

ARIZONA FAMILIES F.I.R.S.T. PROGRAM
Annual Evaluation Report
State Fiscal Year 2011

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Points of view represented in this report are those of the authors, and do not necessarily represent the official position or policies of either the ADES or the ADHS.

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Executive Summary

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together; AFF) was established in 2000 to address adverse conditions related to substance abuse among child welfare-involved families in which allegations of child maltreatment were determined to be associated with parental substance abuse. The AFF program provides to these families a variety of treatment and supportive services, which are designed to reduce or eliminate abuse of and dependence on alcohol and other substances. 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, and/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).

Key elements of the AFF program include an emphasis on: face-to-face outreach and engagement at the time of program referral; assessments; supportive services, such as transportation and housing; counseling; and aftercare services to manage relapse occurrences. The service delivery model incorporates essential elements based on family needs, such as culturally responsive services, gender-specific treatment, family-involved treatment services, and motivational enhancement strategies to assist the entire family in its recovery.

Similar to last year, this year's annual evaluation report is restricted primarily to the first nine months of the state fiscal year, in order to provide more accurate and more detailed analysis; key findings for SFY 2011¹ are as follows:

Increases in Timeliness, Availability, and Accessibility of Services

- Overall, unique individuals² referred to the AFF program for all four quarters of SFY 2011 increased by 15% compared to SFY 2010. During all four quarters of SFY 2011, 4,954 unique individuals were referred to the AFF program, averaging 1,239 referrals per quarter.
- Nearly all referrals to the AFF program (97%) received at least one recorded outreach attempt, and approximately two-thirds (64%) accepted services, representing a 9% increase from last year.
- During the first three quarters of SFY 2011, unique individual referrals were outreached in a timely manner, averaging 1 business day, and treatment services were initiated, on average, within 16.5 days of referral.
- A total of 2,268 individuals were assessed during the first three quarters of SFY 2011, representing 61% of individuals referred to the AFF program. The majority of individuals (56%) were assessed by DES providers only, up 12.8% from last year.
- A 20% increase in total clients served was observed between SFY 2010 (2,760) and SFY 2011 (3,298).

¹ Throughout this report, reference will be made to SFY 2011; these references will be to the first three quarters of the SFY (i.e. for the period of July 1, 2010 – March 31, 2011), unless noted otherwise.

² Unique individual referrals represents the number of individuals with one or more referrals to the AFF program during the study period (i.e. individuals is the unit of analysis, not number of referrals).

Recovery from Alcohol and Drug Problems

- Based on the initial assessment information collected on 2,268 AFF clients assessed in SFY 2011, 92.1% of AFF clients reported use of any substance in the 30 days immediately prior to their assessment, with alcohol (59.8%), marijuana (56.9%), and methamphetamine (45.4%) continuing to be the more commonly reported substances.
- 68% of all clients served ($n = 2251$) were drug tested; on average these occurred 1.5 times per month during the reporting period of AFF program participation.
- 82% of all clients with reported drug screens were found to be drug free throughout their AFF program participation.

Child Safety and Reduction of Child Abuse and Neglect

- Nearly all clients (95.9%) served by the AFF program had at least one allegation of child maltreatment prior to entering AFF.³
- 13.9% of the clients who had a substantiated or unsubstantiated maltreatment report at intake had at least one additional allegation of maltreatment filed during the 9-month evaluation period, which is comparable to the rate observed last year.

Permanency and Reunification

- A total of 2,692 children, who were associated with AFF clients (1,868) in the first three quarters of SFY 2011, were in CPS out of home placement at some point during the reporting period. Similar to last year, approximately one-quarter (26%) of children in out of home placement achieved permanency during SFY 2011. Among children who achieved permanency, the vast majority (98%) were reunified, representing an 8% increase from last year.

Achievement of Self-Sufficiency through Employment

- Employment activity is reported only for those clients referred to the AFF program who were already enrolled in the Jobs program. During SFY 2011, no individuals were referred to AFF from the Jobs program.

³ Among clients served by the AFF program, the data matching process was unable to identify a pre-referral CPS report for 2.6% of AFF-referred clients. In addition, 1.5% of clients had a CPS report matched that was greater than two years in advance of the AFF referral (which was considered an outlier and therefore excluded from analyses).

SECTION 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 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, an annual evaluation of the Arizona Families F.I.R.S.T. (AFF) program is required. This evaluation of AFF examines the implementation and outcomes of community substance use disorder treatment services delivered by DES contracted providers and the Regional Behavioral Health Authorities (RBHA) network.

