

# Lazarus Collaborative 6 Month Evaluation Report

## October 1, 2021 – April 30, 2022

### 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 comprises providers in these areas: 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 help individuals 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. This project is funded by Recover Alaska and the State of Alaska, Department of Health and Social Services, Division of Behavioral Health, and evaluated by Melissa Toffolon, PhD, MPH from Actionable Data Consulting (ADC).

There are at least 24 types of services and resources that the CCCs provide to their clients. These fall into three main categories plus “other.”

#### Basic needs:

- Applying for Medicaid or Public Assistance
- Finding housing, food, and clothing
- Education and financial matter assistance

#### Behavioral Health:

- Integrated behavioral health assessment
- Social connection and recovery services (Alcoholics Anonymous, Narcotics Anonymous, finding natural supports)
- Medicated Assisted Treatment (MAT)
- Medication management
- Mental health care
- Substance Use Disorder (SUD) Treatment – inpatient and outpatient
- Case management
- Detoxification – ambulatory and residential

#### Primary Care:

- Primary care for chronic and acute conditions
- Tuberculosis (TB) testing for SUD Detox/Residential admission
- Physical screening for SUD Detox/Residential admission
- Hospital care: emergency and inpatient

#### Other:

- Obtaining vital statistics documentation such as a photo ID
- Obtaining a phone for communication
- Transportation
- Assistance with completing an application and complying with admission protocols, such as calling Residential Detox every day to see if there is an open slot
- Criminal proceedings and requirements such as probation
- Office of Children’s Services compliance

The average client needs assistance with many of these areas and must interact with multiple providers and admission processes. This would be a daunting task for a person not in a crisis, but it can be

## Lazarus Collaborative 6 Month Evaluation Report

October 1, 2021 – April 30, 2022

unsurmountable for someone in crisis. The CCC helps walk a person through the challenge of getting the support they need while in crisis. Appendix A shows active clients' goals in these areas and the services received by inactive clients before leaving the program.

When a client enters the program, the CCC administers a case management needs assessment that helps identify the client's needs and pinpoint areas where goals can be developed. This assessment identifies the issue to be worked on, sets a short-term goal, a target completion date, required contacts, and the responsible party for goal achievement. Additionally, the client is given an Integrated Behavioral Health Assessment that identifies their substance use disorder (ASAM level) and mental health needs. The program is funded through the CCC billing Medicaid for Crisis Intervention Services under the State Medicaid Plan. The CCC can work with the client in crisis for 22 hours before fully developing a treatment plan. During the pandemic, the state suspended the requirement to get a state authorization when the work required more than 22 hours. Currently, the CCC can continue to work with the client as needed with Medicaid reimbursement.

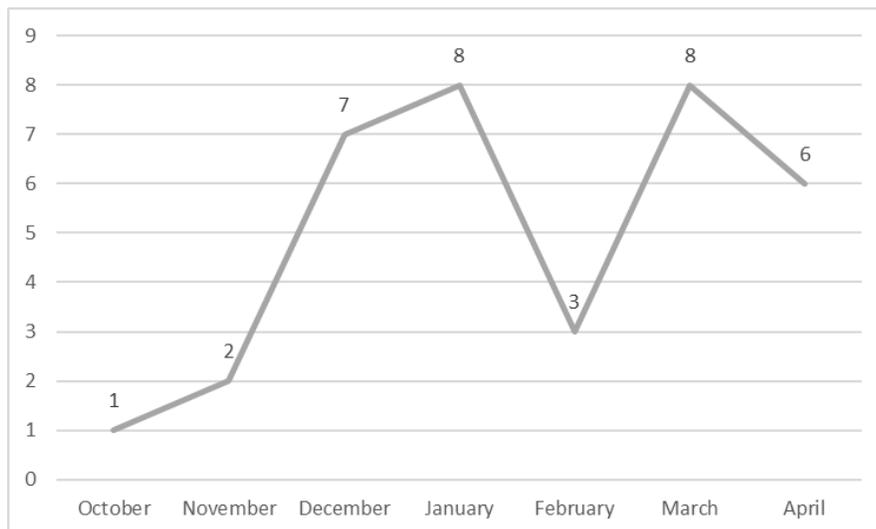
### Lazarus Clients

The Lazarus Collaborative has had thirty-five participants since beginning service provision in October 2021 and is currently serving:

- Eleven active individuals
- Eleven individuals who have "landed" in a treatment program
- Thirteen inactive participants who discontinued their involvement with the program

The program started taking clients in October; however, it only accepted three clients in the first two months. More clients were enrolled each subsequent month (See Figure 1).

