ARIZONA FAMILES F.I.R.S.T. PROGRAM

Annual Evaluation Report

for the period

July 1, 2007 — June 30, 2008

Center for
Applied Behavioral
Health Policy

ARIZONA STATE UNIVERSITY

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Prepared for
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Division of Children, Youth and Families
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EXECUTIVE SUMMARY

Arizona Families F.I.R.S.T. Program Model

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together – AFF) was established as a community substance abuse, prevention and treatment program by ARS 8-881. AFF is a program that provides family-centered substance abuse and recovery support services to parents or caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family or achieving self-sufficiency. The program provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse.

Interventions are provided through the Department of Economic Security, Division of Children, Youth and Families (DES/DCYF) contracted community providers in outpatient and residential settings, or through the Regional Behavioral Health Authority (RBHA) provider network under the supervision of the Department of Health Services, Division of Behavioral Health Services (DBHS). AFF emphasizes face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, transportation, housing, and aftercare services to manage relapse occurrences. The service delivery model incorporates essential elements based on family and community needs, such as culturally responsive services, gender-specific treatment, services for children, and motivational enhancement strategies to assist the entire family in its recovery.

The evaluation of AFF, required by ARS 8-884, focuses on the fidelity of program implementation of the AFF model, performance of service providers, factors that contribute to client success, and the extent to which the legislative outcome goals were met:

- Increases in timeliness, availability and accessibility of services
- Recovery from alcohol and drug problems
- Child safety and reduction of child abuse and neglect
- Permanency for children through reunification
- Achievement of self-sufficiency through employment

This year's evaluation continued to focus on the documentation of program implementation through the analysis and reporting of client-level service data from AFF providers and DBHS, and qualitative data gathered from AFF program directors and AFF clients. Analyses were conducted with respect to child welfare outcomes for the period July 1, 2007 through June 30, 2008.

Key Findings

Timeliness, Availability, and Accessibility of Services

Throughout the state, individuals experiencing difficulties with substance abuse and child abuse and neglect were engaged in treatment services at significant levels. During state fiscal year (SFY) 2008, a total of 5,722 individuals were served by the AFF program, a 28% increase from SFY 2007, and continuing a steady growth in the number of individuals served.

Over 93% of new individuals referred to the program were contacted through outreach and encouraged to seek treatment services – similar to the levels reported in previous years. The AFF providers reduced the amount of time to make initial contact to 1.8 days in SFY 2008 from 2.3 days in SFY 2007, a reduction of one-half day. The process of reaching out to these families and encouraging them to seek help occurs in a rapid fashion, and continues to be one of the cornerstones upon which the program is based.

AFF Client Demographic Characteristics

The demographic characteristics of AFF clients remain fairly consistent from year-to-year. Among AFF clients in SFY 2008, more than seven out of ten clients (72%) were women, with an average age of 30 years. Persons of Hispanic, African-American, and American Indian heritage comprised 28%, 7%, and 4% of the AFF clients, respectively. Nearly half of the clients (47%) possessed at least a high school diploma or GED (lower than in previous years), with 31% employed either part- or full-time, somewhat lower than in previous years.

Alcohol and Substance Use Among AFF Clients

Based upon the initial assessment information collected on AFF clients, about two-thirds of clients (66%) used alcohol or one or more illegal substances in the 30 days immediately prior to their assessment (based on self-reports). Alcohol (32%), marijuana (31%) and methamphetamine (30%) were the most frequently reported substances used. These findings were consistent with similar findings reported last year.

Polysubstance use continues to be the norm, with only 692 clients reporting the use of only one substance (16%), 2,999 (68%) reporting the use of two substances, and 709 client (16%) reporting the use of three or more substances. The more common pattern of self-reported multiple substance use consisted of combinations of alcohol, methamphetamine, and marijuana, similar to that reported last year.

Services Used By AFF Clients

Services data collected from the local AFF contracted providers and matched with information obtained from DBHS suggest that nearly all of the clients enrolled in the AFF program during SFY 2008 received some form of service, with treatment and support services accessed by 91% and 96% respectively of all clients. Slightly more than one-half of clients were provided medical services (primarily laboratory services for drug screening), with less than one in five clients receiving inpatient, residential treatment, or rehabilitation services.

Family (57%), individual (31%) and group (21%) counseling were common treatment services provided to AFF clients in SFY 2008. Screening, evaluation and assessment services were also provided to 89% of AFF clients.

Individuals received a variety of secondary therapeutic and support services. Case management (95%), flex funds (52%), and transportation (31%) were the more commonly reported services.

In general, among clients with AFF cases closed in SFY 2008, the average length of treatment was slightly more than six-months (197 days), an increase over the previous year (159 days).

Child Safety and the Reduction of Child Abuse and Neglect

Children of AFF parents or caregivers were returned to family environments that were safe and free of abuse or neglect. In SFY 2008, parents who entered the AFF program with a substantiated[1] report of child maltreatment experienced a recurrence (a subsequent substantiated report) in only 2% of the cases (29 cases), representing less than half the national average of six-month recurrence of 5.4%.

Permanency for Children Through Reunification

Children throughout the state whose parents received AFF program services were safely reunited with their parents at rates that exceeded state averages. Over 1,829 children, representing 45% of all children of AFF clients, achieved permanency this year, up significantly from the SFY 2007 permanency rate of 25%. Among children of AFF clients discharged from DES care, custody and control in SFY 2008, 83% (1,518 children) were safely reunified with parents or caregivers, with the median length of time in out-of-home placement at 153 days.

[1] A substantiated finding is one in which the facts of a report provide a reasonable ground, i.e., some credible evidence, to believe that abuse or neglect occurred (Arizona Department of Economic Security, Division of Children, Youth and Families. Children's Services Manual. Retrieved fromwww.azdes.gov/dcyf/cmdps/cps/Policy/ServiceManual.htm on February 3, 2009).

Recovery From Alcohol and Drug Problems

Statewide, AFF clients were tested on average two times per 30 days of program participation. An important indicator of program effectiveness is the percentage of "clean" or negative UAs indicating no drug use. Statewide, 90% of UA screenings of closed AFF cases were consistently "clean" (about the same as the past two years), with 68% of those with any UAs reporting all clean tests.

Ratios of clean UAs to all UAs varied across providers from a low of .79 to a high of .91. However, the relative rates of self-reported substance use are less impressive and remain unchanged among those clients discharged from the AFF program. At the time of AFF program closure, only 1.5% more clients self-reported that they had used no alcohol or other illicit substance in the past 30 days compared to intake.

CONCLUSIONS AND RECOMMENDATIONS

During this past year, 5,722 families afflicted by parental substance abuse received services through the Arizona Families FIRST program with 1,518 children safely reunified with their parents or caregivers following treatment.

This program, representing a high degree of inter-agency collaboration between DES and DHS, served as a stimulus for Executive Order 2008-01 directing executive branch agencies to take steps that enhance the availability of substance abuse treatment services for families involved with Child Protective Services. During this past year, enhanced efforts at the detection, referral, and joint processing of substance abusing parents have been initiated and are reflected in the performance indicators of this highly innovative program. Further, this program continues to demonstrate superior performance relative to child safety and permanency planning, enhanced by strategies implemented in accordance with Strengthening Families – A Blueprint for Realigning Arizona's Child Welfare System.

The very nature of this highly innovative program presents its greatest challenge and opportunity. The interplay between two governmental agencies (Department of Economic Security and Department of Health Services) with unique contracting and reporting processes, and the differences observed in some of the service and outcome data may well be a by-product of blending data obtained from both systems. Three specific areas wherein the interagency nature of this program may be impeding an accurate portrayal of program performance include the following:

- Differences in the services reporting requirements of DES and DBHS impede adequate monitoring of the consistency of AFF service provision statewide. *DES may want to convene a workgroup with DBHS representatives to examine ways in which DES-contracted treatment services can align with the DBHS Service Matrix.*
- Past reporting requirements, particularly with regard to substance use and employment, limit the usefulness of the outcome findings from the AFF program. *DES may want to examine AFF provider contracts, to ensure that employment status and self-reported substance use patterns are re-assessed at the time of program discharge.*
- Regional variations in AFF service delivery suggest areas for enhanced program monitoring and technical assistance. *DES may want to convene providers and the evaluation team to examine the causes for regional variations in key practice areas.*

CHAPTER 1. INTRODUCTION

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together) was established as a community substance use disorder prevention and treatment program by ARS 8-881 (Senate Bill 1280, which passed in the 2000 legislative session). Under the requirements of the Joint Substance Abuse Treatment fund that was established under the legislation, Section 8-884 requires an annual evaluation of the Arizona Families F.I.R.S.T. (AFF) program. The evaluation of AFF examines the implementation and outcomes of community substance use disorder treatment services delivered by AFF-contracted providers and the Regional Behavioral Health Authorities (RBHA) network. Background information on the development of the AFF program is provided in Appendix A.

1.1 Brief Description of the AFF Program and Client Flow

The legislation which created AFF is based on the recognition that substance abuse disorder in families is a major problem contributing to child abuse and neglect, and that substance abuse can present significant barriers for those attempting to reenter the job market or maintain employment. In addition, federal priorities under the 1997 Adoption and Safe Families Act (ASFA) that address child welfare outcomes (such as permanency and shorter time frames for reunification) coupled with time limits established under the TANF block grant were factors behind the legislation. However, the timeframes for substance abuse recovery currently viewed as a chronic recurring illness[2] sometimes conflict with the requirements of ASFA and Arizona Juvenile Court guidelines. Currently, states must file a petition to terminate parental rights and concurrently identify,

[2] Leshe, A. (2001). Addiction is a brain disease. Issues in Science and Technology.

recruit, process, and approve a qualified adoptive family on behalf of any child, regardless of age, that has been in foster care for 15 out of the most recent 22 months.

AFF is a program that provides contracted family-centered, strengths-based, substance abuse treatment and recovery support services to parents or caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family. The goal of the program is to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through the Department of Economic Security, Division of Children, Youth and Families (DCYF) contracted community providers in outpatient and residential settings or through the RBHA provider network. In addition to traditional services, AFF includes an emphasis on: face-to-face outreach and engagement at the beginning of treatment; concrete supportive services, such as, transportation and housing; and an aftercare phase to manage relapse occurrences. Essential elements based on family and community needs, such as culturally responsive services, gender-specific treatment, services for children, and motivational enhancement strategies to assist the entire family in its recovery, are incorporated into the service delivery.

The diagram on the following page shows the flow of clients through various stages of the AFF program.

Exhibit 1: Overview of AFF Program Model

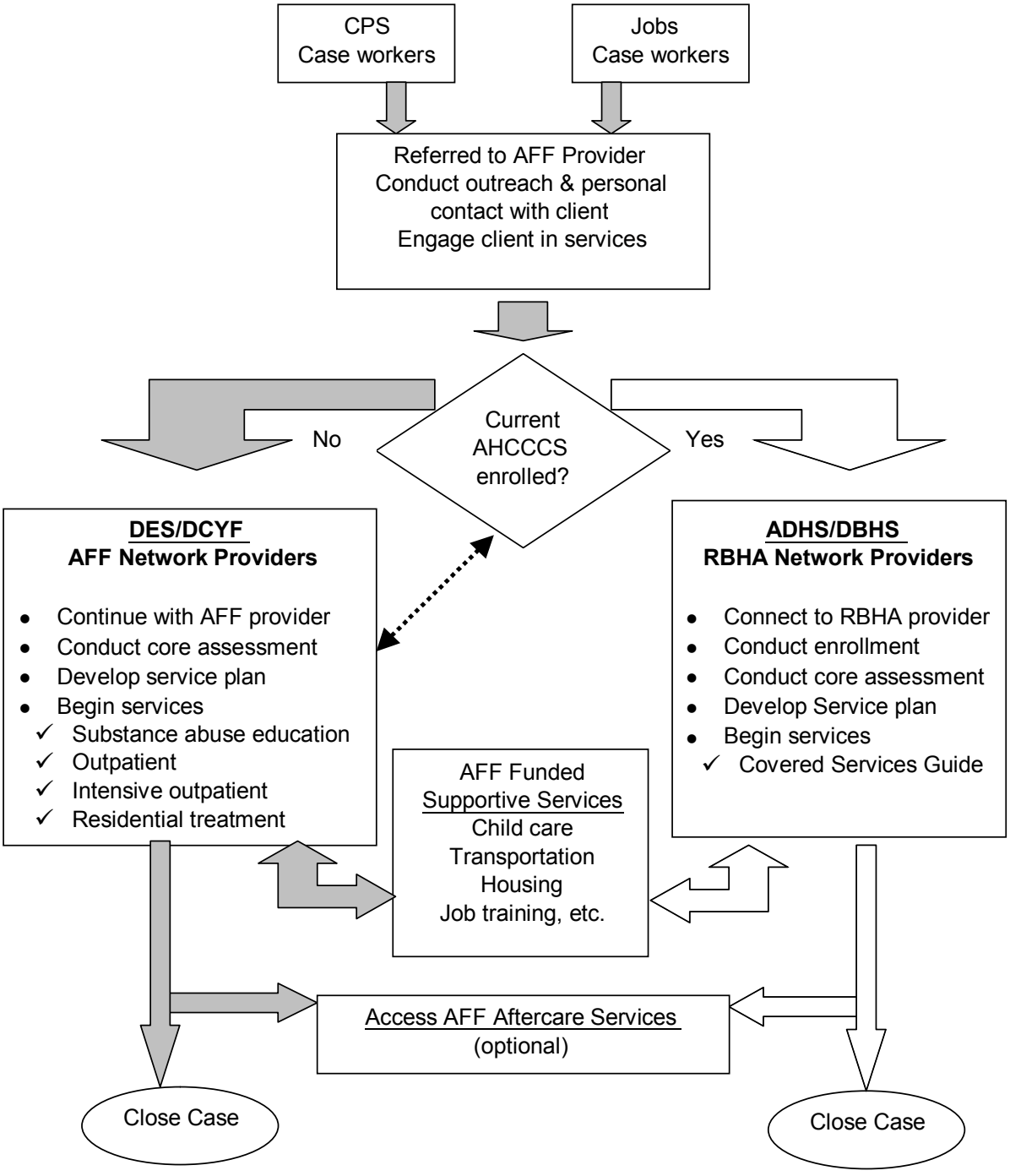

Exhibit 2 summarizes the county, AFF provider agency, and associated RBHA within each of six regional DES districts. AFF-contracted agencies in bold italics also participate in the RBHA network as either a RBHA or a RBHA network provider.

Exhibit 2: List of DES Districts, Counties, AFF Providers, and RBHAs

DES District	County	AFF Provider Agency	Regional Behavioral Health Authority
I	Maricopa	***TERROS***	Magellan
II	Pima	***Community Partnership of Southern Arizona (CPSA)***	Community Partnership of Southern Arizona (CPSA)
III	Coconino	Arizona Partnership for Children (AzPaC-Coconino)	Northern Regional Behavioral Health Authority (NARBHA)
	Yavapai	Arizona Partnership for Children (AzPaC-Yavapai)	
	Apache and Navajo	Old Concho Community Assistance Center	
IV	Yuma	***Arizona Partnership for Children (AzPaC-Yuma)***	Cenpatico Behavioral Health of Arizona, Inc.
	La Paz	WestCare Arizona	
	Mohave	WestCare Arizona	Northern Regional Behavioral Health Authority (NARBHA)
V	Gila and Pinal	***Horizon Human Services***	Cenpatico Behavioral Health of Arizona, Inc
VI	Cochise, Graham, Greenlee, and Santa Cruz	***Southern Arizona Behavioral Health Services (SEABHS)***	Community Partnership of Southern Arizona (CPSA)

1.2 Statewide Context of AFF Program and Substance Use and Treatment

In 2007, an estimated 22.3 million persons nationwide (9.0 percent of the U.S. population aged 12 or older) were classified with substance dependence or abuse in the past year based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). Of these, 3.2 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.7 million were dependent on or abused illicit drugs but not alcohol, and 15.5 million were dependent on or abused alcohol but not illicit drugs.[3]

The most recent data available on substance use in Arizona[4] indicate that

[3] Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2008). *Results from the 2007 National Survey on Drug Use and Health: National Findings* (NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD.

[4] SAMHSA, Office of Applied Studies. National Survey on Drug Abuse and Health, 2004-2006.

10% of Arizonans were classified with alcohol or illicit drug dependence or abuse in the past year, slightly higher than the national average. Seventeen percent of Arizonans 18-25 years of age and 6% of Arizonans 26 years of age or older used illicit drugs during the past month. Further, past-month binge alcohol abuse was reported by 41% and 21% of individuals within these two age groups respectively.