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 or is a barrier to maintaining employment. Clients for the program are referred by Child Protective Services and by the Jobs program. 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 Arizona Department of Economic Security, Division of Children, Youth and Families (ADES/DCYF) contracted community providers in outpatient and residential settings and/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 needs, such as culturally responsive services, gender-specific treatment, motivational enhancement strategies, and collaboration with child service providers to assist the entire family in its recovery, are incorporated into service delivery.

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

Exhibit 1
 Overview of the AFF Program Model

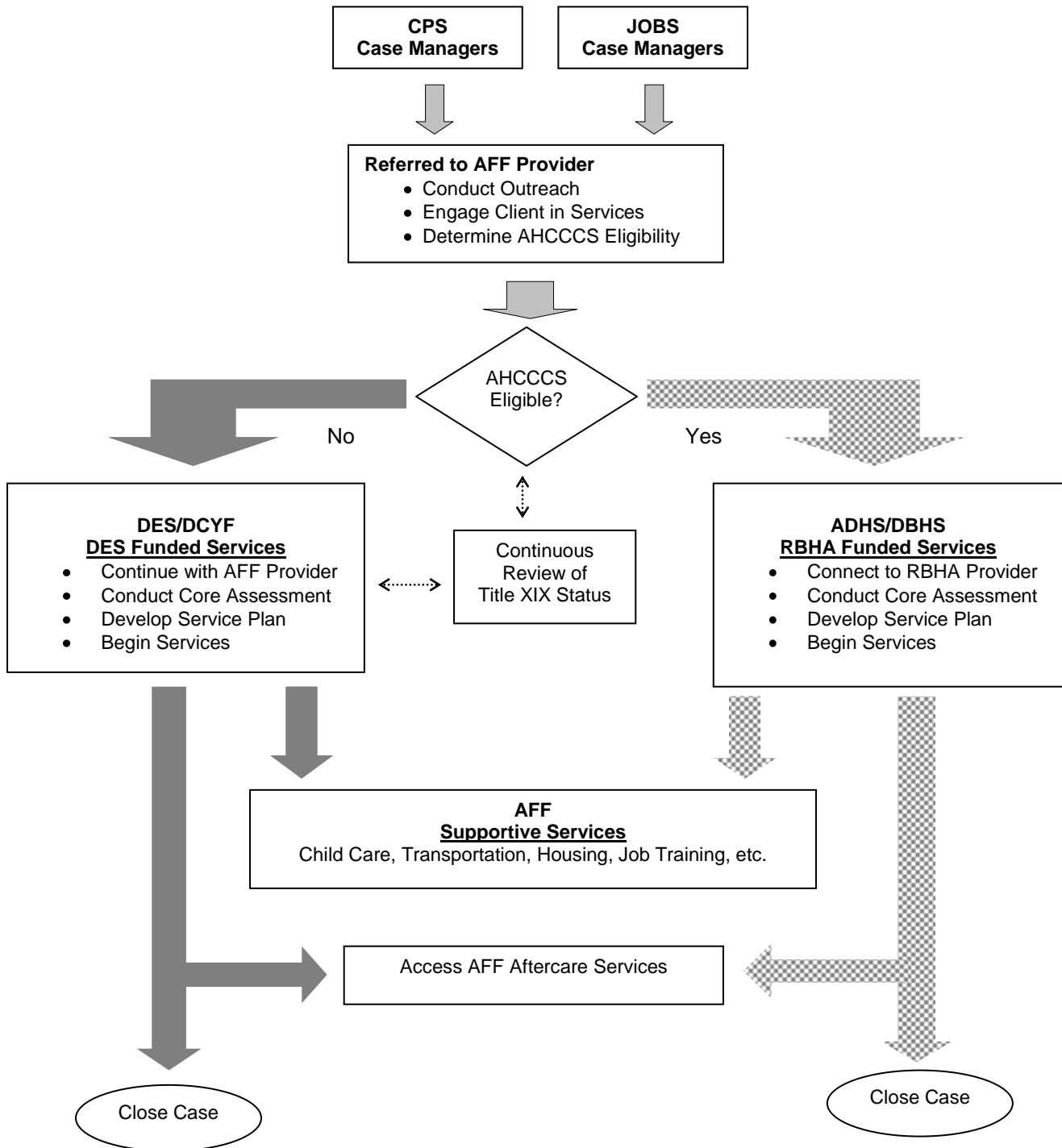


Exhibit 2 summarizes the county, DES provider agency, and associated RBHA within each of the six DES districts. DES-contracted agencies in *bold italics* also participate in the RBHA network as either a RBHA or a RBHA network provider.