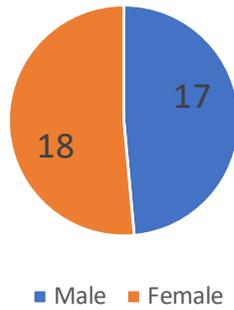
**Figure 1. Number of clients enrolled in Lazarus Collaborative from October 2021 – April 2022**



# Lazarus Collaborative 6 Month Evaluation Report

## October 1, 2021 – April 30, 2022

Figure 2. Gender of clients



**Gender:** The Lazarus Collaborative clients were split almost equally by gender.

**Age:** Most respondents were under 45, with eight young adults and eight over 45.

**Race:** Most clients identified their race/ethnicity as White (23), while nine identified as Alaska Native.

**Sexual Orientation:** Most clients identified as heterosexual (30), and five stated they were homosexual, bisexual, or asexual.

**Medical Insurance:** Most clients had Medicaid insurance, while two had private insurance, and one had Tricare.

**Veteran/Military Experience:** Two clients were veterans or in the National Guard or military.

**Housing Status at Enrollment:** Ten clients were housed at enrollment, eight were homeless, fourteen were staying with friends, and two were in transitional housing.

**Criminal Justice Involvement:** Ten individuals were involved with the justice system at enrollment.

**Office of Children’s Services Involvement:** At the time of enrollment, three individuals and their children were involved with the Office of Children’s Services.

**Behavioral Health Needs:** At enrollment, twenty-eight clients had co-occurring behavioral health needs, five had substance use disorders, and two were undiagnosed.

Figure 3. Age of clients

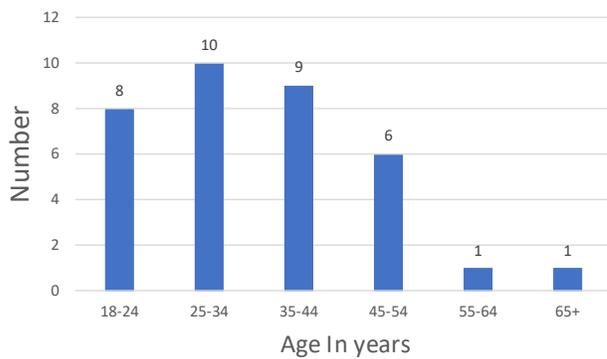


Figure 4. Race/ethnicity of clients

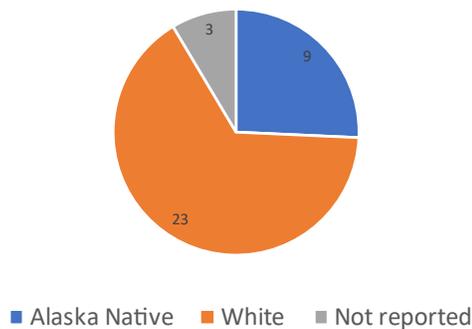
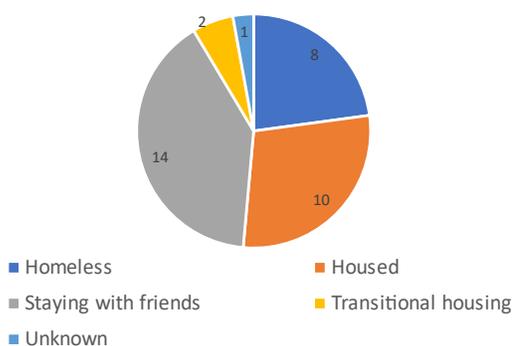


Figure 5. Housing status of clients at admission



## Lazarus Collaborative 6 Month Evaluation Report

October 1, 2021 – April 30, 2022

### Outcomes

#### Graduated Clients: 2 individuals

Two clients “graduated” or “finished” the program. One was on a mental health medication and needed assistance with seeking medication management, and another completed residential treatment. These individuals needed only an average of 3 hours of CCC care with an average cost of \$245.52 per client.

#### Active-landed Clients: 10 individuals

A goal of the Lazarus Collaborative is to help clients achieve stability in their lives and participate in the behavioral health treatment they need. Active-landed clients received a total of 121 hours of CCC services totaling \$9,903. The number of hours CCCs worked with Active-landed clients ranged from 2.25 to 41, with an average time of 11 hours and average cost of \$900 per client.