Finally, in a recent report on substance use in the 15 largest metropolitan areas,[5] 8% of persons living in the Phoenix metropolitan area aged 12 or older reported using any illicit drug in the past month, and 25% of persons living within the Phoenix metropolitan area reported past-month binge alcohol use, significantly higher than the national average.

Abuse and neglect of children is generally believed to be associated with substance abuse. In reports to Congress on this issue,[6,7] data was presented showing that parents who abuse drugs and alcohol generally do not attend to children's emotional cues, are poor role models, and discipline their children less effectively than other parents. It is within this context that the AFF program is meant to intervene and break the cycle of substance abuse, and the abuse and neglect of children. As noted by Breshears, Yeh and Young,[8] leading researchers and advocates in the child welfare system:

"An effective partnership between the child welfare and alcohol and drug treatment systems can help parents with substance abuse issues retain or gain a parental role with their child, while not putting the child at risk of harm." (page 1)

In September 2005, the Arizona Department of Economic Security, Division of Children, Youth and Families (DCYF) released Strengthening Families – A Blueprint for Realigning Arizona's Child Welfare System. The Blueprint identifies five key objectives to be achieved by Summer 2006:

- Develop safe alternatives that result in fewer children placed in out-of-home care;
- Reduce the number of children in congregate care settings;
- Serve children ages birth to six years in their homes, kinship care or foster care without using group homes;

[5] SAMHSA, Office of Applied Studies (2007). *The NSDUH Report.*

[6] U.S. Department of Health and Human Services (1999). *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection.* Washington, DC: US Department of Health and Human Services.

[7] U.S. General Accounting Office (1994). *Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children.* GAO/HEHS-94-89.

[8] Breshears, E., Yeh, S., & Young, N. (2004). Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

- Stop the placement of children ages birth to three years in shelter placements; and
- Reduce the length of stay of children in shelters to no more than 21 days.

The SFY 2007 annual report for DES[9] linked the objectives of the Blueprint with the accomplishments of DCYF in decreasing the number of children in out-of-home care by 158 children, or 1.6 percent and reducing the number of children placed in congregate care. Other results included:

- The number of children in settings such as group homes and shelters decreased by 100 children, or almost 7%;
- The number of children six years old or younger in group homes decreased by 22%;
- The number of children three years old or younger in shelters decreased by 18%; and
- The number of children placed in family-like settings remained relatively stable at 78% in SFY 2007.

The following chapters summarize the findings of the AFF program evaluation for the period ending June 30, 2008:

Chapter Two describes the methodology and data sources used for the AFF annual evaluation and enhancements to the evaluation design.

Chapter Three summarizes AFF client characteristics, process measures, and services.

Chapter Four highlights child welfare outcomes, such as preventing maltreatment recurrence, timely reunification, maintaining permanency upon leaving care, as well as, decrease use of alcohol and illegal drugs.

Chapter Five discusses the annual findings and presents recommendations for program enhancements.

[9] Arizona Department of Economic Security. *The Arizona Department of Economic Security's Annual Report for the period July 1, 2006 through June 30, 2007.* (2008). Phoenix, AZ.

CHAPTER 2. EVALUATION FRAMEWORK AND DATA SOURCES

The evaluation design developed for the AFF program focuses on program implementation to determine whether AFF provider agencies implemented the service model as intended by the legislation and program administrators. The design also addresses whether the AFF outcome goals and performance measures, as well as other outcomes in the areas of substance abuse recovery, family stability, safety, permanency, self-sufficiency, and systems change, were in fact achieved. The evaluation design is not a longitudinal study of AFF clients using data collected from individual client interviews, nor does it use any comparison group. Rather, the design uses primarily administrative data covering points in time.

This year's report draws upon data from multiple sources. Four core principles guided the use of data sources for the AFF program evaluation:

- Minimize the data collection burden to a level that satisfactorily meets the legislatively mandated evaluation requirements;
- Avoid duplicative data collection efforts;
- Use existing administrative data and formats whenever possible; and
- Respect the differing management information systems capabilities among the nine AFF providers.

Data sets included:

- Service utilization data obtained directly from the nine AFF providers;
- Enrollment and encounter data provided by the Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) for services provided through the local RBHA network;
- DES CHILDS information system, which provides child welfare information, and the DES JAS/AZTEC information system, providing employment services information; and
- Qualitative information obtained from AFF program managers and clients. Comments or findings from program managers and clients are provided throughout the report in "text box" format. These comments are from a qualitative report on site visits conducted in May and June of 2008 and provided to the AFF program office. Site visit reports are available from the Center for Applied Behavioral Health Policy at Arizona State University.

AFF providers use a common data reporting format, revised by the AFF evaluation contractor, for the reporting period beginning July 1, 2007. The primary information used for the analysis of AFF program services is service utilization data obtained directly from the nine AFF providers. These data were collected by the AFF providers and sent to the evaluation team in a variety of electronic formats and imported into a client-level database developed and maintained by the evaluation contractor. Service utilization data are reported for the annual reporting period that covers July 1, 2007 through June 30, 2008. For some service activities, data are also presented from program inception (March 2001) through June 30, 2008.

Another data set used for the analysis of the AFF program was enrollment and encounter data provided by DBHS for services utilized by Title XIX AFF clients. DBHS service utilization data are reported for the annual reporting period that covers July 1, 2007 through June 30, 2008. It should be noted that DBHS service utilization data is constantly updated and added to by the RBHAs and their providers; there may be a reporting lag from service delivery to appearance in the DBHS information system of anywhere from 30 to 90 days. The service utilization data for Title XIX AFF clients is moderately complete through June 30, 2008, since DBHS provided the data set in early September 2008.

Three additional data sets used for this evaluation include: the ADES CHILDS information system which provides child welfare information; the ADES JAS/AZTEC information system providing employment services in-

formation; and data from the Temporary Assistance for Needy Families (TANF) information systems. These data are reported for the annual reporting period that covers July 1, 2007 through June 30, 2008.

The third major source of data used for the analysis of the AFF program is AFF stakeholders. These stakeholders include AFF program managers, staff, and clients of the program. A variety of data collection methodologies were used with these stakeholders, including individual interviews, focus groups, and satisfaction surveys. The purpose for using this third data source was to document and assess programmatic successes, changes in program implementation, updates on collaborative partnerships, perceived barriers and facilitators to program implementation, changes in contextual issues, and other events that may have positively influenced service delivery.

The evaluation framework guiding this year's evaluation report is provided in Appendix B.

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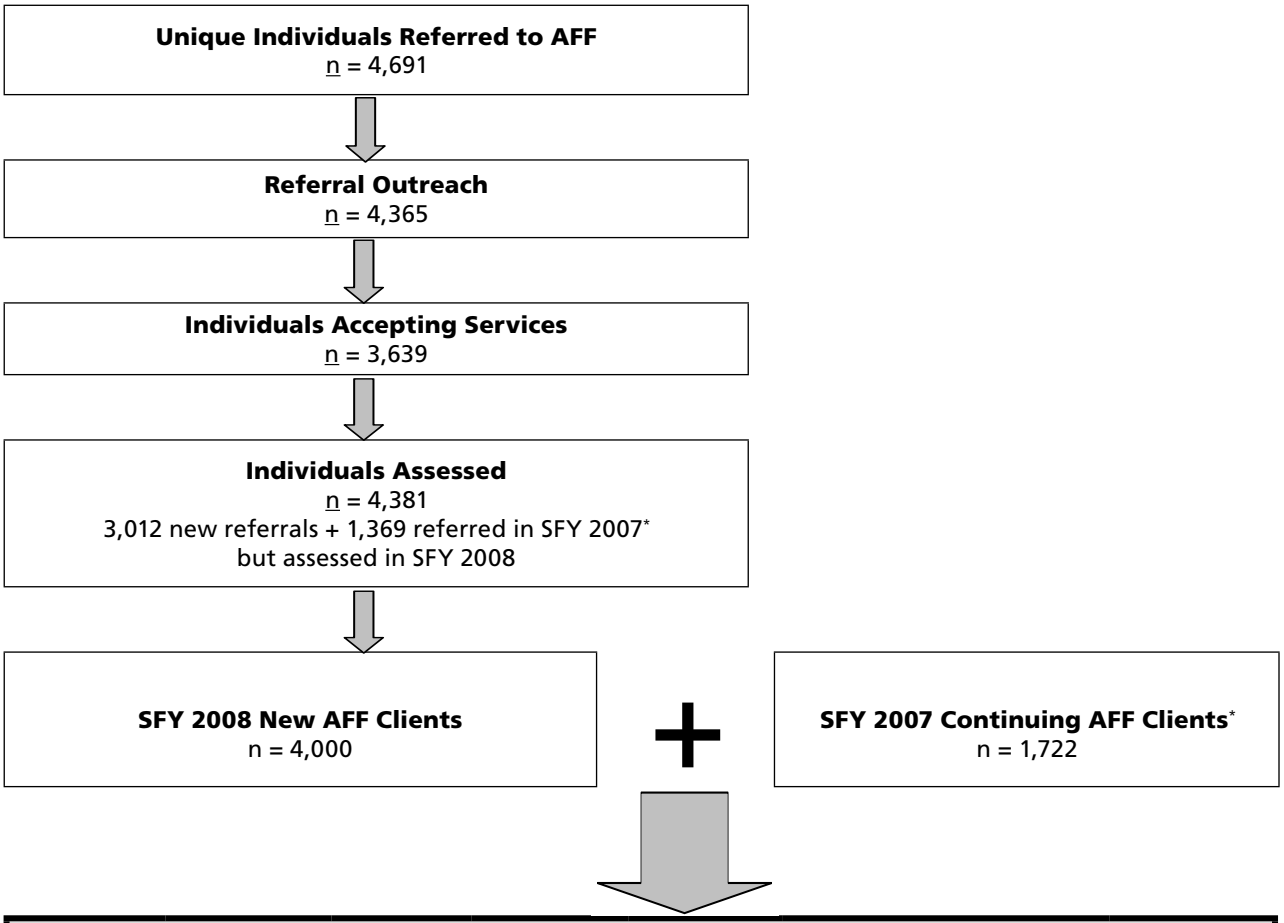
CHAPTER 3.
AFF CLIENTS AND SERVICES RECEIVED

During the SFY 2008 reporting period, a total of 5,722 individuals were served by the Arizona Families FIRST program, representing a 28% increase over the previous year (4,471 clients), This figure includes clients who were referred, assessed, and received treatment in SFY 2008 (n = 4,000), along with clients who were referred and assessed in SFY2007 and continued to receive services in SFY 2008 (n = 1,722). Exhibit 3 (on the following page) presents a visual depiction of the flow of clients into the AFF program during the current reporting period.

Exhibit 3: SFY 2008 Referrals and Client Participation



Total AFF Clients, SFY 2008 N = 5,722							
AFF Funded Clients 1,279 clients received treatment services funded from AFF *only*		**Shared Funding Clients 1,804 clients received treatment services funded from *both* AFF & RBHA**				**RBHA Funded Clients 2,639 clients received treatment services funded from RBHA *only***	
794 clients closed from services	485 clients continuing to receive services	444 clients closed in both systems	683 clients closed by AFF, continuing to receive services from RBHA	66 clients closed by RBHA, continuing to receive services from AFF	611 clients continuing to receive services from both systems	1,285 clients closed from services	1,354 clients continuing to receive services

* Many of the individuals assessed in 2008 but referred to AFF in 2007 were clients of the DBHS/RBHA system; similarly, many of the continuing AFF clients were individuals receiving services through the DBHS/RBHA system.

3.1 Referrals to the AFF Program

A total of 4,800 referrals (representing 4,691 unduplicated individuals[10]) were received by AFF providers during SFY 2008, averaging 1,200 referrals per quarter. Nearly all referrals to the AFF program (97%) were provided by CPS caseworkers, a trend that has been consistent since the inception of the program. Only 10 referrals came from the Jobs program during the reporting period ending June 30, 2008. There were 131 referrals for which the referral source was unspecified by the AFF provider. Referrals in DES District I constituted over half of all referrals (57%), followed by DES District II (23%) and District III (9%) as shown in Exhibit 4. Since the inception of the AFF program in 2001, more than 26,400 individuals have been referred to the program.

Exhibit 4: AFF Program Referrals (Total Referrals and Unique Referrals) by Provider and Quarter

DES District	I	II	III			IV		V	VI	
AFF Provider	TERROS	CPSA	AzPaC-Coconino	AzPaC-Yavapai	Old Concho	AzPaC-Yuma	Westcare	Horizon	SEABHS	Statewide Averages[15]
Jul-Sep 2007	690	308	21	61	56	21	48	25	30	1260
Oct – Dec 2007	625	243	7	33	37	13	21	43	25	1047
Jan – Mar 2008	674	304	27	59	42	22	46	50	36	1260
Apr – Jun 2008	736	257	15	54	48	16	32	36	39	1233
Total Referrals	2725	1112	70	207	183	72	147	154	130	4800
% of Total Referrals	56.8%	23.2%	1.5%	4.3%	3.8%	1.5%	3.1%	3.2%	2.7%	100.0%
Unique Clients	2641	1098	70	205	182	72	147	154	122	4691

3.2 Client Outreach and Engagement

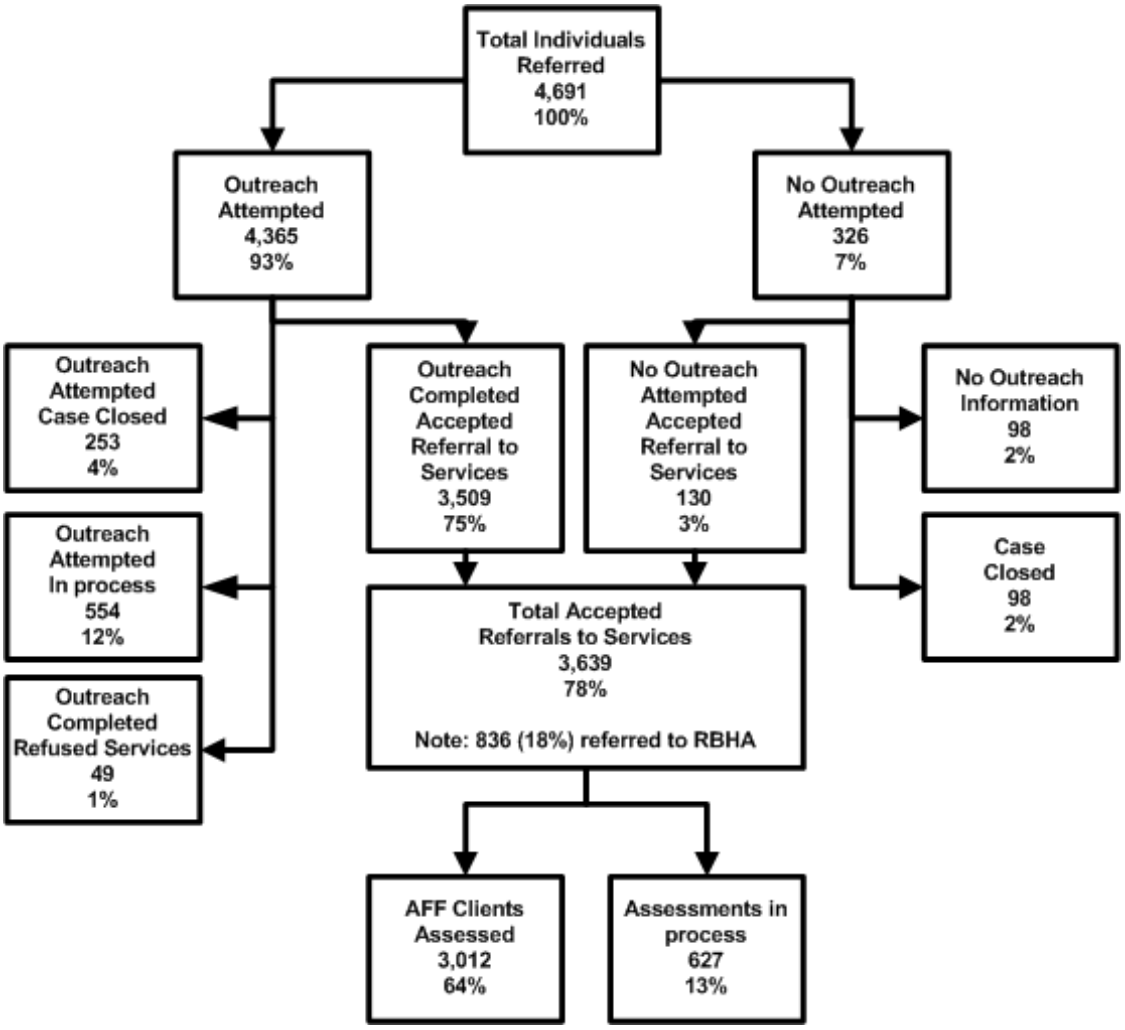
Among the 4,691individuals that were referred to the AFF program in SFY 2008, 93% received at least one or more recorded outreach attempts by the AFF provider within their community. AFF providers made these initial outreach attempts in a timely manner, averaging just 1.8 days in SFY2008, compared to 2.3 days in SFY 2007. Four of the nine AFF providers (CPSA, AzPaC-Coconino, Horizon & SEABHS) did not meet the AFF contract specifications regarding outreach rates, falling slightly below the threshold that 90% of all referrals results in outreach services.

