

Background

The Lazarus Collaborative is a network of providers focused on assisting clients in moving into recovery, gaining resilience, and successfully integrating into the community. The Collaborative provides the individual with primary care, medication management, medication-assisted treatment (MAT), mental health treatment, employment and housing services, behavioral health and addiction treatment, peer support, care coordination, and case management. Collaborative Care Coordinators (CCCs) from True North Recovery will help each individual identify needed services and find the care and resources they need.

CCCs are the "connectors" for a behavioral health system in which many people "fall through the cracks" when they transition between services or seek multiple services simultaneously. A crucial role of the CCC is helping the participant identify what services are available and may be helpful.

The Collaborative is facilitated by Kathleen Matthews, DNP, APRN, and evaluated by Melissa Toffolon, PhD, MPH from Actionable Data Consulting (ADC). This project is funded by Recover Alaska and the State of Alaska, Department of Health and Social Services, Division of Behavioral Health.

Participant Status and Success

To understand the effectiveness of this program and its impact on the individual's recovery, we must understand the trajectory of each client. Recovery and healing are the results of a complex journey for an individual. This journey is influenced by their life circumstances, history, demographics, health status, and other factors.

The Collaborative is in the process of collecting data on measures of success for clients. Each client has a set of goals that they work on based on a needs assessment completed when they enter the program and periodically updated as they participate. It could be argued that every day that a client is engaged, has their basic needs met, participates in treatment, medication management, and/or MAT is a successful day for that client and the family members and others with whom they interact. The six-month evaluation report will assess the ability of participants to reach goals and have sober/MATs days on their treatment journey.

It is commonly known that individuals struggling with SUD and other addictions often require multiple treatment attempts before achieving a life of recovery. A 2019 article by Kelly et al. presented an analysis of a cross-sectional nationally representative survey of U.S. adults who had resolved a significant alcohol or another drug (AOD) problem (n=2002). Kelly et al. reported an average of 5.35 recovery attempts and a median (value at the midpoint of all the attempts



-  **Detox**
 - Southcentral Foundation
-  **Behavioral Health and Addiction Treatment**
 - True North Recovery
-  **Medication-Assisted Treatment**
 - Sunshine Community Health Center
 - Mat-Su Health Services
-  **Psychotropic Medication Management**
 - Jennifer Byers, ANP, PMHNP
-  **Mental Health Treatment**
 - Sunshine Community Health Center
 - Mat-Su Health Services
-  **Medical Care**
 - Frontier Family Medicine

listed in order) of 1.5 before long-lasting recovery was achieved.¹ The fact that these two measures are so far apart indicates that there are subgroups that vary significantly from the rest of the sample. This was the case for respondents who were non-Hispanic Black, not married or living with a partner, or those who had a higher frequency of involvement with treatment/recovery support services, particularly mental health organizations. These groups experienced more recovery attempts than other groups (whites, married or those living with a partner, etc.). The study also found that the relationship between recovery attempts and indices of quality of life and well-being suggests that a higher number of recovery attempts needed before successful AOD problem resolution may be indicative of individuals who have complicated long-lasting levels of stress. It is important to understand this common progression when evaluating the results of a program such as the Lazarus Collaborative. When a participant leaves the program, there may be a tendency to see this as a failure. However, most participants who have left the program to date have received treatment and support and achieved at least a few days of sobriety or MAT. Their Lazarus Collaborative experience may contribute to a journey towards recovery in the long run.

The CCCs categorize participants as *Active*, *Landed*, and *Inactive*. Tables 1 through 3 below provide information about clients' healing journeys in these three different program statuses. The definition for each status is described above the relevant table.

¹ Kelly, J. F., Greene, M. C., Bergman, B. G., White, W. L., & Hoepfner, B. B. (2019). How Many Recovery Attempts Does It Take to Successfully Resolve an Alcohol or Drug Problem? Estimates and Correlates from a National Study of Recovering U.S. Adults. *Alcoholism, clinical and experimental research*, 43(7), 1533–1544. <https://doi-org.offcampus.lib.washington.edu/10.1111/acer.140>

ACTIVE: An active client is a client who is currently working with and in touch regularly with a CCC. As of the end of March 2022, there were eight active clients. Six were receiving co-occurring disorder treatment services, one SUD treatment, and one person was in the process of being assessed. One client was awaiting inpatient detox services. Four clients were awaiting residential treatment, six were working on medication management, four had medical or hospital care that is or was needed, and three were being assisted with meeting their basic life needs.