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

DES District⁴	County	DES Provider Agency	Regional Behavioral Health Authority
I	Maricopa	<i>TERROS</i>	Magellan
II	Pima	<i>Community Partnership of Southern Arizona (CPSA)</i>	Community Partnership of Southern Arizona (CPSA)
III	Coconino	Arizona Partnership for Children (AzPaC-Coconino)	Northern Arizona Regional Behavioral Health Authority (NARBHA)
	Yavapai	Arizona Partnership for Children (AzPaC-Yavapai)	
	Apache and Navajo	Old Concho Community Assistance Center	
IV	Yuma	<i>Arizona Partnership for Children (AzPaC-Yuma)</i>	Cenpatico Behavioral Health of Arizona, Inc.
	La Paz	WestCare Arizona	Northern Arizona Regional Behavioral Health Authority (NARBHA)
	Mohave	WestCare Arizona	
V	Gila and Pinal	<i>Horizon Human Services</i>	Cenpatico Behavioral Health of Arizona, Inc.
VI	Cochise, Graham, Greenlee, and Santa Cruz	<i>Southern Arizona Behavioral Health Services (SEABHS)</i>	Cenpatico Behavioral Health of Arizona, Inc. ⁵

⁴ These six DES districts were converted into five regions on July 1, 2010. Due to contract design, DES AFF contractors have remained aligned with the districts.

⁵ Cenpatico Behavioral Health of Arizona, Inc. became the RBHA for DES District VI on December 1, 2010, replacing Community Partnership of Southern Arizona (CPSA).

SECTION 2 EVALUATION FRAMEWORK AND DATA SOURCES

This evaluation report responds to the legislatively-mandated performance indicators of the AFF program. The data provided within this report are drawn from administrative data submitted to the evaluation team directly, or obtained from administrative information files maintained by DES and DBHS. These data, like those reported in previous reports, include:

- Service utilization data obtained directly from the nine DES-contracted providers;
- Enrollment and encounter data provided by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) for services provided through the local RBHA network;
- DES CHILDS data, which provides child welfare information; and
- DES JAS/AZTEC data, which provides employment services information.

DES providers use a common data reporting format, deployed by CABHP in November 2008. These data are either entered directly into the AFF data entry web-portal or uploaded by the provider to the web-portal. The data entered through the AFF web-portal include information regarding outreach efforts, assessment information, drug testing results, and service provision, using a service matrix that emulates the categories of service utilized by DES for payment to their providers.

For those client services that are funded through DBHS/RBHA, enrollment and service encounter data are provided by DBHS. These data are derived from the DBHS Client Information System (CIS).⁶ Using the service domain and levels structure and service definitions, as specified in the Arizona Department of Health Services' *Covered Behavioral Health Services Guide and Client Information System File Layouts and Specifications Manual*, a common services taxonomy is used to organize the services funded both by DBHS and DES.

Two additional data sets used for this evaluation include: the DES CHILDS (Children's Information Library and Data Source) information system, which provides child welfare data on allegations of child maltreatment, and the DES JAS/AZTEC (Jobs Automated System/Arizona Technical Eligibility Computer System) information system, which provides employment services data.

⁶ DBHS enters data into the CIS within a 210 day period. Given this, data from the DBHS CIS may not be entirely accurate or complete.

SECTION 3
ARIZONA FAMILIES F.I.R.S.T. CLIENTS
AND SERVICES RECEIVED

Similar to last year, this year’s Annual Report has been restricted primarily to the indicators of program performance that were reported for the first nine months of the State Fiscal Year (SFY) (i.e. for the period of July 1, 2010 – March 31, 2011). Restricting these analyses to 9 months, rather than 12, was a mutual agreement made by DES and CABHP last year in recognition of the short time frame during which the data are available for receipt and analysis by the evaluation team, and the deadline for submission of the report. *Sections 3.1 and 3.2 present data for all 12 months of SFY 2011; all subsequent sections will be restricted to data for the first 9 months of SFY 2011.*

3.1 AFF Program Referrals

As depicted in Exhibit 3, a total of 4,954 unique individuals were referred to the AFF program during *all four quarters* of SFY 2011, averaging 1,239 referrals per quarter. The total number of unduplicated individuals referred to the AFF program for SFY 2011 increased by 15 percent as compared to SFY 2010.