#### Clients who have “landed” were in:

- **Residential treatment:** Seven individuals with one person graduating from treatment
- **Intensive Outpatient Treatment:** Four individuals

#### Active Clients: 11 individuals

As of April 30, 2021, eleven active clients were receiving Lazarus Collaborative services. These clients each received a needs assessment and integrated behavioral health assessment. Based on the needs assessment, attainable goals were set to move them towards receiving the care, treatment, and support they needed to improve the quality of their lives.

As of 4/30/2022, active clients have achieved an average of 5.9 goals. One active client received many more hours of CCC assistance than other clients (134.5 hours). This analysis will not include him to avoid skewing the results. Active clients received 97.5 hours of CCC services totaling \$7,979.40.<sup>1</sup> The number of hours CCCs worked with active clients ranged from 1-27.25, with an average of 9.75 hours and a cost of \$798 per client.

Clients made progress in the following areas:

- **Being housed:** 8 individuals
- **Being fed:** 6 individuals
- **Social connection/recovery support:** 4 individuals
- **Working towards receiving:**
  - **MAT:** 3 individuals
  - **Primary care:** 4 individuals
  - **Mental health care:** 4 individuals
  - **SUD treatment services:** 6 individuals
  - **Detox services:** 4 individuals

---

<sup>1</sup> The Medicaid billing unit for peer-based crisis services is \$20.46 a unit or \$81.84 an hour.

## Lazarus Collaborative 6 Month Evaluation Report October 1, 2021 – April 30, 2022

### Inactive Clients: 12 individuals

In the program's first six months, 12 referred clients stopped receiving Lazarus Collaborative services (inactive clients). Inactive clients received a total of 120 hours of CCC services totaling \$9,821. The number of hours CCCs worked with inactive clients ranged from 2 to 32.75, with an average of 9 hours and a cost of \$737 per client.

These clients left the program for a variety of reasons, including:

- Incarceration (1)
- Left residential treatment against medical advice (4)
- Declined services or were unreachable (5)
- Moved out of Mat-Su (2)
- Medication issue resolved – individual graduated from the program (1)

These clients received services, referrals, and other assistance while in the program.

- On average, each client received 4.3 hours of assistance services.
- All received an integrated behavioral health assessment.
- Five received residential SUD treatment services after the CCCs helped them with the application and after obtaining a physical health screening and TB test.
- Four secured housing.
- Three individuals received food aid.
- Two received clothing aid.
- Three were involved with a hospital or emergency department admission.
- Three were helped to obtain Medicaid.

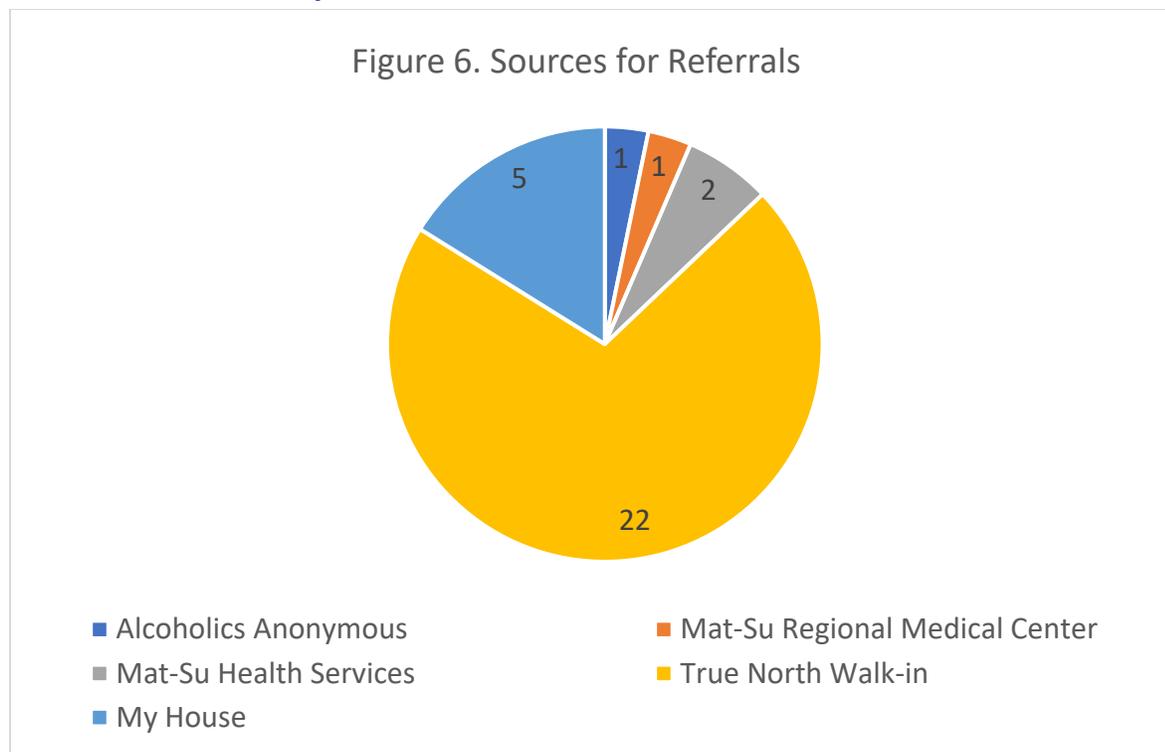
## Lazarus Collaborative Partners and Monthly Multi-Disciplinary Team Meeting