Table 1. Active Clients and Types of Services They Received

ACTIVE CLIENTS	SERVICE AREAS						
	Basic Needs	Medical or Hospital Care	Medication Management/MAT	Integrated Assessment	Waiting/Needs Detox	Engagement in Outpatient Care (SUD/MH)	Waiting/Needs Residential
ID#2 CCC hours: 83.75							
ID#4 CCC hours:14.25		Needs specialty care					
ID #18 CCC hours: 5		Needs specialty care					
ID#24 CCC hours: 1.75							
ID#25 CCC hours: 6							Left residential; found a job
ID#26 CCC hours: DNA							
ID#28 CCC hours" DNA							
ID#29 CCC hours: DNA		In hospital					

Note: CCC hours from the start of the program up to 3/18/22; DNA – Data Not Available

LANDED IN TREATMENT: This status indicates that a client is in a treatment program and does not require regular contact with the CCC. Seven clients have "landed" in treatment and are not actively being assisted by CCCs at this time. Three of those clients received assistance with basic life needs, two received outpatient treatment, and five are in residential treatment. The CCC assistance provided to these seven clients as of March 18th totaled 89.75 hours, with the least provided for a client being 1.75 hours and the most 47.75.

Table 2. Clients who Have Landed in Treatment

LANDED IN TREATMENT	Basic Needs	Outpatient (SUD/MH)	Residential
ID#5 CCC hours: 2.25			
ID#8 CCC hours: 14.25 bn			
ID#9 CCC hours: 47.75			
ID#12 CCC hours: 9			
ID#14 CCC hours: 3.75			
ID#20 CCC hours: 11			
ID#27 CCC hours: 1.75			Out of state

Note: CCC hours from the start of the program up to 3/18/22

INACTIVE: Inactive clients are no longer connected to the program. Fourteen inactive clients received 130.38 hours of CCC assistance up to the date of 3/18/22. The hours of assistance ranged from a low of 2 hours to a high of 19 hours. These individuals received the following services:

- Basic need support (5)
- Medical/hospital care (4)
- MAT/Medication Management (3)
- Inpatient Detox (1)
- Residential care (4)
- Outpatient care (1)

While one person successfully completed detox, no clients successfully completed residential care. Reasons for exiting the program included moving out of state (4), returning to Anchorage (2), finding work (1), being incarcerated (1), and refusing services after starting or becoming not reachable. The move out of state was advisable for some because they were going to a place with more support. However, one person moved out of state and had a relapse that resulted in death.

Table 3. Inactive Clients, Services Received, and Disposition

INACTIVE CLIENTS	DISPOSITION		SERVICES RECEIVED BEFORE LEAVING THE PROGRAM					
	Disposition	Refused services or not able to reach	Basic Needs	MAT/med management	Medical/Hospital care	De-tox	Residential	Outpatient
ID#1 CCC hours: 19	Left state to live with family							
ID#3 CCC hours: 6.75	Left state and died due to SUD						Left AMA	
ID#6 CCC hours: 2	Incarcerated							
ID#7 CCC hours: 9.75								
ID#10 CCC: 7.5 bn							Discharged due to drug use	
ID#11 CCC hours 2.5	Returned to Anchorage				BH unit		Left AMA	
ID#15 CCC hours: 32.75								
ID#16 CCC Hours: 5	Found job							
ID#19 CCC hours: 12.25								
ID#19 CCC hours: 2								
ID#21: CCC hours: 8.75	Left State							
ID#22 CCC hours: 3.5	Left State Resolved medication issue							
ID#23: CCC hours: 3.75	Refused services at ED							
ID#13 CCC hours 14.88	Returned to Anchorage						Left AMA	

Note: CCC hours from the start of the program up to 3/18/22

Demographic Data (October 2021 – March 2022)

The Lazarus Collaborative has had twenty-nine participants since beginning service provision in October 2021 and is currently actively serving eight individuals and remaining on call for seven individuals who have "landed" in a treatment program. Fourteen inactive participants have moved out of state or decided not to participate in services, and one individual died. Referral after CCC contact often occurs the same or following day (72%) or between two and four days after contact (10%). Two participants saw a CCC between five and ten days after referral, and three participants had an extended period before they met with a CCC (>20 days).

