Parents involved with child welfare who complete a state-run substance abuse program called Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together) (AFF) stand a significantly better chance of getting their kids back. According to a report by Arizona State University’s Center for Applied Behavioral Health Policy, the program also much improves the odds of such parents getting and keeping a job.

AFF began in 2000 as a partnership between Arizona’s Department of Economic Security (DES) and Department of Health Services (DHS). It seeks to help families involved in the child welfare system by addressing problems related to parental alcohol and drug abuse. About 70 percent of all new referrals to AFF in SFY 2015 involved allegations of child abuse.

One of AFF’s main goals is to help children reach permanent homes, by either reuniting them with parents, placing them through adoption, or matching them with a guardian. Only about half (48 percent) of children whose parents received AFF services in 2014 found stable homes (permanency) by the end of 2015. That number jumped to 65.5 percent among children whose parents finished the program. Most importantly, 84.8 percent of these children were reunited with their parents, compared to only 52.6 percent among children whose parents dropped out.

By comparison, the Arizona Auditor General’s Office reports a mere 33 percent permanency rate statewide and a 40 percent rate nationally.

Parents who finished AFF were also significantly more likely to find or keep jobs than those who did not, at a rate of 52.4 vs. 32.7 percent. Along similar lines, 36.7 percent of completers were working full-
time jobs by program close – a significant up-tick from the 25.3 percent of completers who were employed full-time at intake. By contrast, only 21.7 percent of program dropouts held full-time jobs by the end of the study period, marking a smaller increase from the 17.1 percent rate at intake.

The program also showed evidence of success in another of its key areas of focus: sobriety. AFF clients who were tested showed an 85 percent sobriety rate, despite 99.1 percent of assessed clients reporting problems with alcohol or drugs at intake.

As for AFF’s value in improving child safety, the data did not argue strongly one way or the other.

Given its successes in permanency and employment, it is promising to note that 2015 AFF referrals jumped 34 percent over the previous year. However, despite rapid initial outreach, only about one half (50.9 percent) of potential clients entered the program, and only about one tenth (11.5 percent) finished it. On average, participants took roughly 313 days to complete AFF.

Based on its findings, ASU suggested a number of possible improvement areas for AFF to consider, including an enriched referral system, strategies that could help improve retention, and data documentation upgrades to expand prospects for future analysis.

AFF bases its approach on family needs, and the program blends a number of resources and strategies. Examples include face-to-face outreach, individual and group treatment, counseling, and recovery services. The program also provides support for case management, transportation, employment, and housing. The Department of Child Safety (DCS), Regional Behavioral Health Authorities (RBHAs), and contracted community providers – Arizona Partnership for Children, Southeastern Arizona Behavioral Health Services, and Terros, during the period studied – provide the treatment and supportive services.

Since 2004, Arizona State University’s Center for Applied Behavioral Health Policy has served as the evaluator for this legislatively mandated assessment. For more information, contact Nicholas Gerbis at (602) 496-0272 or Nicholas.Gerbis@asu.edu.