Among those individuals provided outreach, the rate of service engagement remained high again this year, averaging 77.6% of all clients receiving outreach. The rates of service engagement varied across the districts, with a high of 100% in District IV – Westcare, to a low of 27% in District II – CPSA. This year's low rate within District II represents sharp decline from last year's acceptance rate for this district (65%) and warrants further

[10] Each referral is valid for a six-month period. If an individual does not engage in services within six months of the initial referral, a new referral is sent to the AFF provider.

attention and scrutiny by DES program staff to understand the reasons for this year's decline.

Exhibit 5: Disposition of Cases Referred to the AFF Program*



*In some cases (n=130), AFF providers recorded the client accepting AFF referral services without indicating any information on outreach efforts. This data entry inconsistency will be addressed with AFF providers in SFY 2009.

Exhibit 6: Disposition of Cases Referred to the AFF Program*

DES District	I	II	III			IV		V	VI	
AFF Provider	TERROS	CPSA	AzPaC-Coconino	AzPaC-Yavapai	Old Concho	AzPaC-Yuma	Westcare	Horizon	SEABHS	Statewide Averages
# unduplicated referrals*	2641	1098	70	205	182	72	147	154	122	**4691**
# outreached	2542	946	61	195	174	66	145	135	101	**4365**
% outreached	96.3%	86.2%	87.1%	95.1%	95.6%	97.1%	98.6%	87.7%	82.8%	**93.1%**
Avg. days referral to outreach (standard deviation)	2.1 (11.2)**	1.4 (3.8)	0.7 (1.4)	1.6 (5.3)	0.2 (1.4)	2.6 (4.9)	0.8 (1.5)	0.5 (1.5)	0.8 (1.5)	**1.8 (9.0)**
# of referred clients accepting services***	2518	298	51	171	174	69	147	147	64	**3639**
% of referred clients accepting services	95.3%	27.1%	72.9%	83.4%	95.6%	95.8%	100%	95.5%	52.5%	**77.6%**
# referred to RBHA	0****	393	2	94	165	17	121	35	9	**836**
% of referrals sent to RBHA	0%	35.8%	2.9%	45.9%	90.7%	23.6%	82.3%	22.7%	.4%	**17.8%**
# of referred clients refusing services	0	1	10	14	20	1	1	1	1	**49**

* The term "referrals" is defined as the receipt of an AFF referral form from DES by an AFF provider. The referral identifies the name of an individual referred for AFF services.
** The larger standard deviation for TERROS indicates that there is more variability in days from referral to outreach than a provider whose standard deviation is smaller; the larger standard deviation for TERROS may be the result of outliers which are not typical of the rest of the data, or may be data entry errors.
*** The term "accepting referral" is defined as a referred individual indicating their willingness to accept AFF services upon outreach by an AFF provider.
**** Since TERROS is both an AFF provider and a contracted provider to the RBHA, operationally their practice has been not to report Title XIX clients as "referred to RBHA". This does present some inconsistency in the manner in which AFF providers account for Title XIX clients during the referral process. This issue will be addressed by the Evaluation Team in SFY 2009.

Additional outreach details by AFF provider are summarized in Appendix C.

3.3 AFF Provider Assessments and DBHS Enrollments

A total of 4,381[11] individuals (representing 93% of all individuals referred to the AFF program) received assessment and evaluation services[12] during SFY 2008. Assessments were conducted by a contracted AFF provider and/or a DBHS/RBHA contracted provider, depending on the referred individual's eligibility status for Title XIX Medicaid funding. Assessment data were compiled from two sources: AFF provider data and DBHS enrollment data. Of the 4,381 assessment/ enrollment records, 46% of individuals assessed have records from both an AFF assessment and a DBHS enrollment, 28% were unique assessments supplied by AFF providers, and 26% were unique assessments reported from DBHS enrollment data.

The ratio of assessments conducted to referrals received in state fiscal year 2008 is higher than in previous years due to increased efforts to track individuals referred to the RBHA system. A summary of key performance indicators associated with the assessments from providers within each of the DES districts is shown in Exhibit 7.

EXHIBIT 7: 2008 Assessments by DES District

DES District	I	II	III	IV	V	VI	Statewide
Total Assessments	2419	993	420	215	162	172	**4381**
RBHA only	561 (23.19%)	768 (77.34%)	302 (71.90%)	181 (84.18%)	95 (58.64%)	96 (55.81%)	**2003**
AFF & RBHA	922 (38.11%)	62 (6.24%)	69 (16.42%)	8 (3.72%)	36 (22.22%)	57 (33.13%)	**1154**
AFF only	936 (38.69%)	163 (16.41%)	49 (11.66%)	26 (12.09%)	31 (19.13%)	19 (11.04%)	**1224**

3.4 Characteristics of AFF Clients

During the SFY 2008 reporting period, a total of 5,722 individuals statewide were AFF clients. More than half (52%) of all AFF clients were located in District I, while Districts II and III accounted for an additional 24% and 10% respectively of all AFF clients. Seventy percent of AFF clients were enrolled during the current reporting period and considered new clients, while the remainder (30%) were enrolled during the preceding year(s) and continued to receive services during the current reporting period. Exhibit 11 provides a comparison by district of new and continuing clients.

[11] Note: This figure includes individuals that had been referred to the AFF program in SFY 2007, but not assessed until SFY 2008, along with clients who were referred and assessed during SFY 2008.

[12] The term "assessed" is defined as individuals having completed the DBHS initial "Core Assessment."

DES Districts I and III had the higher percentage of new clients (74% and 68%) respectively, while District V had the lowest percentage of new clients (55%).

The demographic profile of AFF clients has remained relatively consistent from year to year. Key findings of the demographic profile of AFF clients include:

- Approximately seven out of 10 (72%) of AFF clients were women.
- The average age of an AFF client was 30 years, consistent with previous reports.
- Twenty-eight percent of all AFF clients were of Hispanic or Latino(a) descent.
- Seven percent of AFF clients were African Americans, and 4% were American Indian, consistent with last year's report.
- Marital status is reported on 56% of AFF clients; of these clients over half were reported as single, never married.
- Nearly half of AFF clients (47%) had at least a high school diploma or GED, somewhat lower than last year (51%).
- 31% were employed either full or part time, somewhat lower than last year (39%).

Additional details about AFF client characteristics by DES district are summarized in Appendix D.

3.5 Substance Use Among Clients at Time of AFF Assessment or RBHA Enrollment

AFF clients' use of alcohol and illicit substances is assessed at intake through a self-report; no physiological assessment is currently required at intake. As such, substance use patterns at intake should be interpreted with caution. Exhibit 8 provides a summary of the substances used by AFF clients at the time of their initial assessment. Based on the initial assessment information collected on 5,722 AFF clients, about two-thirds of individuals (66%) reported they had used alcohol or one or more illicit substances in the 30 days immediately prior to their assessment. Alcohol (32%), marijuana (31%), and methamphetamine (30%) continue to be the more commonly reported substances. Polysubstance use continues to be the norm, with only 692 clients reporting the use of only one substance (16%), 2,999 (68%) reporting the use of two substances, 709 (16%) reporting the use of three or more substances.

Appendix E provides detailed information on self-reported substance use patterns by DES District. These data continue to document the elevated rates of methamphetamine use, particularly among new clients located in Mohave, Pinal, Yavapai, and Yuma counties with rates of methamphetamine use between 40% and 45% of AFF clients reporting use in the 30 days prior to their assessment. Cocaine/crack use was higher in Pima County (31%) compared to other counties.

EXHIBIT 8: Substances Used by AFF Clients 30 Days Prior to Enrollment

Total Clients: 5,722		
	#	%
Clients Reporting Use	3,765	65.8%
Alcohol	1853	32.4%
Benzodiazepines	63	1.1%
Cocaine/crack	776	13.6%
Hallucinogens	55	1.0%
Heroin/Morphine	142	2.5%
Inhalants	15	0.3%
Marijuana	1752	30.6%
Methamphetamine	1737	30.4%
Other drugs	126	2.2%
Other Narcotics	177	3.1%
Other sedatives	39	0.7%
Other Stimulants	26	0.5%

3.6 Service Use by AFF Clients

Services data are collected from the local AFF contracted provider and matched with service data obtained from DBHS allowing for an integrated analysis of all services provided to these parents during the course of their formal involvement in the AFF program. Due to the challenges of integrating services information from these various sources, service taxonomy was created for the AFF program (see Appendix F). This services taxonomy consists of eight broad service domains subdivided into 34 discrete types of services, referred to as service subtypes. The services taxonomy represents a combination of service levels that are uniquely identified by one state agency or the other but not both, along with services that are identified and shared in common by both state agencies. The variation in the types and amounts of services provided to AFF clients represents differences in the actual mix of services from one AFF provider to another, as well as variations in the contractual relationships between local AFF providers and the area RBHA.

EXHIBIT 9: Polysubstance Use Among AFF Clients

Among AFF Clients whose Primary Substance Use is...	Clients also used...
Alcohol (n = 1853)	44% also use Marijuana 35% also use Methamphetamine 39% also use other illegal substances
Marijuana (n=1752)	46% also use alcohol 41% also use methamphetamine 34% also use other illegal substances
Methamphetamine (n= 1737)	41% also use marijuana 37% also use alcohol 32% also use other illegal substances

Information regarding services is presented from three vantage points. First, analyses of service access among AFF clients are presented. These analyses focus on the proportion of AFF clients who were reported to have at least one service encounter (a provider billing claim) recorded for the provision of service and answer the question, "How many clients accessed what sorts of services?" The second analysis focuses on service dosage and seeks to answer the question, "How much service did clients receive?" Due to the limitations of these services data, we are limited to counting the number of encounters (provider bill-

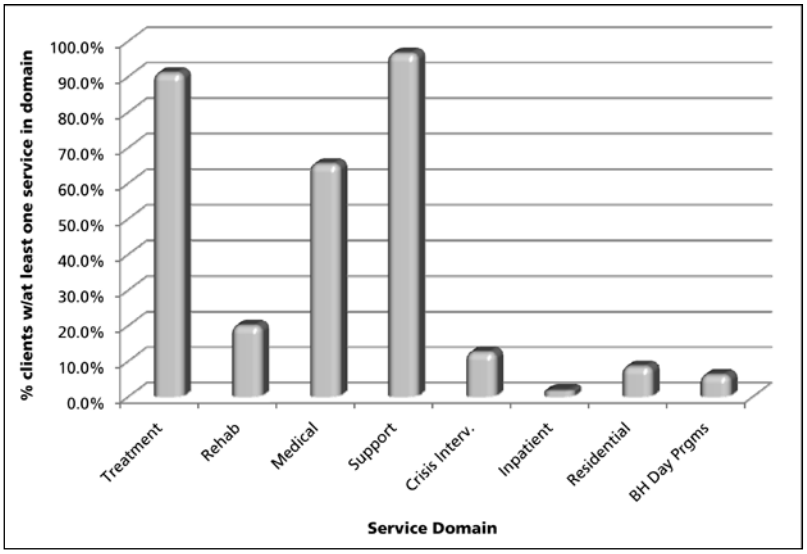
ing claims) as an estimate of the amount of services that clients received.[13] These service data do not currently allow for an accurate estimate of the true amount of time or units of service that clients received, but simply the number of discrete billings that a provider submitted for payment of the service. The final analyses of services data that will be presented will seek to answer the question, "How are these services funded?" or "Which state agency is paying for what services?" As will be shown, the AFF program continues to demonstrate a shared commitment with both DES and DBHS (through Title XIX Medicaid funding) sharing the fiscal responsibility of meeting client needs.

3.7 Service Access by Service Domain

As the data in the accompanying table reflect, nearly all clients that were served in the AFF program during the past year received services within treatment domain (91%) and the support domain (96%). Treatment services include, for example, counseling (individual, group and family) and outpatient services. Support services encompass such things as case management and transportation assistance. Approximately two-thirds of clients (65%) received services within the medical domain, while 20% or fewer of all AFF clients received services within the Rehabilitation, Crisis Intervention, Inpatient, Residential, or Behavioral Health Day Program domains (see Appendix G).

[13] DBHS encounter claims include information such as: procedure code, start date, end date, and number of units claimed. Each procedure code description contains a billing unit that describes the amount of time for that procedure, i.e., code 90804, individual psychotherapy, approximately 20 to 30 minutes face-to-face with the patient. AFF claims typically bill for a service in weekly increments, such as intensive outpatient services defined as a minimum of nine (9) hours per week, or one (1) week of supportive services.

EXHIBIT 10: Service Access, Domain Level, Statewide (n = 5,722)



Closer examination of the level of service access at the domain level reveals minor variations in service access across the six DES districts. As indicated by the following chart, the relative rates of clients that accessed treatment and support services were fairly stable across the state, with 80% or more clients in all six districts receiving at least one unit of service within each of these service domains. Slight variations in service access across the DES districts are noted. District I reported lower rates of access to rehabilitation services, whereas medication service access was lower in Districts II and IV, while Districts II and V demonstrated elevated rates of access to crisis services. Rates of residential, inpatient, and behavioral health day program participation were consistently low across all districts with 10% or less of clients receiving services within these domains.

EXHIBIT 11: Service Access, Domain, by District

DES Districts	I		II		III		IV		V		VI		Statewide	
Participating Clients	3001		1354		573		311		224		259		5722	
Services	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services	2840	94.6%	1160	85.7%	517	90.2%	279	89.7%	188	83.9%	219	84.6%	5203	90.9%
Rehabilitation Services	400	13.3%	310	22.9%	181	31.6%	87	28.0%	62	27.7%	96	37.1%	1136	19.9%
Medical Services	2313	77.1%	558	41.2%	362	63.2%	237	76.2%	100	44.6%	164	63.3%	3734	65.3%
Support Services	2951	98.3%	1236	91.3%	558	97.4%	303	97.4%	216	96.4%	252	97.3%	5516	96.4%
Crisis Intervention Services	283	9.4%	310	22.9%	35	6.1%	18	5.8%	17	7.6%	47	18.1%	710	12.4%
Inpatient Services	23	0.8%	23	1.7%	31	5.4%	8	2.6%	2	0.9%	13	5.0%	100	1.7%
Residential Services	170	5.7%	203	15.0%	48	8.4%	12	3.9%	23	10.3%	22	8.5%	478	8.4%
Behavioral Health Day Prgms	270	9.0%	47	3.5%	21	3.7%	1	0.3%	2	0.9%	0	0.0%	341	6.0%

Comparison of the rates of service dosage, expressed as the median number of encounters recorded for a client within a service domain revealed common patterns across the state in some service domains with other patterns specific to particular DES Districts. As reflected in the chart below, the service domains of support and residential services tended to show the highest rates of service encounters among those clients who accessed services within these domains. Crisis and rehabilitation service domains tended to demonstrate the lowest rates of encounters. Relative patterns of service dosage varied across the six DES districts, although DES District II demonstrated significantly lower rates of encounters in three primary domains (support, residential, behavioral health day programs) relative to other DES districts.

EXHIBIT 12: Median Service Encounters Per Client Within a Service Domain by DES District

DES Districts	I	II	III	IV	V	VI	Statewide
Participating Clients	3001	1354	573	311	224	259	5722
Services							
Treatment Services	8	5	6	6	8	9	7
Rehabilitation Services	1	2	5	4	2	3	2
Medical Services	4	7	9	11	5	8	5
Support Services	23	6	13	19	13	15	16
Crisis Intervention Services	1	1	1	1	1	1	1
Inpatient Services	3	3	4	3	5	2	3
Residential Services	2	5	22	18	29	22	13
Behavioral Health Day Prgms	12	3	11	8	12	0	11

3.8 Service Access and Service Encounters by Service Level

Turning to the discrete service levels provided to clients, a series of charts are presented that indicate the level of service access within each service domain, segmented by DES district, and the level of service dosage within each service domain, again segmented by DES District. These data provide graphical evidence of the variations in the relative rates with which AFF clients access services throughout the state, and the relative rates of the amounts of service (estimated by the median number of service encounters) that these clients are afforded (see Appendix H).