Exhibit 3			
Statewide AFF Referrals			
	SFY 2010	SFY 2011	% change
July -Sep	878	1264	44.0 %
Oct-Dec	957	1282	34.0 %
Jan-March	1238	1217	-1.7 %
Apr-June	1308	1296	-0.9 %
Total Referrals	4381	5059	15.5 %
Unique Referrals	4308	4954	15.0 %

Figure 1 (on the next page) displays the number of referrals to the AFF program from SFY 2008 through SFY 2011. As these data reflect, referrals to the AFF program have historically averaged between 1,200 and 1,300 each quarter. During the period of SFY 2009, Quarter 3 and continuing through SFY 2010 Quarter 2, significant reductions in the number of referrals to the AFF program were observed, likely due to State budget reductions, which have affected other DES-funded programs. By SFY 2010, Quarter 3, referrals to the AFF program had returned to their historical rates, which are now observed to be slightly above those previously observed.

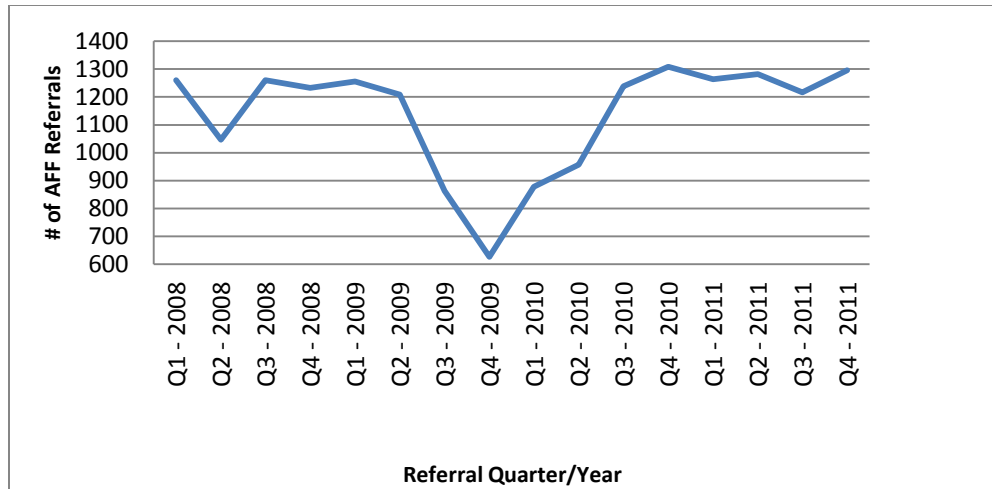


Figure 1: Quarterly Referrals to AFF – SFY 2008 to SFY 2011

3.2 Client Outreach and Engagement

Exhibit 4 provides a comparison of client outreach and referral patterns across *all four quarters* of SFY 2011 and all four quarters of SFY 2010. Approximately 97% of all individuals referred to the AFF program this year received a recorded outreach attempt, and slightly more than 64% of referred individuals agreed to participate in AFF services, up 9% from last year. Finally, the proportion of referrals that were closed without receipt of service was observed to be 17%, up significantly from last year, but due primarily to more accurate data reported from the providers.

Exhibit 4				
Disposition of Cases Referred to the AFF Program				
	SFY 2010 (12-month data)		SFY 2011 (12-month data)	
	<i>n</i>	%	<i>n</i>	%
# unique referrals	4308	100	4954	100
# referred individuals with record of outreach attempt	3645	84.6	4822	97.3
# of referred individuals accepting services	2373	55.1	3189	64.4
# of referred individuals closed (pre-service)	156	3.6	850	17.2

All subsequent analyses to be reported are in reference to the first 3 quarters of SFY 2011.

3.3 Annual Case Processing

As evidenced in Exhibit 5, the average duration from referral to first contact, during the *first three quarters* of SFY 2011⁷, was 1 business day, comparable to the rate observed last year.⁸ The average number of days from referral to client acceptance of AFF services was 14.7 days, which is significantly longer than that observed in SFY 2010 (mean = 5 days).⁹ On average, clients were referred to the RBHAs within 12.4 days, slightly more rapidly than last year (mean = 15.4 days). Two new cycle time indicators that were added to this year's report include duration from referral to first treatment service (mean = 16.5 days), and referral to pre-service closure (mean = 47.3 days).

Exhibit 5 Duration from AFF Referral to Selected Events (Number of Unique Client Referrals ¹⁰ ; <i>N</i> = 3715)					
	First Outreach Contact	Individual Accepting AFF Services	Referral Sent to RBHA	First Treatment Service ¹¹	Pre-Service Closure ¹²
<i>n</i> ¹³ (%) ¹⁴	3631 (97.7%)	2378 (64%)	1559 (42%)	2801 (75.4%)	670 (18%)
Median # Days	1	14	11	14	49
Mean # Days	1	14.7	12.4	16.5	47.3
<i>SD</i>	1.5	10.2	10	12.8	18.5
Minimum # Days	0	0	0	0	1
Maximum # Days	13	41	38	50	80

⁷ Throughout this report, reference will be made to SFY 2011; these references will be to the first three quarters of the SFY, unless noted otherwise.