The founding Lazarus Collaborative Partners are:

1. Frontier Family Medicine
2. Jennifer Byers ANP, PMHNP
3. Mat-Su Health Services
4. MyHouse
5. Sunshine Community Health Clinic
6. Southcentral Foundation Detox Program
7. True North Recovery

After six months, the Collaborative continues to operate with participation from the founding members. One member, Sunshine Community Health Center, withdrew due to staffing shortages and their inability to provide immediate behavioral health services. The other members of the Collaborative attend the monthly multi-disciplinary (MDT) meeting with varying frequency and have different levels of involvement during the meeting.

## Lazarus Collaborative 6 Month Evaluation Report October 1, 2021 – April 30, 2022



Referrals for the CCCs mainly come from the True North helpline and walk-ins. In the MDT meetings, the main active participants are the mental health treatment/MAT/medication management providers, the detox provider, and the CCCs. The CCCs have had difficulty contacting several providers to coordinate and schedule client care. CCCs noted that if they have difficulty accessing providers, their clients would have little chance of negotiating the system without their assistance. True North also offers outpatient and residential care, and several Lazarus Collaborative providers are very active in caring for their patients once they are enrolled in those services.

For most clients (77%), CCC contact occurs on the same or the following day. An additional nine percent were contacted successfully within 2 to 4 days. Two participants saw a CCC between 5 and 10 days after the referral was made, and three participants had an extended period after referral before meeting with a CCC (>20 days). CCCs try to contact the client immediately to take advantage of the potential “window of opportunity” that exists when a person is in crisis and seeking help.

Staff changes have been an issue for many providers and True North CCCs. Fully staffed, the program at True North would include a 0.5 FTE manager and two full-time CCCs. The manager and one CCC have been consistently in place; however, five other CCCs have cycled through the program. The staff reported that this is because a CCC needs to have a high skill set and be a special type of person. They must know the ASAM levels, how to help someone get into a treatment program, how to help someone meet their housing and other basic needs, how to assist with court proceedings and probation requirements, and what to do when someone is suicidal. This is not an entry-level position. Additionally, the CCC must be encouraging and supportive and able to recognize small daily wins with a client who may be very down on themselves.

## Lazarus Collaborative 6 Month Evaluation Report October 1, 2021 – April 30, 2022

When the CCCs were asked what benefit the MDT meeting provides, they said that they had learned information about the medications their clients are taking, and the meetings help to eliminate triangulation that the client may drive when working with multiple providers.

MDT meetings were held monthly from January through April, with attendance between nine and fourteen attendees (not including ADC staff). At each meeting, a discussion is held to address any internal challenges the Collaborative might have. New clients are presented to the group, and cases discussed in the past, if needed, are revisited. Between two to six cases were presented at each meeting. Discussions between providers and the CCCs on patient care included these themes:

- Discussion with providers on how to get new clients appointments at a participating clinic
- Medication management providers sharing characteristics of medications that clients are taking
- CCCs informing providers about referrals
- Medication management provider suggesting a 1x per month injectable for a participant having difficulty taking medication consistently and informing CCC that getting a state guardian may be helpful for this person
- Providers discussing the care they provided for Lazarus Collaborative participants
- Providers coaching CCCs on mental health conditions
- Providers informing CCCs and other providers about delays in providing services in their own organizations
- The CCC informing the medication management provider when a client is unreachable—this was relevant because the client was on medication that should not be stopped suddenly
- Providers asking about an unreachable client who is in a True North residential treatment program
- The MAT provider informing CCCs about a client participating in ambulatory detox
- Provider discussing referrals they sent over to the CCCs
- A discussion on how a CCC can determine the most appropriate detox method for an individual