Treatment Services. The treatment services domain is composed of seven service levels, which include assessment and evaluation, three forms of counseling, two levels of outpatient programming, and other treatment services. Statewide assessment and evaluation services were the most commonly accessed service, received by 60% (District V) to 90% (District I) of all clients. The most common type of counseling received was family (57%), followed by individual (31%) and group (21%). With the exception of District I, individual and group counseling were the treatment services accessed by the fewest proportions of clients. While more than 50% and 30% of AFF clients in District I received group and individual counseling, respectively, fewer than 10% of clients in all other districts were reported to have received these services. All other treatment services were accessed by relatively few clients, with the exception of other treatment services in District II (14%) and outpatient treatment services in Districts I and VI (greater than 20% in both districts). While assessment and evaluation was the most commonly accessed service within the treatment services domain, it was provided for the briefest amount of time, as clients across all districts were recorded with a median of two encounters for this service. "Other" treatment services was the category of service most frequently provided to clients, averaging a median of nine encounters per client statewide, ranging from a low of five encounters in District II to highs of

28 (District III) and 29 (District V). Clients received relatively low doses of counseling services, with median rates of encounters across the state at six encounters for family counseling, one encounter for individual counseling, and seven for group counseling. With the exception of District IV, which reported a median of 15 encounters, clients received very little individual counseling, averaging two encounters or less.

EXHIBIT 13: Percent of Clients with at Least One Treatment Service Encounter and Median Service Encounters per Client by DES District

DES Districts	I		II		III		IV		V		VI		Statewide	
Participating Clients	3001		1354		573		311		224		259		5722	
Treatment Services	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median
Family Counseling	49.9%	5	48.3%	7	58.6%	7	58.2%	5	67.9%	7	58.7%	12	52.7%	6
Individual Counseling	52.5%	1	0.7%	1	1.6%	1	0.6%	15	5.8%	2	1.2%	1	28.6%	1
Group Counseling	35.6%	7	0.3%	1	3.8%	5	8.4%	7	2.2%	2	-	-	20.0%	7
Assessment, Eval., Screening	91.5%	2	67.2%	2	75.0%	2	76.8%	2	63.4%	2	71.8%	2	82.5%	2
Other Treatment Services	5.6%	17	14.2%	5	4.2%	28	3.9%	18	9.8%	29	8.9%	14	7.8%	9
Intensive Outpatient	5.4%	3	0.1%	3	6.1%	4	-	-	-	-	5.8%	2	3.8%	3
Outpatient	22.2%	4	10.4%	1	6.1%	3	9.3%	11	10.7%	4	27.4%	6	17.1%	4

Rehabilitation Services. The Rehabilitation Services Domain is comprised of three service levels: psycho-educational services, skill development and training, and behavioral health promotion and prevention. With the exception of clients receiving skills development and training in DES District VI, these services were accessed by 15% or fewer of all clients statewide. The number of encounters recorded for clients accessing rehabilitation services, with few exceptions, averaged across all three service levels and across all six DES districts, at 2 or less. Districts II and III demonstrated slightly elevated rates of skill training and development, District IV slightly elevated rates of behavioral health prevention and promotion, while Districts III, IV, and V showed elevated rates of psycho-educational services.

EXHIBIT 14: Percent of Clients with at Least One Rehabilitation Service Encounter and Median Service Encounters per Client by DES District

DES Districts	I		II		III		IV		V		VI		Statewide	
Participating Clients	3001		1354		573		311		224		259		5722	
Rehabilitation Services	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median
Skills Training & Development	6.5%	2	12.6%	3	16.9%	4	10.9%	2	15.6%	2	32.8%	2	10.9%	3
Behavioral Health Prevention/ Promotion Education	6.4%	1	1.5%	1	7.7%	1	15.1%	3	1.8%	1	3.5%	1	5.6%	1
Psychoeducational Sevices	3.5%	2	13.7%	2	16.4%	7	11.9%	6	19.2%	3	10.8%	2	8.7%	2

Medical Services. This service domain consists of four service sub-types: medication, laboratory services, medical management services, and pharmacy services. As depicted in the following graphs, the rates of laboratory service access varied widely from nearly 70% in District I to a low of 15% in District II. Medical management and pharmacy services were accessed by 10-30% of clients across all DES districts, while medication services were accessed by very few clients. These few clients however, reported the highest levels of encounters in Districts II (205 median encounters) and V (208). In contrast, laboratory, medication management, and pharmacy services were all reported at relatively modest rates of 10 or fewer encounters across all districts.

EXHIBIT 15: Percent of Clients with at Least One Medical Service Encounter and Median Service Encounters per Client by DES District

DES Districts	I		II		III		IV		V		VI		Statewide	
Participating Clients	3001		1354		573		311		224		259		5722	
Medical Services	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median
Medication Services	2.6%	142	2.4%	205	0.3%	10	1.0%	73	0.9%	208	-	-	2.1%	142
Laboratory Services	70.0%	3	17.7%	5	44.2%	8	68.2%	9	28.6%	3	41.7%	7	52.8%	4
Medical Mgt Services	17.4%	3	28.1%	2	33.0%	2	22.8%	3	20.1%	2	30.5%	2	22.8%	3
Pharmacy Services	19.6%	6	28.2%	6	28.3%	6	18.0%	6	19.2%	7	30.5%	6	23.2%	6

Support Services. The Support Services Domain is comprised of 12 service levels, ranging from case management to child care and including flex funds (non-medically necessary covered services), supported housing, self-help/peer support services, and personal care services. As reflected in the accompanying figures, case management is the most commonly reported service accessed by clients, with greater than 90% of all clients reported to have accessed this service. All other service levels within the Support Services Domain pale in comparison to case management, with flex funds and transportation being the two more commonly accessed services at 52% and 30% of clients statewide, respectively. Self-help and peer support services were accessed by 30-37% of the clients in Districts V and VI, with all service levels within this domain accessed by 15% or fewer of the clients in all districts. While case management was the most com-

EXHIBIT 16: Percent of Clients with at Least One Support Service Encounter and Median Service Encounters per Client by DES District

DES Districts	I		II		III		IV		V		VI		Statewide	
Participating Clients	3001		1354		573		311		224		259		5722	
Support Services	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median
Case Management	96.3%	22	78.7%	7	95.6%	11	93.2%	9	92.4%	9	95.8%	11	93.1%	15
Personal Care Services	0.8%	2	1.3%	29	1.4%	2	2.3%	2	2.2%	2	3.5%	2	1.3%	3
Home Care Training/ Family Support	1.1%	1	2.7%	1	2.3%	2	5.1%	4	1.8%	20	5.0%	2	2.1%	1
Self-Help/Peer Services	11.6%	2	13.1%	1	6.5%	2	9.0%	3	29.9%	3	36.7%	3	13.3%	2
Unskilled Respite Care	-	-	0.4%	1	-	-	-	-	6.3%	2	-	-	0.4%	2
Supported Housing	1.3%	31	1.9%	9	7.7%	5	1.6%	17	-	-	1.9%	28	2.1%	11
Sign Language/ Interpretive	0.1%	1	0.9%	4	0.2%	1	0.3%	1	-	-	4.2%	7	0.5%	2
Flex Fund Services	60.0%	1	44.5%	1	40.0%	1	39.9%	1	28.6%	1	34.4%	1	51.6%	1
Transportation	33.7%	6	14.5%	2	35.6%	7	25.1%	6	46.9%	10	36.3%	8	30.0%	5
Child Care	-	-	-	-	0.2%	1	1.3%	3	-	-	-	-	0.1%	2
After Care	2.6%	1	0.9%	1	7.3%	1	11.9%	5	-	-	2.7%	1	3.1%	1
Other	11.4%	2	0.4%	3	19.2%	4	49.8%	9	0.9%	1	26.3%	3	12.1%	3

monly accessed service, it was also provided at the most consistent levels, with clients statewide averaging a median of 15 encounters for this service. Supported housing, while provided to very few clients, was provided at relatively intense levels within District I (40 clients with a median 31 encounters), District IV (5 clients, 17 encounters), and District VI (5 clients, 28 encounters). With two exceptions (personal care services in District II and home care training in District V), all other service levels within the Support Services Domain were provided at rather modest levels.

Crisis, Inpatient, Residential, and Behavioral Health Day Treatment. Across these four service domains, a total of eight service subtypes are nested. Due to their relative low rates of both access and dosage, these four domains have been combined for this report. With few exceptions (most notably in the area of crisis stabilization services in District II) all of the services comprising these four service domains were accessed by a minority of clients, generally at rates below 5%. Among those clients that did access these services, short term residential treatment services predominated in the number of encounters, averaging a median of 20 encounters per client in all districts, with the exception of District II where the median per-client encounter for this service was 5. Within District I, two (2) clients were recorded as accessing residential treatment with their children present; for these two clients, the median number of encounters was 25.

EXHIBIT 17: Percent of Clients with at Least One Crisis, Inpatient, Residential, BH Day Service Encounter and Median Service Encounters per Client by DES District

DES Districts	I		II		III		IV		V		VI		Statewide	
Participating Clients	3001		1354		573		311		224		259		5722	
Crisis, Inpatient, Residential & Behav. Health Day Services	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median	%	Median
Crisis Mobile	4.2%	1	2.2%	1	4.5%	1	4.8%	1	5.8%	2	8.9%	1	4.1%	1
Crisis Stablization	6.9%	1	21.7%	1	1.7%	1	1.0%	1	1.8%	1	10.4%	1	9.7%	1
Inpatient Services	0.8%	3	1.7%	3	5.2%	4	2.6%	3	0.9%	5	5.0%	2	1.8%	3
Short Term Residential Level II	5.7%	20	15.0%	5	8.0%	22	3.5%	22	9.8%	29	8.5%	22	8.4%	13
Long Term Residential Level III	-	-	-	-	-	-	0.3%	1	0.4%	3	-	-	<0.1%	2
Child Residential w/Parent	0.1%	26	-	-	-	-	-	-	-	-	-	-	<0.1%	26
Supervised Behavioral Health Treatment and Day	0.5%	6	-	-	-	-	-	-	-	-	-	-	0.3%	6
Therapeutic Behavioral Health Treatment and Day	8.6%	12	3.5%	3	3.7%	11	0.3%	8	0.9%	13	-	-	5.8%	11

3.9 Service Mix by Fund Sources

One of the historic hallmarks of the AFF program has been the high degree of collaboration between DES and DBHS. As noted previously, the network of local contracted AFF providers in some communities represents a mix of local agencies that have concurrent contracts with the DBHS RBHA and DES (Regions I, II, V, & VI), while in other communities the local AFF provider is contracted with DES, but not with the DBHS RBHA (Districts III & IV). Providers in this latter group attempt to work collaboratively with their local RBHA to facilitate referral and enrollment into the Title XIX Medicaid program for those clients meeting appropriate eligibility criteria. This mix of local service providers has afforded opportunities for DES and DBHS to create complimentary funding streams to ensure equitable access to services throughout the state. Examination of the agency source from which services are funded for clients illustrates this blending of funding streams.

The accompanying table identifies the primary agency fund source used by AFF providers to support the provision of services. As this table illustrates, most services identified at the service level, or actually funded by one state agency fund source or another, but typically not both. Seven of the identified service levels were found to be funded by both agencies, while nine service levels were primarily funded by DES with the remaining balance of 15 services funded primarily by DBHS. Those services funded jointly by DES and DBHS include those services accessed by the majority of AFF clients, including case management, screening and assessment, and pharmacy services.

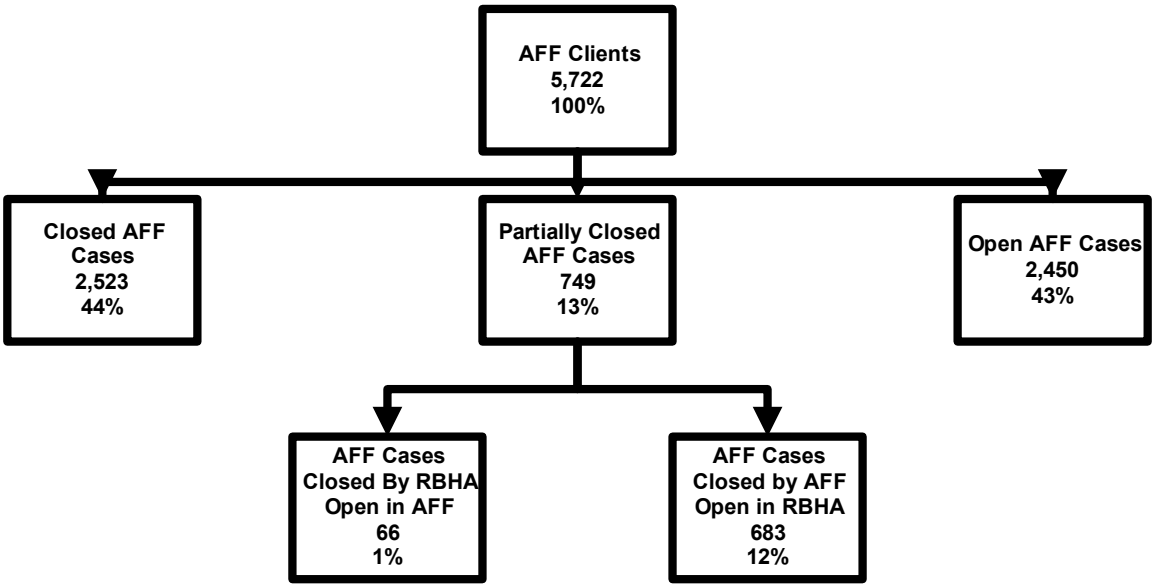
EXHIBIT 18: Primary Funding Source

	Primary Fund Source (> 80% of encounters paid by fund source)		
	DES only	**DES & DBHS**	**DBHS only**
Treatment Services			
Family Counseling			X
Individual Counseling	X		
Group Counseling	X		
Assessment, Evaluation, Screening		X	
Other Treatment Services			X
Intensive Outpatient	X		
Outpatient	X		
Rehabilitation Services			
Skills Training & Development			X
BH Prevention./Promotion Education		X	
Psycho-educational Services/Employment Support			X
Medical Services			
Medication Services			X
Laboratory		X	
Medical Management.			X
Pharmacy		X	
Support Services			
Case Management		X	
Personal Care Services			X
Home Care Training/Family Support			X
Self-Help/Peer Support			X
Unskilled Respite Care		X	
Supported Housing			X
Sign Language/Oral Interpretive Services	X		
Flex Fund Services			X
Transportation			X
Child Care	X		
After Care	X		
Other	X		
Crisis Intervention Services			
Crisis Mobile			X
Crisis Stabilization			X
Inpatient Services			
Residential Services			
Short-Term Residential Level II			X
Long-Term Residential Level III		X	
Child Residential w/Parent	X		
Behavioral Health Day Programs			
Supervised BH Treatment & Day Programs			X
Therapeutic BH Services & Day Programs			X

3.10 Service Closure and Service Duration

During SFY 2008, 2,523 clients (representing 44% of all clients served) cases were closed by both the RBHA and DES during the reporting period. An additional 43% of all clients served in SFY 2008 were still open at the end of the reporting period, while 13% (n=749) of all clients were closed in one but not both of the systems. The overwhelming majority of the partially closed had been closed by the AFF provider, while remaining open and accessing services from the RBHA.

EXHIBIT 19: Summary of AFF Case Closures



Length of stay (LOS) is computed by counting the number of calendar days from the date of a client assessment to the date of case closure. LOS has become an increasingly important indicator of treatment success and correlates with long term sobriety.[14] In general, among those AFF clients whose cases were closed in SFY 2008, those clients who had received services from the RBHAs experienced longer LOS than clients served by AFF providers. Comparing clients served exclusively in one system or the other, we observed that RBHA only served clients had a mean length of stay of 273 days, compared to a mean length of stay of 160 days for those client served exclusively by an AFF provider. For those clients served by both systems, LOS[15] continued to favor RBHA based services. Clients served by both systems and closed by both systems had a mean LOS of 240 days; clients served in both systems and closed by the RBHA (but not AFF) had a

[14] United Nations-Office on Drugs and Crime. (2002). Contemporary Drug Abuse Treatment: A Review of the Evidence Base (Electronic Version) Retrieved from www.unodc.org/pdf/report_2002-11-30_1.pdf

[15] LOS for dually enrolled clients calculated as the days from client assessment to the date of closure within the system filing the closure.

mean length of stay of 219 days; clients served in both systems and closed by the AFF provider (but not by the RBHA had the shortest length of stay at 137 days. As such, these data suggest that among those AFF clients receiving services, clients that accessed services from a RBHA provider experienced longer periods of service provision than clients accessing services from non-RBHA affiliated AFF providers.