Table 4. Lazarus Collaborative Service Data

DEMOGRAPHICS	STATUS AS OF
	3/31/22
STATUS*	10/21-2/22
ACTIVE	8
ACTIVE-LANDED	7
INACTIVE	14
TOTAL	29
TIME FROM REFERRAL TO CCC CONTACT	
SAME OR NEXT DAY	21
2-4 DAYS	3
5-10 DAYS	2
11-19 DAYS	0
20-30 DAYS	2
>30 DAYS	1
MONTH SERVICE BEGAN	
OCTOBER	1
NOVEMBER	2
DECEMBER	7
JANUARY	8
FEBRUARY	3
MARCH	8
SERVICES PROVIDED	
CO-OCCURRING	23
SUD	4
OTHER	2

*Active- still receiving services; Active-landed – currently in treatment services and CCCs will continue to support; Inactive – moved out of state or stopped participating; Unknown – lost to follow-up

Lazarus Collaboratives' clients were almost split evenly between male and female gender, primarily heterosexual and white. Most participants were between 35 and 44 years old, and most participants had Medicaid.

Table 5. Lazarus Collaborative Participant Demographic Data

DEMOGRAPHICS	NUMBER	PERCENT
GENDER		
MALE	14	48
FEMALE	15	52
SEXUAL ORIENTATION		
HETEROSEXUAL	24	83
HOMOSEXUAL	1	3
BISEXUAL	3	11
ASEXUAL	1	3
RACE		
ALASKA NATIVE/NATIVE AMERICAN (ANY MENTION)	7	24
WHITE	19	66
UNKNOWN	3	10
AGE		
18-24 YEARS	4	14
25-34 YEARS	8	28
35-44 YEARS	9	31
45-54 YEARS	6	21
55-64 YEARS	1	3
75 YEARS OR OLDER	1	3
VETERAN/NATIONAL GUARD	2	
INSURANCE		
MEDICAID	26	90
PRIVATE	1	3
UNKNOWN	2	7

Monthly Multi-Disciplinary Team Meeting

A multi-disciplinary team (MDT) meeting was held in April, and there were nine attendees from four organizations (not including the facilitators). Three cases were presented, and a challenge was discussed.

The challenge occurred when a CCC was serving a client who needed to be assessed for detox and medication management needs. The CCC called at least three providers in the Collaborative and could not reach anyone. They finally were able to get some assistance from a local physician who is not in the Collaborative. Since one of the purposes of the Collaborative is to create seamless access to services for clients, it was essential to discuss this situation.

The discussion focused on ensuring a backup contact was available if a Collaborative provider was away from the office. Ashley from True North will be working on a calendar that will alert members of vacations and other dates that staff will not be available. Additionally, each member will provide information on their upcoming out-of-office times at each monthly meeting. It also became clear from this discussion that the CCCs need assistance deciding the best care

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options for a new client who may be detoxing. James from True North will draft a decision tree that will aid the CCC in navigating this situation.

Challenge

A CCC had an incident where she was assisting a client in crisis, and she could not reach Lazarus Collaborative providers (see above).

Success Stories

A man who had never been in treatment recently lost his wife, and had Office of Children Services involvement, was assisted by a CCC. He didn't know where to start to get help. A CCC helped him get into residential treatment and address requirements that will be needed to regain custody of his children. He is staying in treatment and is having visits with his children. He was overwhelmed with the assistance he received because he was having a difficult time trying to do this all by himself.

One client was put on the waitlist for detox and was allocated a bed the next day, but that was challenging for him because he had to get his affairs in order before entering, so he refused the bed. A CCC continued working with him and got him back on the detox waiting list, and arranged for a bed-to-bed transfer from detox to residential. They are also helping the client remember to call the detox program every day to check on his place on the waiting list. Without support from the CCC, this client could have easily fallen through the cracks in the system after he refused the first bed offered.