### Success Stories

- *There was a former client who left the program and the state due to a domestic violence situation. They were then involved in a house fire out-of-state and severely burned. When they returned to Alaska, they immediately called their former CCC to get help with their substance use disorder. The CCC helped them get primary care, medication management, and treatment appointments. Although they are still using substances while they wait for admission to treatment, they are willing to participate and always show up for their appointments.*
- *A client was all set to be admitted to residential treatment. However, when the CCC picked her up and brought her to the True North offices, she failed her urine analysis and couldn't be admitted. The CCC advised her to "hold tight" for one day, and the CCC would return to get her to do another urine analysis test the next day. The next day, the test was negative, and the client was admitted to residential treatment. She was middle-aged and had a severe SUD; this was her first time in treatment ever. This "hiccup" in the admission process had the potential to thwart this person's recovery, but, assisted by the CCC, this did not happen.*

## Lazarus Collaborative 6 Month Evaluation Report

October 1, 2021 – April 30, 2022

- *One client did an intake with the Lazarus Collaborative program and then disappeared. The CCC reached her 2-3 months later. She is now doing outpatient treatment. The CCCs are there for clients when they are ready to make a change – this doesn't always happen the first time they are in contact with the program.*
- *The CCC continues to work with a young man who has a mental health condition. The CCC stood by him when his medical provider suggested he move to another provider. She helped him with his probation sentencing and meeting his basic life needs. He is doing well with her support and is not currently in crisis, even though he is not always consistent in taking his mental health medication.*
- *A client came in for outpatient treatment, then went to residential treatment, and was released from residential treatment due to a medical condition. They went to live in Anchorage and were in an unsafe living situation. The CCC helped them get back to Mat-Su; client is currently working, seeing their children, and in a sober living house with treatment.*
- *A client had an active warrant out for their arrest, and the CCC accompanied them to see their PO. The PO didn't believe that the CCC was with them and went to the waiting room to see if that was true. The CCC helped the client prepare for a bail hearing and do the medical testing necessary for admission to detox. The CCC is currently helping them call the detox provider daily until a slot opens up, and they will go to detox and then do a bed-to-bed transfer to residential treatment after detox.*

### Summary

The services given to Lazarus Collaborative active clients as of April 30, 2022, and the services that inactive clients received before their departure are listed in Appendix A. The needs of all clients are complex, and progress in the traditional system of SUD detox, treatment, mental health medication management, and counseling requires jumping through many “hoops.” For example, when a client applies for a residential detox program, there is usually a waiting list, and they must call the program daily to see if a spot has opened up. Many clients are starting with very few resources and need assistance to get an ID to apply for public assistance and Medicaid. If the client is homeless and has no ID, the CCC helps them fill out a homeless verification form which is submitted to the Division of Motor Vehicles Office. There, they can get a state ID (unless there are restrictions on their driver's license). Homeless clients can have the permanent copy mailed to True North offices (since they do not have a permanent address). Additionally, many clients need assistance with basic living needs such as housing, food, and clothing.

The trajectory of recovery differs for each person. 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 listed in order) of 1.5 attempts before long-lasting recovery was achieved.<sup>2</sup> The fact that these

---

<sup>2</sup> 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>

## Lazarus Collaborative 6 Month Evaluation Report October 1, 2021 – April 30, 2022

two measures are so far apart indicates some subgroups 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 with 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.). In this study, an evaluation of the relationship between recovery attempts and quality-of-life and well-being indices suggested that individuals with complicated and long-lasting stress levels needed more recovery attempts before successfully resolving alcohol or drug problems. 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 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.

When True North staff were asked what “success” looks like, they replied that it improves the client’s quality of life. The long-term goal is for a person to successfully engage in their healing journey and/or complete treatment. Their journey may include attending recovery meetings, taking medication as prescribed, and continuing to seek support and connection in the community.