CHAPTER 4.
AFF PROGRAM OUTCOMES

This chapter highlights the outcomes experienced by families that have participated in the AFF program. Outcome information is presented on the following key dimensions articulated in the enabling legislation establishing the AFF program: child safety, family stability and permanency, self-sufficiency as reflected in employment, and recovery from alcohol and drug problems.

4.1 Child Safety: Recurrence of Child Maltreatment

Of the total of 5,722 clients in the AFF program, 4,882 (85%) had at least one report of suspected child maltreatment prior to entering AFF while the remaining 840 (15%) had no reports of suspected child maltreatment prior to entering the AFF program.[16] Among the 4,822 clients with a report at intake, 1,228 (22%) clients had reports that had been substantiated,[17] 3,570 (62%) clients had reports that were unsubstantiated, while 84 (2%) clients had reports whose status was proposed as substantiated pending review by the Department's due process proceedings.

Following their enrollment in the AFF program, subsequent reports of child maltreatment were reported against 1,290 clients, representing just 22.5% of all clients served in SFY 2008. Among these clients with a child maltreatment reporting filing subsequent to their enrollment in

[16] At the time this report was prepare, it was unclear how individuals would be referred to the AFF program without a prior CPS report or Jobs Program referral. This finding will be investigated further by the evaluation team in the October-December 2008 quarterly evaluation report.

[17] A substantiated finding is one in which the facts of a report provide a reasonable ground, i.e., some credible evidence, to believe that abuse or neglect occurred (Arizona Department of Economic Security, Division of Children, Youth and Families. Children's Services Manual. Retrieved from www.azdes.gov/dcyf/cmdps /cps/Policy/ServiceManual.htm on February 3, 2009).

AFF were 362 parents who had not had a report at the pre-assessment period. Among those parents with reports prior to and subsequent to their enrollment in AFF, less than 10% of the recurrent reports were substantiated. Thus, the percentage of substantiated cases dropped from 22% of all cases prior to AFF program enrollment to 11% after AFF program enrollment. These findings are depicted in Exhibit 25. The rates of report substantiation varied significantly by DES District, from a low of 9% in District I to a high of 25% in District II. The National Child Abuse and Neglect Data System (NCANDS) indicates that for 2006 (the most recent year that data are available) 9% of all Arizona maltreatment reports were substantiated compared to a national substantiation average of 25%.[18] Integrating these data suggests that the state overall displays a rate of substantiation that is far below the national average, with District II approximating the national average.

During the reporting period, 84% of substantiated cases consisted of neglect, 12% were physical abuse, and 3% sexual abuse. One child of AFF parents died as a result of the maltreatment reported at pre-assessment. Similarly, last year the vast majority of substantiated maltreatment cases were also for neglect (94%), and the remainder (6%) for physical or sexual abuse. These findings are consistent with other studies that showed substance abusing caregivers tend to be linked with neglect referrals rather than with sexual or physical abuse referrals.[19]

EXHIBIT 20: Statewide Pre-Assessment and Post-Assessment Child Maltreatment Reports

	Pre-Assessment Finding		Post Assessment Finding							
	Totals		Substantiated		Unsubstantiated		Finding Pending		No Report	
	#	%	#	%	#	%	#	%	#	%
Substantiated	1228	22%	29	13.8%	137	14.4%	19	15.0%	1043	23.5%
Unsubstantiated	3570	62%	79	37.6%	561	58.9%	91	71.7%	2839	64.1%
Finding Pending	84	2%	0	0	8	0.8%	4	3.1%	72	1.6%
No Report	840	15%	102	48.6%	247	25.9%	13	10.2%	478	10.8%
Total	5722	100%	210	100.0%	953	100%	127	100%	4432	100%

Exhibit 25 also provides information on child maltreatment recurrence statewide. Of the 4,882 families with a report at pre-assessment, at post-assessment, 928 or 19% had a recurrence. Using the more conservative definition of recurrence used by NCANDS (subsequent substantiated reports following an initial substantiated report, a recurrence rate of 2.4% in AFF program participants was obtained. For informational purposes, the federal standard for absence of maltreatment recurrence within six months is 94.6% (allowing, therefore, recurrence of 5.4%). Thus, for

[18] U.S. Department of Health and Human Services, Administration on Children, Youth and Families. ***Child Maltreatment 2006*** (Washington, D.C.: U.S. Government Printing Office, 2008).

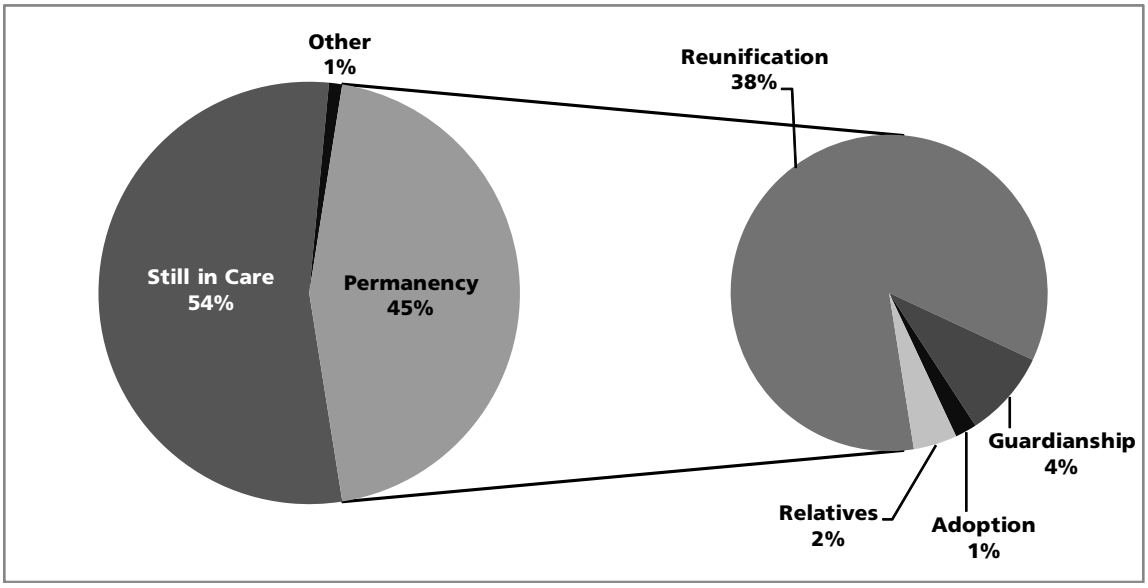
[19] Sun, A., Shillington, A.M., Hohman, M., & Jones, L. (2001). Caregiver AOD Use, Case Substantiation, and AOD Treatment: Studies Based on Two Southwestern Counties. ***Child Welfare***, 80(2), 151-177.

SFY2008 among AFF families, recurrence was lower (better) than this national standard.[20]

4.2 Permanency Achieved by Children of Parents in AFF

A total of 4035 children whose parents were AFF clients in SFY 2008 were in CPS care at some point during the reporting period. As depicted in Exhibit 26, 54% (2175) of these children were still in out of home placements at the end of the reporting period.[21] By comparison, in SFY2007, 75% of children of parents in AFF were still in care at year's end. For comparison purposes, nationally, in 2005 71% of children reunified with parents were

EXHIBIT 21: Permanency Achieved by Children of Parents in AFF



reunified in less than 12 months.[22] Just under half of the total number of children in care at any point during the year (1829, 45%) achieved permanency during SFY2008. Of those who were discharged from care and achieved permanency (n=1829), the vast majority (83%) were reunified with their families. Others found permanent homes with relatives (n=73, 4%), through adoption (n=37, 2%), emancipation (n=26, 1%) or guardianship (n=179, 10%). Rates of reunification varied across the six districts, from a low of 75% in District IV to a high of 92% in District V. For comparison purposes, 80% of the children of AFF parents who left the care of DES in SFY2008 were reunified with parents or caregivers. The average

[20] U.S. Department of Health and Human Services, Administration on Children, Youth and Families. ***Child Maltreatment 2006*** (Washington, D.C.: U.S. Government Printing Office, 2008).

[21] Included in this group are children who are participating in trial visits with relatives, guardians, or potential adoptive families.

[22] U.S. Department of Health and Human Services, Administration on Children, Youth and Families. ***Child Welfare Outcomes 2002-2005.*** (Washington, D.C.: U.S. Government Printing Office, 2008).

number of days in care during SFV2008 was 241 (SD=257), varying from a low of 204 days in District I to a high of 307 in District V.

EXHIBIT 22: Days in Out of Home Placement for Children Who Achieved Permanency

(N=1829)	Median	Average
Relatives (n=73)	4	17
Reunification (n=1514)	153	215
Guardianship (n=179)	421	391
Adoption (n=37)	721	791

Among the children who achieved permanency (see Exhibit 27), the median number of days[23] in out-of-home care for children subsequently living with relatives was 4 days, followed by 153 days for children reunified with birth families, 421 days for children where guardianship was arranged, and 721 for children who were adopted. It should be noted that the median number of days in care for reunified children in District I (89 days) was significantly lower than the statewide median of 241. Additional details on days in care by DES District are summarized in Appendix I.

4.3 Recovery from Substance Abuse

Reductions in substance abuse can be evaluated from two sources of information: self-reports and urinalysis (UA).24 With the former, comparisons are made between the responses obtained at intake and at discharge from the AFF program among those clients for whom a useable intake and termination/discharge screening are available. Comparison of the number of UAs collected that detect continued substance use (positive UA) to the number of UAs collected that detect no substance use can be used as an alternative measure of recovery from substance abuse. Unfortunately, both of these measures only provide an assessment of substance use during the time of AFF program participation. Currently, no data are collected that assess continued abstinence following program completion (e.g., 6 month, 12-month follow-up).

Urinalysis. Usable urinalysis results were available for just half (*n* = 1242, 49%) of AFF clients, approximately the same percentage (53%) as last year. As such, slightly more than one-half of all program participants, either were not assessed with urinalysis, or, the results of these urinalysis were not reported. An important indicator of program effectiveness is the percentage of "clean" or negative UAs indicating no drug use. Statewide, 90% of UA screenings of closed cases were consistently "clean" (about the same as the past two years), with 68% of those with any UAs reporting all clean tests. Ratios of clean UAs to all UAs varied across providers from a low of .79 to a high of .91. Statewide, 13% of UAs tested positive for drugs, with similar variability across sites in the percentage of "dirty" UAs reported, with a high of 61% at CPSA and a low of 0% in Yuma.

One way to examine the effectiveness of the AFF program is to look at

[23] The mid-point wherein half the children spent less time in care and half spent more time in care.

[24] Information provided by AFF providers does not allow for a determination of the substances that were assessed by the urinalysis.

the extent to which a child maltreatment report was received during the program period in relation to the ratio of "clean" UAs to the number of UAs performed. Statewide, the ratio was .90, indicating that 90% of clients' UAs were negative for drugs. There was not a significant difference in the ratio of clean UAs between groups of parents with no maltreatment report, compared to those with a substantiated or unsubstantiated maltreatment report

EXHIBIT 23: Average Drug Screens per Client by DES District and AFF Provider

DES District	I	II	III			IV		V	VI	
AFF Provider	TERROS	CPSA	AzPaC Coconino	AzPaC-Yavapai	Old Concho	AzPaC-Yuma	Westcare	Horizon	SEABHS	Statewide Averages
Number of Participants	3001	1354	84	310	179	105	206	224	259	5722
Mean	2.94	1.24	13.76	20.50	2.83	6.87	15.86	2.96	13.20	4.65
Std. Dev.	4.30	3.93	22.94	28.32	6.00	7.76	15.17	6.75	44.64	13.92

EXHIBIT 24: Average Frequency of UAs per Month by District

DES District	I	II	III	IV	V	VI	Statewide Averages
Median	0.79	0.67	1.62	1.84	0.25	1.02	0.87
Mean	1.32	1.81	3.64	2.95	0.8	7.6	2.09
Std Dev	2.09	4.67	8.15	4.84	1.38	42.14	10.43

Statewide, across all clients and providers, AFF clients received an average of 5 drug screenings in SFY2008. There was substantial variability across sites, as shown in Exhibit 28, as clients in some programs (Horizon, CPSA, TERROS) were tested on average, three times or less, while other providers (AzPaC, SEABHS, Westcare), 10 times or more, during the course of their treatment.

Providers are required by contract to conduct urinalysis on program participants on average, twice per month. As reflected in summarized in Exhibit 29, the statewide average frequency of UAs among those clients who had UAs reported was two per 30 days; meeting the specified requirement. Providers in Districts III, IV, & VI reported 30-days rates of UAs that met or exceed the state standard while providers in Districts I, II, and V reported 30-day rates of UA testing that fell short of the state standard.

Self-Report. Exhibit 30 provides a comparison of the response patterns among 1,629 AFF participants who were closed in SFY 2008 and for whom a useable pre-assessment and post-assessment of self-reported substance abuse self-report was available. As the data in this table indicate, among the 351 individuals that were recorded as reporting using methamphetamine in the 30 days immediately prior to their enrollment in the AFF program, nearly 90% (86.3%) were recorded as also reporting such use at program discharge. This pattern is quite consistent; the overwhelming majority (80% or more) of participants' self-reported substance use remains the same at discharge as that record at intake. The consistency of this patterns leads to some suspicions that the finding might be spurious, an artifact of inaccurate or lapsed reporting as opposed to no reduction in substance use. This suspicion strengthens as we look at the results of the urinalysis data.

EXHIBIT 25: Self-Reported Substance Use at Time of Closure

			Post Assessment											
	Pre-Assessment		None		Alcohol		Cocaine/ Crack		Cannabis/ Hashish		Meth		All Others	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
None	585	35.90%	525	89.70%	17	2.90%	11	1.90%	11	1.90%	16	2.70%	5	0.90%
Alcohol	259	15.90%	17	6.60%	230	88.80%	2	0.80%	3	1.20%	7	2.70%	0	0.00%
Cocaine/Crack	144	8.80%	3	2.10%	1	0.70%	138	95.80%	1	0.70%	0	0.00%	1	0.70%
Marijuana/Hashish	228	14.00%	22	9.60%	1	0.40%	0	0.00%	200	87.70%	5	2.20%	0	0.00%
Methamphetamine/ Speed	351	21.50%	37	10.50%	3	0.90%	1	0.30%	6	1.70%	303	86.30%	1	0.30%
All others	62	3.80%	6	9.70%	4	6.50%	0	0.00%	3	4.80%	0	0.00%	49	79.00%
Totals	1629	100%	610	37.40%	256	15.70%	152	9.30%	224	13.80%	331	20.30%	56	3.40%

4.4 Child Permanency in Relation to Substance Use Patterns

Exhibit 31 depicts the relationship between parental self-reported substance use in the 30 days before discharge and child status. A somewhat higher percentage of children whose parents did not report substance use achieved permanency (78% versus 71% of those reporting substance use).

Looking just at cases where children were reunified with families (83% of those who achieved permanency), there were no differences according to whether parents reported drug use (81%) or did not report use in past 30 days (83%).

EXHIBIT 26: Child Outcome Status According to Parent Substance Use Status

Parental Self-Reported Substance Use at Discharge	Child Status			
	Still in care		Achieved permanency	
	N	%	N	%
Used in past 30 days (n=1551)	458	29	1098	71
Did not use (n=2103)	473	22	1630	78

4.5 Parental Employment

Employment status is collected at program enrollment and at discharge. Employment status rates at intake and at discharge were compared for a group of 1,635 clients with an intake and a discharge assessment. As depicted in Exhibit 32, 26% of program participants were employed at intake; at discharge, the rate of employment had increased to 31%. Likewise, while 60% reported they were unemployed at intake, the rate of unemployment drops slightly at discharge to 59%. Generally, the employment status reported at intake is the same status reported at discharge.

