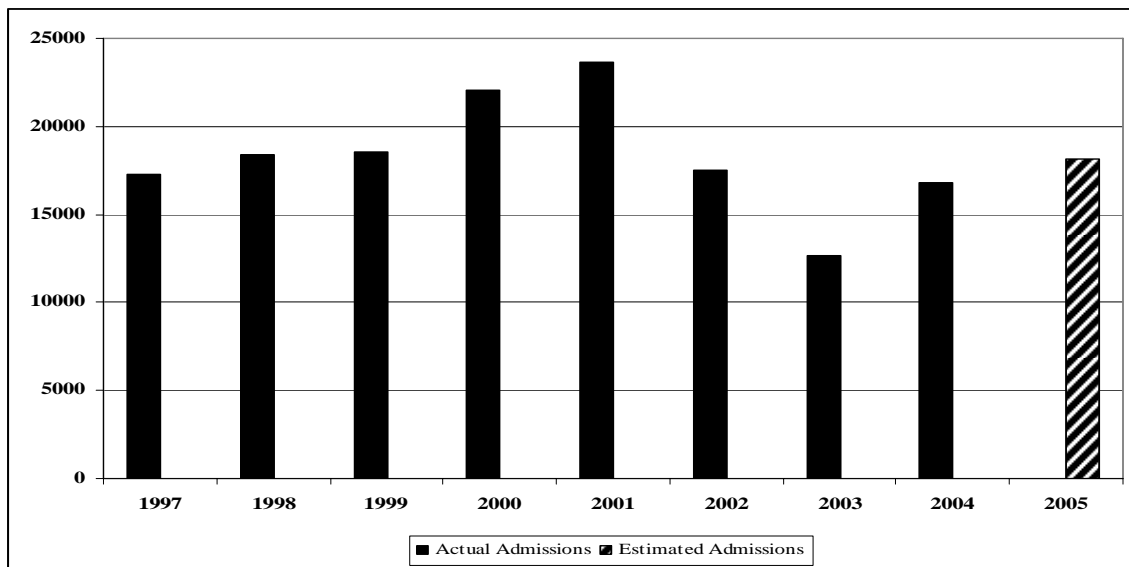
The *Pathways to Sobriety* project targeted high-end users of the Community Transfer Station. As reported in Chapter One, these high-end users significantly reduced their number of visits to the Community Transfer Station after enrollment in the project. Specifically, for the three months before and after enrollment, average number of visits was reduced from 12.7 to 9.7; for

six months before and after it was reduced from 21.7 to 16.4; and across all time, it was reduced from 56.2 to 40.1. Further, 11 (11.2%) of the 98 *Pathways to Sobriety* clients had no Community Transfer Station visits after enrollment. Year Two findings are similar. Of the 37 clients for whom we could compare 60 days before and after enrollment into the *Pathways to Sobriety* project, two (6.3%) had no Community Transfer Station visits after enrollment. For these 37 clients, their average number of visits was reduced from 9.2 before enrollment to 7.2 after enrollment. This reduction is rendered even more significant when considering that the targeted sample consists of high-end users who have a long history of regular Community Transfer Station visits and any reduction in their visits represents significant progress in moving them into a more productive life.

Relative to overall Community Transfer Station utilization across time, as shown in the following figure, utilization dropped significantly during 2002 and 2003, but has been increasing gradually since that time. As discussed in Chapter Two, the temporary decrease in utilization is at least partially accounted for by the *Pathways to Sobriety* project. Multiple reasons exist for the increase in utilization, including the growing Anchorage population. However, had the *Pathways to Sobriety* project not existed, the increase would have been even more rapid.

For more details on historical and projected Community Transfer Station utilization, the reader is referred to BHRS Pathways-Related Technical Report No. 3, *Exploratory Analysis of the Municipality of Anchorage's Public Inebriate Transfer Station Database*.

Figure Eight
Historical Trends in Community Transfer Station Utilization



Chapter Five: **Summary of Findings and Recommendations**

Introduction

Following is a summary of salient findings for the *Pathways to Sobriety* project evaluation. These findings are based on the data gathered across the life of the project, from January 1, 2002 to June 30, 2005. For additional information on this evaluation project, the reader is directed to other reports produced through this evaluation effort, including the following technical reports:

- *Exploratory Analysis of the Municipality of Anchorage's Public Inebriate Transfer Station Database* (BHRS Pathways-Related Technical Report No. 3)
- *Pathways to Sobriety Data Report #1: January 1, 2002 to June 30, 2004* (BHRS Pathways-Related Technical Report No. 2)
- *Consumers, Staff and Community Providers' Knowledge of and Opinions about the Pathways to Sobriety Project* (BHRS Pathways-Related Technical Report No. 1)

Summary of Findings

Identification of Pathways to Sobriety Clientele

The targeted individuals for the *Pathways to Sobriety* project were high-end users of the Community Transfer Station. Over 80% of the enrolled clients had Community Transfer Station visits during the 12 months prior to their enrollment in the project. The proportion of clients who were high-end users (19 or more visits during the prior 12 months) was 62% in Year One and 75% in Year Two. The higher proportion of high-end users in Year Two reflects increased attention to recruitment criteria by project staff.