All but one of the thirty-five clients in this pilot program received a service or achieved a goal as a result of their involvement. One had their medication issue resolved, one “graduated” from residential treatment, and ten actively participated in residential or intensive outpatient treatment. Twelve others have received services and discontinued involvement with the program, and eleven are currently working with a CCC on relevant goals on their healing journey. Table 1 shows the average CCC hours and cost per client as a function of client status and the number of clients in each status category. The two “graduated” clients needed little CCC assistance – only an average of 3 hours. On average, the Active and Inactive clients received a similar number of CCC hours with similar assistance costs. The Active-landed clients received slightly more average hours of assistance. The small numbers of clients in each category and the large variation of factors in each persons life prevent the determination of patterns of services needed that lead to certain outcomes.

**Table 1. Average CCC Hours and Cost per Client as a Function of Client Status**

Status	Average CCC hours	Average cost of CCC services	No. of clients in this status category
Graduated	3	\$245.52	2
Active-landed	11	\$900	10
Active*	9.75	\$798	10
Inactive	9	\$737	12

\*Outlier client with 134 hours not included in the analysis.

Many variables affect whether a person is receptive and arrives at treatment for a behavioral health issue. This pilot project shows the variation between clients and demonstrates the value of these services to assist clients in negotiating the complicated journey to wellness.

Lazarus Collaborative 6 Month Evaluation Report  
 October 1, 2021 – April 30, 2022

APPENDIX A

Figure A-1. Progress towards Goals by Active Clients												
PATIENT #	#33	#2	#1	#26	#34	#25	#35	#32	#31	#24	#28	No. of individuals supported per area
# OF CCC HOURS	5.25	134.5	27.5	15.25	1	11.5	12	7.5	5.5	8	4.25	
AREA OF GOAL												
Medicaid application	X				X							2
Public Assistance application					X							1
Housing	X	X		X	X	X	X	X	X			8
Food		X	X	X	X	X			X			6
Clothing		X			X							2
Social connection	X	X				X				X		4
Financial literacy								X				1
Phone					X				X			2
MAT							X		X	X		3
Medication		X	X									2
Primary Care			X	X			X			X		4
Physical health screen			X	X								2
TB test				X								1
Integrated Assessment	X	X	X	X	X	X			X			7
Mental health care		X		X			X			X		4
SUD outpatient treatment					X							1
Detox ambulatory	X											1
Detox residential				X			X			X		3
SUD residential	X	X		X		X	X			X		6
Probation		X										1
Vital records			X						X			2
Transportation						X						1
Education						X						1
<b># of goals achieved per client</b>	6	9	6	9	8	7	6	2	6	6	0	

Note: As of April 30, 2022, eleven active clients were in the program. Short-term goals were set in the areas listed in the first column. This table outlines the goals where the client made progress.

**Lazarus Collaborative 6 Month Evaluation Report**  
**October 1, 2021 – April 30, 2022**

**Figure A-2. Inactive Clients and the Support Received Per Client**

PATIENT #	#3	#4	#6	#7	#10	#11	#13	#15	#16	#17	#21	#22	#23	No. of individuals supported per area
# OF CCC HOURS	8.75	14.75	2	9.75	7.5	32.75	11.75	2.5	5.5	12.25	8.75	3.5	3.75	
SERVICE/SUPPORT														
Medicaid application	X								X	X				3
Public Assistance application	X			A										2
Housing				X	X		X				X		R	5
Food		X		X	X									3
Clothing		X				X								2
Social connection			R	E					R			X		4
Financial literacy				X										1
Phone				X										1
MAT	R			R			R	R						4
Medication				X		X		R			X	X		5
Primary Care	R					X		R			R			3
Hospital admission				X						X			X	3
Physical health screen	X	X	E			X				X	X			6
TB test	X	X	E			X				X	X			6
Integrated Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	13
Mental health care	R					R		R	R		X			5
Case management	X							X						2
SUD outpatient TX				R										1
Detox ambulatory	X													1
Detox residential		R			R		R			R			R	5
SUD residential	X	A	E		X	X	X	X	E	A	A			10
Probation coordination			X						X					2
REASON FOR LEAVING PROGRAM	Left Residential TX AMA	Declined TX	In Jail	Declined TX	D/C due to drug use	Left Residential TX AMA	Left Residential TX AMA	Left Residential TMX AMA	Declined because got a job	Un-reachable	Moved out of the area	Medication issue resolved	Declined TX	
# of types of services or support received	8	5	2	7	4	7	3	3	2	5	6	3	1	

Note: In the program’s first six months, thirteen referred clients stopped receiving Lazarus Collaborative services (inactive clients).

R=referral made; X=service received, E=education occurred around this area, A= assistance with application for services, AMA=Against medical advice, TX=treatment.