EXHIBIT 27: Employment Status at Enrollment and Discharge

Pre Employment Status			Post Employment Status					
	Totals		Employed		Unemployed		Other	
	#	%	#	%	#	%	#	%
Employed	430	26.3%	394	91.6%	30	7.0%	6	1.4%
Unemployed	987	60.4%	82	8.3%	886	89.8%	19	1.9%
Other	218	13.3%	25	11.5%	57	26.1%	136	62.4%
Totals	1635	100%	501	30.6%	973	59.5%	161	9.8%

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CHAPTER 5.
CLIENT PERSPECTIVES

AFF providers are urged to develop a continuum of services that is family centered, child focused, comprehensive, coordinated, flexible, community based, accessible and culturally responsive. This section of the report summarizes information from AFF site visits with clients and AFF program managers. First, we provide a summary of client satisfaction that speaks to the provision of services responsive to clients' needs and cultural, demographic and geographic diversity. Secondly we end this chapter with a summary of similar and contrasting viewpoints of AFF services during the past year based on interviews with AFF program managers.

5.1 Summary of Annual AFF Client Focus Groups

Client Characteristics and Services

Seventy-eight AFF clients participated in focus groups and were asked about the services received as well as the timeliness and satisfaction with those services. Seven out of ten focus group participants were female (71%) and most were Caucasian (62%). About three out of ten participants (29%) were of Hispanic/Latino descent, 7% American Indian, and 2% were African-American. Client participation ranged from six to 12 clients in nine different focus groups.

Program Services

When clients were asked about AFF program services, clients in all areas mentioned substance abuse education and counseling, and clients in six of the nine areas cited assistance with basic needs such as food boxes. Transportation assistance was mentioned by clients in six of the nine groups. Other frequently mentioned services included: housing, clothing, individual counseling and/or emotional support, and financial support for one-time needs.

Similar to last year, most clients reported receiving services in a timely manner and felt they were receiving the services that they needed. A sampling of client comments include the following.

"When I didn't show for my appointment, they were at my door. There were times when I was home, but I wouldn't open the door. I would stand there real quiet so they wouldn't think I was home. They just kept coming back. There is a lot of devotion there."

"When I came into the AFF program four years ago, it took two months. This time, I called AFF last week and I started today. My son just moved in with me again. I've been in residential care for several months."

"I was enrolled quickly, but not long after I ended up in jail. They (AFF) didn't visit me when I was in jail, but as soon as I was out, the visits started up again immediately. I wish they would continue classes and visits in jail. I feel like I lost a lot of time not getting their services while I was in jail."

"Everything has been real quick. We were able to get clothing and diapers within the first week."

"They were able to get me into a parenting class right away."

"I had to move from one city to another; CPS didn't refer me to AFF in Flagstaff. I called the AFF office crying and they got me in right away."

"I get help to pay for my medications. I really appreciate that. I couldn't afford them on my own."

"Everyone here is anxious to get you what you need—the counselors and the AFF case managers. I requested marriage and family therapy and I got it right away."

"My AFF worker went to court with me; he/she waited with me in the court house until my hearing. That made a huge difference to me."

"They treat you like a person. They aren't judgmental. They get to know you."

"They (AFF) are always there when you need them."

There were also expressions of frustration with agencies and systems in the delivery of service.

"I had to wait about a month and a half to get AHCCCS."

"It took two weeks for my CPS referral to AFF; two weeks from AFF to the RBHA; and two weeks from the RBHA to substance abuse classes. That's six weeks, so no, my process was not fast."

"They want you to be here for hours before and after your assessment appointment. I couldn't stay—I had a doctor's appointment, so I ended up having to reschedule and waiting again."

Satisfaction with Program

AFF clients participating in the focus groups expressed satisfaction with the program. The prevailing sentiment expressed by focus group participants was that the AFF program provided them with emotional support of having "someone on your side" as expressed in these comments.

"They are very helpful. They are good with the CPS case workers. They are just good people. They gave me moral support, emotional support. They made anything they could available to me. They speak up for me at meetings."

"My self-esteem was nothing. Now I feel good about myself. It's the best thing that's ever happened to me."

"It's easier to get jobs. I always had to take jobs where I didn't get tested. Now I don't have to worry about that. I can apply for any job I want."

"Providing random UAs has helped me a lot. It helped to keep me honest in the beginning; now it helps to keep CPS honest."

"It keeps me believing that I can fight CPS to get my son back. AFF totally backs me up."

"I did the treatment plan. I didn't want to do it at first. I found out a lot of things that I probably should have learned but I didn't. It will help me with future relationships. I like the homework. It is really good. I wish we had more homework."

"I've been in this program a couple of times. The first time was four years ago. I came in with my husband. I just came back to the program today. I was happy to come back to AFF. They gave me chances when I didn't deserve them."

"They (AFF) have helped us with everything; rent, bills. They went to court with me. They are always available to talk to."

"They got me into IOP classes. They helped me to get regular visitation with my son. I was able to get into parenting classes."

"My relationship with my kids is much better. They are adjusting better because now I am having more regular visitation with them."

"I think I'm ready this time. I've been through this process three times, but I wasn't ready—I didn't work at it. Now I know that I can't fail again. That's it."

"My kids will be returning home next month. I don't think that would be possible without this program."

"I think this program will make me ready for court. I want to make sure I do everything I need to do to get my kids back. My AFF worker keeps good records—he/she writes a report for court."

"I know I can't do this alone. This program has taught me that it's okay to need help. I can ask for help now."

"I started in this program in December. I received substance abuse classes and parenting classes. I was in a substance abuse treatment group here for six months. I completed the program. I finished getting my GED, and I'm going to college in August. I live in the Horizons PEART II house—it's a three-bedroom house. I pay $300 a month for it. Housing was the only thing that was holding me back from getting my kids. I'm going to start working as a Peer Support worker soon. We are getting our own place in July."

5.2 Summary of Annual AFF Coordinator Interviews

Outreach and Engagement

Common barriers to successful client outreach and engagement mentioned by AFF coordinators across sites included:

- Clients changing phone service or having no phone
- Client reluctance or ambivalence
- Inaccurate referral information
- Frequent relocation of clients and/or homelessness
- Substance abuse relapse from time of CPS referral to initial outreach or contact
- Difficulty in reaching clients in remote locations
- Higher gas prices impacting clients

Specific strategies that some providers have developed during the past year to overcome these barriers included

- Within District I (TERROS), outreach staff are now going out and making contact with existing clients in order to encourage their continued engagement with services. In addition, TERROS received a subcontract from DES to augment AFF services through the addition of Peer Recovery Coaches who help in the outreach and engagement process.
- Within District II (CPSA) the AFF Coordinator provides continuing, monthly education to CPS workers. Through these monthly meetings CPS workers help the provider in making and maintaining client contact as demonstrated by the comment "Sometimes CPS alerts us to next court date which helps us to make contact with homeless clients."

- The SEABHS (District VI) Coordinator stated that "We have 85 vehicles at our disposal to assist us in providing [transportation] services to clients in the communities where they live."
- In order to reduce delays due to inaccurate referral information, the AFF Coordinator at AzPaC-Flagstaff (District III) reported that "We verify contact information immediately. We identify other services clients may be involved in and use them as a point of contact."
- The AFF program in AzPaC-Prescott (District III) received their CPS referrals via secure email: "This is an easier way to track referrals. We also have a process in place for unsuccessful visits: if the client is not there, the worker calls the CPS worker for further instruction."

Completion of Client Assessments

Barriers to the successful completion or delays in the completion of client assessments included the following issues:

- Clients have scheduling conflicts or poor time management skills.
- There was too few staff in some locations across districts to meet the needs of clients.
- Clients have improper or no identification, which causes a delay in the provisions of services.
- Clients have low motivation or are in a pre-contemplation stage of change for treatment services.
- In some situations, one parent is engaged in services and the other is not.
- One AFF Coordinator reported that in some instances "clients' attorneys tell clients to not talk about their case," meaning the client won't sign an initial release.
- Another AFF Coordinator reported that "some of the Behavioral Health Centers we work with won't provide us with client information even if the client has signed a release. We've worked on building relationships with these centers, but this is an ongoing problem with some Centers."
- An AFF coordinator stated that "Our RBHA contacts clients for appointments on the last

day of our assessment deadline," rather than sooner within the contracted timeframe.

Specific strategies that some providers have developed during the past year to overcome these assessment barriers included:

- One site Coordinator stated that "We've assigned a clinical liaison who completes assessments."
- Other coordinators reported that "We go to the CPS office with the client and we provide evening sessions and childcare.,," or "…we schedule the RBHA appointment while the client is in the office and provide a planner to the client that has the appointment written in it…"
- As a final example of overcoming assessment barriers, a northern Arizona provider stated that "We have a bilingual case manager who translates during the assessment process…." Also, in an effort to reduce the number of "no-shows" at the time of the assessment appointments, AFF staff enter into a written agreement with clients that they [the client] will attend the assessment session: "There are consequences for client for no-shows. We notify the CPS worker. We just don't have enough slots available, and the no-show appointments eat a lot of my staff's time."

Substance Abuse Treatment Services

Barriers to the successful client engagement in treatment services across districts included:

- There is a delay or waitlist for available residential treatment beds/services; a lack of public transportation, especially in rural areas; unstable client lifestyles such as unemployment or homelessness; and substance use relapse.
- In addition, some coordinators reported that CPS places increasing restrictions or requirements upon clients which often discourages them. AFF clients are often confronted with conflicting treatment priorities with various providers and/or agencies. An increasing barrier to treatment is service availability for non-English speaking clients and clients who are illiterate.
- Specific strategies that some providers have developed during the past year to overcome

these assessment barriers included:

- Across all districts, the Meet Me Where I Am (MMWIA) Campaign through the Department of Health Services, Division of Behavioral Health Services is having a positive impact on eligible families. This program expands the amount and quality of support and rehabilitation services available to Child and Family Teams for the express purpose of helping children live successfully in their own communities.
- Some District I AFF clients will have the added benefit of Peer Recovery Coaches, which will assist in engaging and supporting clients during their treatment process.
- Another AFF provider promotes a proactive approach in maintaining client engagement in services by informing clients that they are welcome in the program at any time; "We don't punish clients for missing groups; we provide make-up sessions for missed groups. If they do drop out, we make sure they understand that the door is always open."
- Other solutions include programming for women's groups, groups for couples, and a domestic violence prevention and education group.
- A provider in District III reported that a residential treatment center is available to clients who are Spanish-speaking; also, there is residential treatment available to adolescents who need substance abuse treatment. In an effort to bridge the language barrier, the AFF coordinator stated that "We have a clinician who can translate during sessions."

AFF Client Needs

AFF coordinators were asked if there were any services clients needed but were not available through their agency or in their local community. One coordinator reported the need for men-only groups that could not be filled at the current time without additional staffing. Another coordinator reported seeing an increase in the number of clients needing methadone treatment which is limited in their local area. Another need cited by several coordinators was additional housing, especially for clients that have criminal histories. In many situations, a client who has been convicted of a felony is excluded from public housing services, and often from private housing as well. Transportation services in rural parts of the state continue to be a challenge.

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CHAPTER 6.
SUMMARY AND CONCLUSIONS

This report summarizes the key processes and outcomes of the Arizona Families FIRST program (AFF), now in its seventh year of operation. The continued commitment of the legislature to critically examine the processes and outcomes of this highly innovative program has afforded the opportunity to study the development and continued operations of a program unique in its scope and focus. The utilization of information gathered from a variety of sources, including administrative data, focus groups, key informant interviews, and service utilization records provide diverse perspectives to address fundamental questions:

- First, is the AFF program serving its intended target population?
- Second, are individuals served and provided services in a manner consistent with that articulated in the enabling legislation of the program and operationalized by DES and its contracts with providers?
- Third, are program participants realizing outcomes in terms of enhanced child safety and family functioning, enhanced parental employment, and sobriety, for which the program was designed?

Is the AFF Program Serving Its Intended Target Population?

In SFY 2008, a total of 5,722 individuals were served by the program, representing a 28% increase from SFY 2007, and continuing a steady growth in the number of individuals served. Nearly 70% of those individuals were new clients to the program, with the balance of clients representing indi-

viduals referred and assessed in SFY 2007 but continuing to receive services in SFY 2008. Approximately seven out of 10 (72%) of all clients served by AFF are mothers, slightly more than half of whom reported they were single and had never been married. Twenty-eight percent of clients identify themselves to be Latino; 7% identify themselves as African American. Nearly three quarters of the clients were unemployed and slightly less than half (47%) report their highest educational level to be a high school diploma or equivalent. Eighty-five percent of clients had at least one investigative report for suspected child maltreatment open with CPS at the time of their enrollment in the AFF program; 22% of those reports had been classified as "substantiated".[25]

At the time of program enrollment, two thirds (65.8%) of clients self-reported that they have abused alcohol or used illicit substances in the immediately preceding 30 days. Alcohol, cannabis, and methamphetamine continue, as in previous years, to reflect the more commonly reported substances of abuse, all reported at comparable rates among one third of those clients reporting use. As such, these data suggest that the AFF program and its network of providers throughout the state continue to serve the intended target population: families involved in the Child Protective Services system wherein parental substance abuse and/or employment is deemed to be a significant factor impacting child safety and family functioning. Further, the continuing growth in the number of clients served suggests that the need for the services offered through the AFF program continues to outstrip the availability of those services.

Among Those Individuals Served, Are They Being Provided Services In A Manner Consistent With That Articulated In The Enabling Legislation Of The Program?

Services data collected from the local AFF contracted providers and matched with information obtained from DBHS suggest that nearly all of the clients enrolled in the AFF program during SFY 2008 received some form of service, with treatment and support services being accessed by 91% and 96% respectively of all clients. Slightly greater than one-half of clients were provided medical services, with fewer than one in five clients receiving any form of inpatient, residential treatment, or rehabilitation services. Among those clients accessing support services, case management, transportation, and flex funds were the more commonly reported services. Among those clients accessing treatment services, screening, evaluation and assessment along with family counseling were the more commonly reported services. Services that were reported rarely included child care, individual counseling, or rehabilitation services in general (in-

[25] A substantiated finding is one in which the facts of a report provide a reasonable ground, i.e., some credible evidence, to believe that abuse or neglect occurred (Arizona Department of Economic Security, Division of Children, Youth and Families. Children's Services Manual. Retrieved from www.azdes.gov/dcyf/cmdps /cps/Policy/ServiceManual.htm on February 3, 2009).

cluding skills training and psychoeducation).

The relative amounts of service varied widely not only among clients (reflective of the individualization of services), but also among the AFF providers. Using the number of encounters (billing statements – generally corresponding 1:1 with each discrete service event) suggests that clients generally receive more support services (e.g., case management) and residential treatment services as compared to other services. There was wide variation in the relative amounts of service (expressed as the median number of encountered per client) across the six DES districts and the mixture of services within these districts. Generally, clients served in DES District II received significantly less service in every service category, as compared to clients in all other DES districts. These data suggest that clients served by the AFF program are most likely (nearly 100%) to receive case management services, and moderately likely (50% - 75%) to be assessed and provided family counseling services. The relative amounts of services that clients are provided is inconsistent across the DES districts wherein the AFF providers are located. Future research could address the reasons for these variations and the relationships between the types and amounts of services provided to clients and the characteristics and outcomes achieved by these clients.

In addition to the provision of a comprehensive continuum of services to clients, the AFF program is designed to provide outreach and engagement services on a timely basis. Providers are also mandated to conduct urinalysis of all clients, on average twice per month. With regard to the timeliness of services, the data contained in this report indicate that, on average, clients are contacted by the AFF provider in the community in less than 48 (1.8 days) hours after a referral has been issued, representing a reduction of approximately a half day from the SFY 2007 reported timeliness of 2.34 days. Information provided by the AFF providers indicates significant variation in the use of urinalysis to detect substance use and substantial under utilization of urinalysis across all providers. For those clients whose cases were closed in SFY 2008, the average number of urinalyses (UAs) conducted per client was 8.5 (standard deviation = 17.97), ranging from a high of 27.3 (DES III) average UAs per client in DES District III to a low of 4.5 average UAs per client in DES District I. Clients across the state are receiving an average of 2.01 UAs for every 30 days that they are enrolled in the AFF program, in alignment with AFF program specifications. As such, while only half of all program participants are being provided UAs, those that are receiving UAs are doing so at an appropriate rate.

Are Program Participants Realizing The Outcomes For Which The Program Was Designed?