CITC Case Management Client Contact Sheets

The purpose of the Client Contact Sheet was to allow for easy and efficient documentation of daily client-related activities and is a means to document ongoing service provision to *Pathways to Sobriety* clients for program evaluation purposes. Overall programmatic findings gathered through the analysis of the client contact sheets are summarized below:

- Over the course of the project (July 2002 to June 2005), a total of 136 unique clients formally received services through the *Pathways to Sobriety* project.
- From July 2002 to June 2005, over 1,670 documented contacts were made by *Pathways to Sobriety* case managers with the 136 clients.
- Contacts were initiated by both the client and the case manager. The three most common forms of contact initiation were:
 - 19% consumer-initiated, in-person
 - 17% case manager-initiated, in-person
 - 15% consumer-initiated, by phone

- Client contact was made throughout the Anchorage community to increase access to services for the targeted group of homeless clients. The three most common locations of contact were:
 - 20% Safe Harbor Inn
 - 10% Beans Cafe
 - 7% Community Transfer Station
- A wide variety of client needs were identified at time of contact. The three most common immediate client needs were:
 - 26% substance abuse treatment
 - 17% detoxification treatment
 - 16% general case management support
- Over 600 referrals to more than 65 behavioral health care providers or other related resources were given to *Pathways to Sobriety* clients. The top three referral targets were:
 - 5% Salvation Army Clitheroe Center
 - 5% Ernie Turner Center
 - 5% Alcoholics Anonymous
- In addition to the services provided to formal clients, outreach efforts were made with individuals not willing to commit to or consent to receive comprehensive case management services. 630 contacts were made with such outreach or informal clients (324 in Year One and 306 in Year Two).

GPRA Data

To remain in compliance with SAMHSA requirements, GPRA data were collected from all *Pathways to Sobriety* participants at baseline. During Year One, 13 intake administrations and no follow-up administrations were completed. At the end of Year One, it was collectively decided by the evaluation team, SAMHSA, and the Municipality of Anchorage SAFE City Project to place increased focus on collecting GPRA data. All parties involved in the *Pathways to Sobriety* project agreed to the change procedures for data collection and made an effort to work together to meet the federal requirements outlined by SAMHSA. During Year Two, a total of 48 GPRA intakes and 10 follow-up interviews were conducted. Overall GPRA findings were as follows:

- During Year Two of the project, *Pathways to Sobriety* met the target for number of formal clients served at 96% (48 out of 50 clients) and met the target follow-up goal at 77% (10 out of the 13 clients falling within administration window).
- According to the GRPA outcome report generated by the Web-based Data Entry System, at six-month follow-up, *Pathways to Sobriety* participants reported:
 - less use of alcohol or illegal drugs in prior 30 days
 - fewer health, behavioral, and social consequences related to use of alcohol or other drugs
 - fewer arrests in prior 30 days
 - higher rates of employment or engagement in productive activities
 - being less likely to reside in shelters as primary living arrangements

Municipality of Anchorage Community Transfer Station Database

The Municipality of Anchorage Community Transfer Station database serves as the single source of information regarding Community Transfer Station utilization. This database has been collected in a consistent manner over time and is available for comparison for both Year One and Year Two of the evaluation. Overall programmatic findings gathered through the analysis of the Community Transfer Station are summarized below:

- Consistent with the purpose of the *Pathways to Sobriety* project, the majority of enrolled clients were high-end users of the Community Transfer Station.
- After enrollment in the *Pathways to Sobriety* project, 11 clients during Year One and two clients during Year Two had no Community Transfer Station visits following their date of enrollment.
- During each of the two project years, *Pathways to Sobriety* clients reduced their average number of Community Transfer Station visits after enrollment.
- Community Transfer Station utilization dropped significantly during 2002 and 2003, which is at least partially accounted for by the *Pathways to Sobriety* project. Utilization has increased since 2003; however, the increase would have been substantially more had it not been for the *Pathways to Sobriety* project.

Recommendations

Based on the overall evaluation findings, we offer several short-term and long-term recommendations, regarding service provision and relevant to the Community Transfer Station. The information gleaned and lessons learned through the *Pathways to Sobriety* project provide a strong foundation for continuing better to serve the public inebriate population and to reduce reliance on the Community Transfer Station.