Three areas of client functioning are assessed as part of the AFF evaluation plan. These include: child safety and family reunification; parental

sobriety/reduction in substance use; and parental employment. In SFY 2008, parents who entered the AFF program with a substantiated report of child maltreatment experienced a recurrence (filing of an additional substantiated report) of only 2%, representing less than half the national average of six-month recurrence of 5.4%. Among the more than 4,000 children of parents served in the AFF program that had been placed in out-of-home placements in SFY 2008, 54% were still in out-of-home placements at the end of the fiscal year, representing a 30% reduction in the number of children in out of home placements. Just under half (45%) of all children in out-of-home placements achieved permanency in SFY 2008, up significantly from the SFY 2007 AFF permanency rate of 25%. As such, these data indicate that among the families served in the AFF program, child safety (as expressed as the recurrence of a report of suspected child maltreatment) is reduced significantly, and permanency placement for children (expressed as reunification with their parents) has improved significantly. Current outcomes among AFF participants regarding their employment and continued abuse of alcohol and other illicit drugs are less impressive and present continued opportunities for improvement. While 90% of all of the urinalyses were negative, the relative rates of self-reported substance use and employment remain unchanged among those clients discharged from the AFF program. At the time of closure, only 1.5% more clients report that they had used no alcohol or other illicit substance in the past 30 days compared to intake. Likewise, the proportion of clients reporting their employment status as "employed" increased from 26.3% at intake to 30.6% at discharge.

RECOMMENDATIONS

This program, representing a high degree of inter-agency collaboration between DES and DHS, served as a stimulus for Executive Order 2008-01 directing executive branch agencies to take steps that enhance the availability of substance abuse treatment services for families involved with Child Protective Services. During this past year, enhanced efforts at the detection, referral, and joint processing of substance abusing parents have been initiated and are reflected in the performance indicators of this highly innovative program. Further, this program continues to demonstrate superior performance relative to child safety and permanency planning, enhanced by strategies implemented in accordance with *Strengthening Families – A Blueprint for Realigning Arizona's Child Welfare System.*

The very nature of this highly innovative program presents its greatest challenge and opportunity. The interplay between two governmental agencies (Department of Economic Security and Department of Health Services) with unique contracting and reporting processes, and the differences observed in some of the service and outcome data may well be a by-product of blending data obtained from both systems. Three specific areas wherein the interagency nature of this program may be impeding an accurate portrayal of program performance include the following:

- Differences in the services reporting requirements of DES and DBHS impede adequate monitoring of the consistency of AFF service provision statewide. *DES may want to convene a workgroup with DBHS representatives to examine ways in which DES-contracted treatment services can align with the DBHS Service Matrix.*
- Past reporting requirements, particularly with regard to substance use and employment, limit the usefulness of the outcome findings from the AFF program. *DES may want to examine AFF provider contracts, to ensure that employment status and self-reported substance use patterns are re-assessed at the time of program discharge.*
- Regional variations in AFF service delivery suggest areas for enhanced program monitoring and technical assistance. *DES may want to convene providers and the evaluation team to examine the causes for regional variations in key practice areas.*

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APPENDICES

Appendix A: Background Information on the Arizona Families F.I.R.S.T. Program

The AFF program is administered jointly by the Arizona Department of Economic Security/Division of Children, Youth and Families (ADES/DCYF) and the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), with DES designated as the lead agency. The legislation established a statewide program for substance disordered families entering the child welfare system, as well as those families receiving cash assistance through Temporary Assistance for Needy Families (TANF). The legislation recognized that substance disorder in families is a major problem contributing to child abuse and neglect, and that substance abuse can present significant barriers for those attempting to reenter the job market or maintain employment. Federal priorities under the Adoption and Safe Families Act (ASFA) that address child welfare outcomes, such as permanency and shorter time frames for reunification, coupled with lime limits established under the TANF block grant were also factors behind the legislation.

The purpose of AFF is to develop community partnerships and programs for families whose substance disorder is a barrier to maintaining, preserving, or reunifying the family, or is a barrier to maintaining self-sufficiency in the workplace. The joint Substance Abuse Treatment Fund was established to coordinate efforts in providing a continuum of services that are family-centered, child-focused, comprehensive, coordinated, flexible, community based, accessible, and culturally responsive. These services were to be developed through government and community partnerships with service providers (including subcontractors and the RBHAs) and other entities such as faith based organizations, domestic violence agencies, and social service agencies.

The Arizona Legislature mandated in ARS 8-884 that the following outcome goals be evaluated:

- Increase the availability, timeliness, and accessibility of substance abuse treatment to improve child safety, family stability, and permanency for children in foster care or other out-of-home placement, with a preference for reunification with the child's birth family.
- Increase the availability, timeliness and accessibility of substance abuse treatment to achieve self-sufficiency through employment.
- Increase the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

The initial AFF program Steering Committee[26] required that the following performance measures be used to evaluate the effectiveness of the program:

- Reduction in the recurrence of child abuse and/or neglect.
- Increase in the number of families either obtaining or maintaining employment.
- Decrease in the frequency of alcohol and/or drug use.
- Decrease in the number of days in foster care per child.
- Increase in the number of children in out-of-home care who achieve permanency.

In the spring of 2001, nine provider agencies received contracts through DES to implement a community substance abuse prevention and treatment program under Arizona Families F.I.R.S.T. The DES district geographic service areas, AFF provider agencies and Regional Behavioral Health Authorities (RBHA) during the report period are summarized in the following table.

[26] The initial AFF program Steering Committee was a policy committee chaired by the Governor's Office that provided guidance and oversight to the program during the start-up phase of the program. The committee disbanded after the initial start-up year of program operations.

List of DES Districts, Counties, AFF Providers, and RBHAs

DES District	County	AFF Provider Agency	Regional Behavioral Health Authority
I	Maricopa	TERROS	Magellan
II	Pima	Community Partnership of Southern Arizona (CPSA)	Community Partnership of Southern Arizona (CPSA)
III	Coconino	Arizona Partnership for Children (AzPaC-Coconino)	Northern Regional Behavioral Health Authority (NARBHA)
III	Yavapai	Arizona Partnership for Children (AzPaC -Yavapai)	Northern Regional Behavioral Health Authority (NARBHA)
III	Apache and Navajo	Old Concho Community Assistance Center	Northern Regional Behavioral Health Authority (NARBHA)
IV	Yuma	Arizona Partnership for Children (AzPaC -Yuma)	Cenpatico Behavioral Health of Arizona, Inc
IV	La Paz	WestCare Arizona	
IV	Mohave	WestCare Arizona	Northern Regional Behavioral Health Authority (NARBHA)
V	Gila and Pinal	Horizon Human Services	Cenpatico Behavioral Health of Arizona, Inc
VI	Cochise, Graham, Greenlee, and Santa Cruz	Southern Arizona Behavioral Health Services (SEABHS)	Community Partnership of Southern Arizona (CPSA)

APPENDIX B: AFF Evaluation Plan for FY Julu 1, 2007-June 30, 2008

Outcome Goals – ARS 8-884

1. Increase the availability, timeliness and accessibility of substance abuse treatment to improve child safety, family stability and permanency for children in foster care or other out of home placement, with a preference for reunification with the child's birth family.
2. Increase the availability, timeliness and accessibility of substance abuse treatment to achieve self-sufficiency through employment.
3. Increase the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Did the AFF program improve the timeliness of drug treatment services in each catchment area? How?	Number of days between referral & screening; Number of days between screening and assessment; Number of days between assessment & service plan completion Number of days between service plan and first treatment service Engagement rate: # receiving at least one treatment service / # of referrals x 100% Retention Rates: 30 Days: 2+ treatment services within first 30 days	AFF provider service data ADHS/DBHS CIS data for RBHA providers	Provider electronic data files ADHS/DBHS electronic data files	Monthly Annually	Descriptive statistics
	Number of days between referral & screening Number of days between screening and assessment Number of days between assessment & service delivery plan Staff perception of time frames in which clients receive services Barriers to receiving services Role of collaborative partnerships	AFF program managers Key stakeholders	Interviews	Annually	Qualitative analyses
	Clients' perceptions of time frames within which they receive services	AFF participants	Focus groups	Annually	Qualitative analyses
Did the AFF program improve the availability of drug treatment services in each catchment area? How?	Program capacity Service gaps Service additions or deletions Perception of sufficiency of community's services	AFF program managers Key stakeholders	Interviews	Annually	
	Clients' perceptions of services offered by the program Clients' perception of whether service needs are met Client contact with case manager	AFF participants	Focus groups	Annually	Qualitative analyses

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Did the AFF program improve the accessibility of drug treatment services in each catchment area? How?	Service utilization Wait time Hours of operation Transportation Perception of clients' access to services Barriers to receiving services Role of collaborative partnerships Role of referral system	AFF program managers Key stakeholders	Interviews	Annually	Qualitative analyses
	Clients' perceptions of whether they actually receive services they need Clients' perceptions of how well they understand how service delivery stem operations Proximity of services Contact with case managers	AFF participants	Focus groups	Annually	Qualitative analyses
How did improvements in timeliness, availability, and accessibility affect child safety?	Subsequent allegations of abuse & neglect Subsequent birth with prenatal drug exposure?	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
How did improvements affect family stability and permanency for children in foster care or other out-of-home placement?	Adoption Family reunification Guardianship Long-term foster care Child(ren) remaining at home while caregiver receives treatment	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
	Client perceptions of family stability	AFF participants	Focus groups	Annually	Qualitative analyses
How did improvements result in the reunification with birth families for children who had been placed in out of home care?	Family reunification	DES CHILDS data set	DES electronic data file	Annually	Qualitative analyses
How did improvements affect TANF participants' ability to achieve self-sufficiency through employment?	Receipt of TANF Secured employment Maintain employment status for 90 days	JAS	DES electronic data file	Annually	Descriptive statistics
	Lose employment status and regain TANF benefits	AZTEC	DES electronic data file	Annually	Descriptive statistics
	Client perceptions of ability to achieve self-sufficiency	AFF participants	Focus groups	Annually	Qualitative analyses
How did improvements promote recovery from drug and alcohol problems?	Drug and alcohol use past 30 days	ADHS/DBHS core assessment	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	At initial assessment Change in status Every 12 months At closure	Longitudinal analysis
	Drug screens	AFF client drug screens	Date file submitted by providers	Monthly	Descriptive statistics

Performance Measures – Scope of Work, III-1: Required Performance Measures:

1. Reduction in the recurrence of child abuse and/or neglect;
2. Decrease in the frequency of alcohol and/or drug use
3. Decrease in the number of days in foster care per child
4. Increase in the number of children in out-of-home care who achieve permanency

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Was there a reduction in the recurrence of child abuse and/or neglect?	Reports of suspected child abuse/neglect	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
For those who had abuse/neglect allegations at program entry, what percent subsequently had children placed in foster care?	Reports of suspected child abuse/neglect Foster care entry	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
Was there an increase in the number of families either obtaining or maintaining employment?	Length of time receiving TANF Average monthly amount received from TANF Secured employment Maintained employment at 90 day follow-up	DES JAS data set DES AZTEC data set	DES electronic data file	Annually	Descriptive statistics
Was there a decrease in the frequency of alcohol and/or drug use?	Drug and alcohol use past 30 days Drug screens	ADHS/DBHS core assessment AFF participant drug screens	Date file submitted by providers	At initial assessment Change in status Every 12 months At closure	Descriptive statistics
Was there a decrease in the number of days in foster care per child?	Days in foster care	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
Was there an increase in the number of children in out-of-home care that achieved permanency?	Reunification Adoption	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
What percentage of clients successfully completed their treatment service plans?	Service plan completion	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	Monthly Annually	Descriptive statistics

Scope of Work, III-4: DES Strategic Plan Key Indicators					
Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Goal 1: To promote recovery from alcohol and drug abuse for AFF program participants	Number of referrals for substance abuse treatment Participants who have engaged in at least one therapeutic service Participants who have engaged in AFF treatment for 3 months Participants who have engaged in AFF treatment for 6 months	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	AFF Provider electronic data files ADHS/DBHS electronic data files	Monthly Annually	Descriptive statistics
Goal #2: To reduce the recurrence of child abuse and neglect of AFF program participants' children	Individuals referred who have engaged in substance abuse treatment program and do not have a subsequent substantiated CPS report after 6 months of enrollment.	AFF provider service data DES/CPS data set	AFF Provider electronic data files DES/CPS electronic data files	Monthly Annually	Descriptive statistics
Goal #3: To establish permanency for the children of AFF program participants	# of children of referred individuals who participate in substance abuse treatment that achieve permanency through reunification, adoption or guardianship following at least 6-months parental participation in the substance abuse treatment program.	AFF provider service data DES/CPS data set	AFF Provider electronic data files DES/CPS electronic data files	Monthly Annually	Descriptive statistics

Appendix C: Outreach and Engagement by AFF Provider

Year to Date Average Number of Days From Referral to Services												
Year to Date July 2007-June 2008												
DES Districts	**I**	**II**	**III**	**III**	**III**	**III**	**IV**	**IV**	**IV**	**V**	**VI**	
			AzPaC	**AzPaC**	**Old**	**Total**	**AzPaC**		**Total**			
AFF Provider	**TERROS**	**CPSA**	**Coconino**	**Yavapai**	**Concho**		**Yuma**	**West Care**		**Horizon**	**SEABHS**	**Total**
Number of Days from Referral to Outreach												
Number of Clients	2542	946	61	195	174	430	66	145	211	135	101	4365
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	1	1	0	0	0	0	0	0	0	0	0	1
Maximum	280	69	8	46	19	46	27	8	27	10	8	280
Mean	2.1	1.4	0.7	1.6	0.2	0.9	2.6	0.8	1.4	0.5	0.8	1.8
Standard Deviation	11.2	3.8	1.4	5.3	1.4	3.8	4.9	1.5	3.1	1.5	1.5	9.0
Number of Days from Referral to Service Acceptance												
Number of Clients	2518	298	51	171	174	396	69	147	216	147	64	3639
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	0	8	2	6	0	0	0	0	0	0	0	0
Maximum	342	110	95	54	1	95	5	0	5	5	0	342
Mean	8.5	12.4	8.8	9.2	0.0	4.7	0.1	0.0	0.1	0.1	0.0	7.8
Standard Deviation	43.0	13.2	16.7	11.2	0.1	10.3	0.7	0.0	0.7	0.7	0.0	37.5
Number of Days from Referral to Assessment												
Number of Clients	1858	225	22	92	4	118	14	20	34	67	76	2378
Minimum	0	0	7	0	7	0	9	1	1	0	0	0
Median	18	11	19	14	20	15	37	6.5	17	7	7	16
Maximum	296	286	197	132	22	197	86	79	86	110	170	296
Mean	28.1	24.6	33.9	21.5	17.3	24.0	39.2	16.1	26.4	13.3	20.5	26.8
Standard Deviation	34.1	41.3	45.4	20.8	6.9	27.9	22.0	22.1	24.6	21.9	34.5	34.3

Appendix D: AFF Client Demographic Characteristics by DES District

AFF Participating Clients Demographics Year to Date July 2007 - June 2008												
	DES Districts	I	II	III	III	III	IV	IV	V	VI		
	AFF Providers			AzPaC	AzPaC	Old	AzPaC				All Sites	
		TERROS	CPSA	Coconino	Yavapai	Concho	Yuma	West Care	Horizon	SEABHS	Total	%
Gender												
	Female	2231	885	62	212	119	88	153	178	195	4123	72.4%
	Male	770	452	20	97	55	16	53	45	64	1572	27.6%
	Unknown	0	17	2	1	5	1	0	1	0	27	0.5%
	Total	3001	1354	84	310	179	105	206	224	259	5722	100.0%
Average Age												
	Average Age	30.30	30.90	30.90	31.10	30.50	32.00	31.70	29.00	29.80	30.50	
Race/Ethnicity												
	American Indian/Alas	120	39	16	6	29	2	8	8	5	233	4.2%
	Asian	3	6	0	0	0	0	1	0	2	12	0.2%
	Black/African Americ	298	72	1	5	2	2	1	9	8	398	7.1%
	Caucasian/White	2534	1186	38	277	117	41	173	170	194	4730	84.9%
	Native Hawaiian/Paci	3	1	0	1	5	0	1	1	4	16	0.3%
	Multiple Races	33	2	0	0	0	0	0	0	0	35	0.6%
	Other	0	7	8	15	11	58	18	12	16	145	2.6%
	Unknown	10	41	21	6	15	2	4	24	30	153	2.7%
	Total	3001	1354	84	310	179	105	206	224	259	5722	100.0%
Ethnicity												
	Hispanic/Latino	835	452	13	33	22	65	20	57	94	1591	27.8%
	Not Hispanic/Latino	2166	858	44	250	152	39	181	142	141	3973	69.4%
	Unknown	0	44	27	27	5	1	5	25	24	158	2.8%
	Total	3001	1354	84	310	179	105	206	224	259	5722	100.0%

Appendix E: Substance Use Patterns by DES District

Participating Clients Substances Use											
DES Districts	**I**	**II**	**III**	**III**	**III**	**IV**	**IV**	**V**	**VI**		
AFF Providers			**AzPaC**	**AzPaC**	**Old**	**AzPaC**				**All Sites**	
Substances	**TERROS**	**CPSA**	**Coconino**	**Yavapai**	**Concho**	**Yuma**	**West Care**	**Horizon**	**SEABHS**	**Total**	**%**
Total Participating Clients	3001	1354	84	310	179	105	206	224	259	5722	
Clients Reporting use	56.7%	81.8%	73.8%	75.8%	68.7%	63.8%	74.8%	61.6%	68.0%	65.8%	
Alcohol	31.6%	35.6%	46.4%	35.2%	36.9%	22.9%	35.0%	20.5%	25.5%	1853	32.4%
Benzodiazepines	1.4%	1.1%	0.0%	0.3%	0.6%	0.0%	0.5%	0.9%	0.4%	63	1.1%
Cocaine/crack	10.2%	31.0%	2.4%	1.9%	2.2%	1.9%	3.4%	2.7%	8.9%	776	13.6%
Hallucinogens	1.3%	0.8%	3.6%	0.3%	0.6%	0.0%	0.0%	0.0%	0.4%	55	1.0%
Heroin/Morphine	2.5%	3.6%	2.4%	1.6%	0.6%	1.9%	1.5%	1.3%	1.2%	142	2.5%
Inhalants	0.3%	0.1%	1.2%	0.3%	0.0%	1.0%	0.0%	0.4%	0.4%	15	0.3%
Marijuana	27.1%	37.3%	31.0%	35.2%	34.1%	30.5%	29.6%	25.9%	34.0%	1752	30.6%
Methamphetamine	29.4%	24.7%	33.3%	39.7%	31.8%	44.8%	45.1%	41.1%	30.9%	1737	30.4%
Other drugs	1.7%	4.2%	0.0%	0.6%	1.7%	0.0%	1.0%	1.3%	3.5%	126	2.2%
Other Narcotics	4.3%	1.8%	0.0%	1.0%	2.2%	0.0%	1.0%	3.1%	2.3%	177	3.1%
Other sedatives	1.2%	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%	0.4%	0.0%	39	0.7%
Other Stimulants	0.6%	0.1%	0.0%	0.6%	0.6%	0.0%	0.0%	0.4%	0.4%	26	0.5%

Appendix F: Taxonomy of AFF and DBHS Services

Service Labels and Definitions Recognized by the Department of Economic Security

Substance Abuse Education: These services are short-term in duration and are appropriate for clients who are unwilling to commit to more intensive services. Attendance at substance abuse awareness groups and individual counseling to consider the effect of substance abuse in one's life would be included under substance abuse education.

Outpatient Treatment Services: Outpatient treatment services are intended for clients who can benefit from therapy, are highly motivated, and have a strong support system. These clients need a minimum level of intervention and other supports. Service providers are required to provide a minimum of three hours per week of individual or group treatment (or a combination of both).

Intensive Outpatient Treatment Services: Intensive outpatient services are intended for clients who can benefit from structured therapeutic interventions, are motivated, and have some social supports. This continuum of services is appropriate for clients who need a moderate amount of therapy and supports. At a minimum, service providers are expected to provide nine hours per week of therapy for a minimum of eight weeks. This therapeutic involvement can include individual, group, and family therapy; substance abuse awareness; and social skills training.

Residential Treatment: Residential treatment services are intended for clients who need an intensive amount of therapeutic and other supports to gain sobriety. These services include 24-hour care and supervision. Similar to intensive outpatient treatment, residential treatment can include individual counseling, group therapy, family therapy, substance abuse awareness, and social skills training. Residential treatment may include children residing with parents while the parents are in treatment.

Aftercare Services: Aftercare services are provided for clients at the end of their treatment plan through the AFF provider. It should be noted that aftercare service is not a recognized service category within the ADHS/DBHS system. At a minimum, the aftercare plan includes a relapse prevention program, identification and linkage with supports in the community that encourage sobriety, and available interventions to assist clients in the event that relapse occurs. Development of the aftercare plan is expected to begin while the client is in treatment. It should be noted that while aftercare is not a billable service under the ADHS/DBHS covered services guide, there is an expectation that RBHA service plans will address recovery management and relapse management.

Service Domains/Definitions Recognized by the Division of Behavioral Health Services.[1]

Treatment Services: Services provided by or under the supervision of behavioral health professionals to reduce symptoms and improve or maintain functioning. These services have been further grouped into three subcategories: Behavioral Health Counseling and Therapy; Assessment, Evaluation and Screening Services; and Other Professional.

Rehabilitation Services: These services include the provision of education, coaching, training, demonstration and other services, including securing and maintaining employment to remediate residual or prevent anticipated functional deficits. Four subgroups of services are defined.

Medical Services: Medical services are provided by or ordered by a licensed physician, nurse practitioner, physician assistant, or nurse to reduce a person's symptoms and improve or maintain functioning. These services are further grouped into the following subcategories: Medication; Laboratory; Medical Management; and Electro-Convulsive Therapy.

Support Services: Support services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. These services are further grouped into the following categories: case management; personal care services; family support; self-help/peer services; therapeutic foster care services, unskilled respite care; supported housing; sign language or oral interpretive services; supportive services; and transportation.

Crisis Intervention Services: Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially deleterious behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings.

Inpatient Services: Inpatient services (including room and board) are provided by an OBHL licensed Level I behavioral health agency and include hospitals, sub-acute facilities, and residential treatment centers. These facilities provide a structured treatment setting with daily 24-hour supervision and an intensive treatment program, including medical support services.

Residential Services: Residential services are provided on a 24-hour basis and are divided into the following subcategories based on the type of facility providing the services: Level II behavioral health residential facilities and Level III behavioral health residential facilities.

Behavioral Health Day Programs: Day program services are scheduled on a regular basis either on an hourly, half day or full day basis and may include services such as therapeutic nursery, in-home stabilization, after school

1. See http://www.azdhs.gov/bhs/covserv.htm

programs, and specialized outpatient substance abuse programs. These programs can be provided to a person, group of person, and/or families in a variety of settings. Day programs are further grouped into the following three subcategories: supervised; therapeutic; and psychiatric/medical.

Appendix G: Service Access and Service Mix by DES District

AFF Participating Clients Services														
DES Districts	**I**		**II**		**III**		**IV**		**V**		**VI**		**Statewide**	
Participating Clients	**3001**		**1354**		**573**		**311**		**224**		**259**		**5722**	
Services	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Treatment Services	2840	94.6%	1160	85.7%	517	90.2%	279	89.7%	188	83.9%	219	84.6%	5203	90.9%
Rehabilitation Services	400	13.3%	310	22.9%	181	31.6%	87	28.0%	62	27.7%	96	37.1%	1136	19.9%
Medical Services	2313	77.1%	558	41.2%	362	63.2%	237	76.2%	100	44.6%	164	63.3%	3734	65.3%
Support Services	2951	98.3%	1236	91.3%	558	97.4%	303	97.4%	216	96.4%	252	97.3%	5516	96.4%
Crisis Intervention Services	283	9.4%	310	22.9%	35	6.1%	18	5.8%	17	7.6%	47	18.1%	710	12.4%
Inpatient Services	23	0.8%	23	1.7%	31	5.4%	8	2.6%	2	0.9%	13	5.0%	100	1.7%
Residential Services	170	5.7%	203	15.0%	48	8.4%	12	3.9%	23	10.3%	22	8.5%	478	8.4%
Behavioral Health Day Prgms	270	9.0%	47	3.5%	21	3.7%	1	0.3%	2	0.9%	0	0.0%	341	6.0%

Appendix H: Service Utilization by DES Districts

AFF Participating Clients Services														
DES Districts														
Services	**I**		**II**		**III**		**IV**		**V**		**VI**		**Statewide**	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services	**2840**		**1160**		**517**		**279**		**188**		**219**		**5203**	
Family Counseling	1497	52.7%	654	56.4%	342	66.2%	181	64.9%	152	80.9%	152	69.4%	2978	57.2%
Individual Counseling	1575	55.5%	9	0.8%	3	0.6%	2	0.7%	13	6.9%	2	0.9%	1604	30.8%
Group Counseling	1067	37.6%	3	0.3%	20	3.9%	25	9.0%	5	2.7%	0	0.0%	1120	21.5%
Assessment, Evaluation and Screening Services	2745	96.7%	910	78.4%	434	83.9%	240	86.0%	143	76.1%	186	84.9%	4658	89.5%
Other Treatment Services by Professionls	169	6.0%	192	16.6%	24	4.6%	12	4.3%	22	11.7%	23	10.5%	442	8.5%
Intensive Oupatient Services	159	5.6%	0	0.0%	35	6.8%	0	0.0%	0	0.0%	15	6.8%	209	4.0%
Outpatient Services	661	23.3%	140	12.1%	35	6.8%	29	10.4%	25	13.3%	71	32.4%	961	18.5%
Rehabilitation Services	**400**		**310**		**181**		**87**		**62**		**96**		**1136**	
Skills Training and Development	194	48.5%	171	55.2%	97	53.6%	34	39.1%	35	56.5%	85	88.5%	616	54.2%
Behavioral Health Prevention/Promotion Education	190	47.5%	19	6.1%	44	24.3%	47	54.0%	4	6.5%	9	9.4%	313	27.6%
Psychoeducational Services	104	26.0%	185	59.7%	96	53.0%	37	42.5%	43	69.4%	28	29.2%	493	43.4%
Medical Services	**2313**		**558**		**362**		**237**		**100**		**164**		**3734**	
Medication Services	79	3.4%	32	5.7%	2	0.6%	3	1.3%	2	2.0%	0	0.0%	118	3.2%
Laboratory Services	2091	90.4%	237	42.5%	249	68.8%	212	89.5%	65	65.0%	108	65.9%	2962	79.3%
Medical Management	523	22.6%	380	68.1%	192	53.0%	71	30.0%	45	45.0%	79	48.2%	1290	34.5%
Pharmacy Services	587	25.4%	382	68.5%	164	45.3%	56	23.6%	43	43.0%	79	48.2%	1311	35.1%
Support Services	**2951**		**1236**		**558**		**303**		**216**		**252**		**5516**	
Case Management	2889	97.9%	1065	86.2%	553	99.1%	291	96.0%	207	95.8%	248	98.4%	5253	95.2%
Personal Care Services	25	0.8%	17	1.4%	8	1.4%	7	2.3%	5	2.3%	9	3.6%	71	1.3%
Home Care Training Family	34	1.2%	36	2.9%	12	2.2%	16	5.3%	4	1.9%	13	5.2%	115	2.1%
Self-Help/Peer Services	347	11.8%	177	14.3%	37	6.6%	28	9.2%	67	31.0%	95	37.7%	751	13.6%
Unskilled Respite Care	0	0.0%	6	0.5%	0	0.0%	0	0.0%	14	6.5%	0	0.0%	20	0.4%
Supported Housing	40	1.4%	25	2.0%	44	7.9%	5	1.7%	0	0.0%	5	2.0%	119	2.2%
Sign Language Services	3	0.1%	12	1.0%	1	0.2%	1	0.3%	0	0.0%	11	4.4%	28	0.5%
Flex Fund Services	1794	60.8%	600	48.5%	225	40.3%	122	40.3%	62	28.7%	84	33.3%	2887	52.3%
Transportation	1011	34.3%	195	15.8%	205	36.7%	78	25.7%	105	48.6%	94	37.3%	1688	30.6%
Child Care Services	0	0.0%	0	0.0%	1	0.2%	4	1.3%	0	0.0%	0	0.0%	5	0.1%
After Care	77	2.6%	12	1.0%	41	7.3%	37	12.2%	0	0.0%	7	2.8%	174	3.2%
Other Support Services	333	11.3%	4	0.3%	109	19.5%	154	50.8%	2	0.9%	68	27.0%	670	12.1%

Appendix H: Service Utilization by DES Districts (continued)

AFF Participating Clients Services														
DES Districts														
Services	**I**		**II**		**III**		**IV**		**V**		**VI**		**Statewide**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Crisis Intervention Services	**283**		**310**		**35**		**18**		**17**		**47**		**710**	
Crisis Intervention Services Mobile	125	44.2%	30	9.7%	26	74.3%	15	83.3%	13	76.5%	23	48.9%	232	32.7%
Crisis Intervention Services Stabilization	207	73.1%	294	94.8%	10	28.6%	3	16.7%	4	23.5%	27	57.4%	545	76.8%
Inpatient Services	**23**		**23**		**31**		**8**		**2**		**13**		**100**	
Residential Services	**170**		**203**		**48**		**12**		**23**		**22**		**478**	
Behavioral Health Short-Term Residential Level II	170	100.0%	203	100.0%	48	100.0%	11	91.7%	22	95.7%	22	100.0%	476	99.6%
Behavioral Health Long-Term Residential Level III	0	0.0%	0	0.0%	0	0.0%	1	8.3%	1	4.3%	0	0.0%	2	0.4%
Child Residential Services w/Parent	2	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%
Behavioral Health Day Programs	**270**		**47**		**21**		**1**		**2**		**0**		**341**	
Supervised Behavioral Health Treatment and Day Programs	16	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	16	4.7%
Therapeutic Behavioral Health Services and Day Programs	257	95.2%	47	100.0%	21	100.0%	1	100.0%	2	100.0%	0	0.0%	328	96.2%

Appendix I: Days in Care by DES District

Days in Care For Children Reunified with Parent(s) or Caregiver

Discharged	I	II	III	IV	V	VI	Total
Reunified	**262**	**75**	**44**	**26**	**39**	**23**	**469**
Minimum Days in care	1	2	1	6	3	1	1
Maximum Days in care	976	990	353	284	867	489	990
	147	72	56	90	123	101	44
Average Days in Care	68.36	185.55	101.60	117.30	257.27	117.02	156.21
Still in Care	**784**	**369**	**119**	**251**	**80**	**60**	**1517**
Minimum Days in care	0	11	8	9	15	25	0
Maximum Days in care	1166	1198	702	311	436	848	1198
Median Days in Care	193	163	158	1337	215	148	177
Average Days in Care	154.63	155.03	173.80	343.03	198.40	125.40	147.67
Relatives	**35**	**3**	**1**	**5**	**0**	**0**	**44**
Minimum Days in care	1	3	28	5	N/A	N/A	1
Maximum Days in care	10	24	28	116	N/A	N/A	116
Median Days in Care	5	3	28	5	N/A	N/A	5
Average Days in Care	2.11	12.12	N/A	55.10	N/A	N/A	21.61
Adoption	**2**	**0**	**1**	**0**	**0**	**0**	**3**
Minimum Days in care	1113	N/A	439	N/A	N/A	N/A	439
Maximum Days in care	1113	N/A	439	N/A	N/A	N/A	1113
Median Days in Care	1113	N/A	439	N/A	N/A	N/A	1113
Average Days in Care	0	N/A	N/A	N/A	N/A	N/A	389.13
Emancipation	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Minimum Days in care	566	N/A	N/A	N/A	N/A	N/A	566
Maximum Days in care	566	N/A	N/A	N/A	N/A	N/A	566
Median Days in Care	566	N/A	N/A	N/A	N/A	N/A	566
Average Days in Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Guardianship	**44**	**1**	**4**	**2**	**0**	**3**	**54**
Minimum Days in care	1	181	6	4	N/A	5	1
Maximum Days in care	685	181	498	4	N/A	345	685
Median Days in Care	5	181	197.5	4	N/A	345	6
Average Days in Care	186.85	N/A	224.80	0.00	N/A	196.30	185.47
Transfer to Agencies	**9**	**0**	**0**	**0**	**0**	**0**	**9**
Minimum Days in care	1	N/A	N/A	N/A	N/A	N/A	1
Maximum Days in care	567	N/A	N/A	N/A	N/A	N/A	567
Median Days in Care	167	N/A	N/A	N/A	N/A	N/A	167
Average Days in Care	197.419	N/A	N/A	N/A	N/A	N/A	197.419

Days in Care For Children Reunified with Parent(s) or Caregiver

District	I	II	III	IV	V	VI	Total
Runaway	**0**	**1**	**0**	**0**	**0**	**0**	**1**
Minimum Days in care	N/A	8	N/A	N/A	N/A	N/A	8
Maximum Days in care	N/A	8	N/A	N/A	N/A	N/A	8
Median Days in Care	N/A	8	N/A	N/A	N/A	N/A	8
Average Days in Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Death	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Minimum Days in care	78	N/A	N/A	N/A	N/A	N/A	78
Maximum Days in care	78	N/A	N/A	N/A	N/A	N/A	78
Median Days in Care	78	N/A	N/A	N/A	N/A	N/A	78
Average Days in Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Health Policy

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