Service Provision Recommendations

- Further refine the services provided by the case management team better to suit the needs of the target population. These refinements may include the following actions:
 - increase the number of case managers
 - adjust staffing schedules to accommodate fluctuations in service utilization
 - increase the accessibility of case managers at the Community Transfer Station at the time when potential clients are discharged
 - prioritize clients by level of motivation and focus time and energy on those most motivated
 - implement new strategies for engaging clients and increasing motivation for entry into services
 - focus on intensive aftercare case management following a successful discharge from treatment
- 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 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, job seeking skills, job placement assistance, and permanent housing.

- Continue to explore programs that have proven successful in serving homeless individuals dependent on substances, in particular, dependent on alcohol, and integrate these new strategies within the Anchorage community.
- Educate the community on the urgency and severity of the social problems within Anchorage and, more specifically, build awareness regarding the needs of the public inebriate population and their impact on the community.
- Secure funding for services that target high users and future high users of the Community Transfer Station to decrease utilization. As demonstrated by the *Pathways to Sobriety* project, such an intervention approach has immediate impacts on utilization.
- Collaborate with local providers to attend to this target population 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 Community Transfer Station, including increased on-site medical care.
- Develop formal plans for implementing the alternative court sentencing and involuntary commitment components of *Pathways to Sobriety* through interagency collaboration.
- Secure funding to support the possible expansion of the Community Transfer Station and take other steps necessary to realize this expansion.

Community Transfer Station Recommendations

- The patterns identified in Community Transfer Station utilization provide valuable information related to windows of opportunity for outreach and intervention services. By using this information, case managers and other support systems may be able to predict times when intervention might have the greatest impact. For example, high levels of outreach geared toward securing treatment placements and temporary housing may be quite beneficial prior to October when the Alaska Permanent Fund Dividend checks are distributed. As another example, interventions may be effective at reducing high Community Transfer Station utilization that occurs at the beginning of each month.
- With a core group of individuals accounting for the majority of Community Transfer Station visits, continued interventions (similar to the *Pathways to Sobriety* project) targeted toward these individuals may be the most cost-effective mechanism for reducing Community Transfer Station utilization.
- The increased Community Transfer Station utilization during the winter suggests that homeless clients may be using the Community Transfer Station as a primary means to gain shelter from the elements. A major focus of outreach efforts may consist of securing alternate sources of shelter for potential Community Transfer Station clients *before* they are admitted. Given the historical lack of housing services and funding for homeless individuals, new housing resources need to be developed to implement this recommendation.
- More interventions targeted at Community Transfer Station clients at the time of discharge may be helpful in providing the clients with the necessary resources and tools to prevent future admissions. Such interventions could focus on identifying and helping clients who wish to enter mental health or substance use treatment programs, obtain

gainful employment, access more permanent housing, or receive other needed social services.

- Limited demographic information is collected on Community Transfer Station clients. It may be helpful to gather more detailed information, such as reasons for becoming intoxicated, sources of alcohol, and living conditions. Such information could be gathered through a short interview as clients are released from the Community Transfer Station. These data could provide insight into the nature of the individuals who frequent the Community Transfer Station and allow for more targeted interventions to be developed.

Ongoing Barriers and Challenges

Throughout the evaluation process, barriers and challenges impeding the progress of the *Pathways to Sobriety* project were identified through data collection, review of program documentation, and interviews with providers and clients. It is vital to document and present these impediments in this final evaluation report as they continue to affect the *Pathways to Sobriety* project and will be of concern to future programs designed to assist the public inebriate population in the Anchorage community.

First and foremost, the number of outreach counselors and case managers in the community assisting the public inebriate population is far too limited. Although the *Pathways to Sobriety* case managers have made a significant difference to clients, two case managers are not an adequate number to serve the needs of the targeted clientele.

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
- Limited treatment facilities willing to admit individuals with prior sex offender convictions
- Insufficient funding to sustain the program in the 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

Pathways to Sobriety Evaluation Technical Report Listing

- *Pathways to Sobriety Final Data Report: January 1, 2002 to June 30, 2005 (BHRS Pathways-Related Technical Report No. 4)*
- *Exploratory Analysis of the Municipality of Anchorage's Public Inebriant Transfer Station Database (BHRS Pathways-Related Technical Report No. 3)*
- *Pathways to Sobriety Data Report #1: January 1, 2002 to June 30, 2004 (BHRS Pathways-Related Technical Report No. 2)*
- *Consumers, Staff and Community Providers' Knowledge of and Opinions about the Pathways to Sobriety Project (BHRS Pathways-Related Technical Report No. 1)*