⁸ Only business days were included in this year's analysis; last year's analysis also included weekends.

⁹ Client acceptance of AFF services has traditionally been reported using the contractor's interpretation of when a client accepted services. Starting this year, and to ensure consistency, acceptance of AFF services was to be reported using the date a client signed the Release of Information.

¹⁰ Unique client referrals is the unit of analysis.

¹¹ First Treatment Services reflects clients receiving at least one service. Services may include treatment services, medical services, support service, etc. (assessments and drug tests were not considered services).

¹² Pre-Service Closures reflects individuals whose cases were closed before any services were provided. Services may include treatment services, medical services, support service, etc. (assessments and drug tests were not considered services).

¹³ Number of records having event date on or after the date of referral to the AFF program; data falling outside of 2 *SDs* from the mean were considered outliers, and therefore not included in the analyses.

¹⁴ Percent calculated out of 3,715 unique client referrals.

3.4 DES Provider Assessments and DBHS Enrollments

Approximately 61% ($n = 2268$ ¹⁵) of all individuals referred to AFF were assessed during the first three quarters of SFY 2011. Assessments were conducted by a contracted DES provider and/or a RBHA contracted provider, depending on the referred individual's eligibility status for RBHA services. As summarized in Exhibit 6, approximately one-half (56.1%) of individuals were assessed by DES providers only, representing a 12.8% increase from last year. Correspondingly, fewer individuals were assessed by both DES and RBHA providers (23.1%), or by RBHA providers only (20.8%), compared to SFY 2010.

Exhibit 6 Assessments Statewide		
	SFY 2011	
	<i>n</i>	%
Total Assessments	2268	100
DES only	1272	56.1
DES & RBHA ¹⁶	524	23.1
RBHA only	472	20.8

3.5 Substance Use Among Individuals at Time of AFF Assessment

Exhibit 7 (on the next page) provides a summary of primary substance use and all substance use reported by clients at the time of their initial assessment.¹⁷ Similar to last year, slightly more than 92% of clients reported any substance use (not just primary use); alcohol (59.77%), marijuana (56.94%) and methamphetamine (45.4%) were the more frequently reported substances used. Among those clients reporting *primary* substance use, methamphetamine (31.7%), marijuana (31.15%), and alcohol (22.91%) continue to be the more commonly reported primary substances used.

¹⁵ This figure includes individuals who had been referred to the AFF program in SFY 2010, but not assessed until SFY 2011 ($n = 267$), along with clients who were referred and assessed during SFY 2011 ($n = 2001$).

¹⁶ This figure may not accurately represent two separate assessments; there are many different reasons for duplicate assessments, including the same assessment being erroneously entered twice.

¹⁷ Individuals who are assessed complete a self-report of their substance use patterns during the immediately preceding 30-day period. As part of the assessment, clients are asked to report all substances used, and to identify substances that are used most frequently.

Exhibit 7 Substances Used by AFF Clients 30 Days Prior to Enrollment Total Assessed Clients: 2268				
	Primary Substance Use Reports ¹⁸		All Substance Use Reports ¹⁹	
	<i>n</i>	%	<i>n</i>	%
Clients Reporting Use	1637	72.18	2088	92.06
Alcohol	375	22.91	1248	59.77
Methamphetamine	519	31.7	948	45.4
Marijuana	510	31.15	1189	56.94
Cocaine/Crack	104	6.35	299	14.32
Other Narcotics	36	2.2	152	7.28
Heroin/Opioids	57	3.48	105	5.03
Other Drugs	7	0.43	34	1.63
Hallucinogens	6	0.38	54	2.59
Benzodiazepines	13	0.79	68	3.26
Other Sedatives	8	0.49	48	2.3
Other Stimulants	1	0.06	29	1.39
Inhalants	1	0.06	12	0.57

3.6 Clients Treated by Funding Source

A total of 3,298 individuals received AFF services during the first three quarters of SFY 2011. As depicted in Exhibit 8, approximately 32% ($n = 1045$) of the clients served were continuing clients from SFY 2010. More than one-half (53.76%) of clients served in SFY 2011 received AFF treatment services from a combination of DES and RBHA funding, representing a 26.56% increase in combined funded clients from SFY 2010. Concomitantly, significantly fewer clients in SFY 2011(12.43%) received services funded solely by a RBHA than in SFY 2010 (34.2%).

Exhibit 8 SFY 2011 Clients Served and Funding Source Total Clients Served in SFY 2011: 3298		
	SFY 2011	
	<i>n</i>	%
New and Continuing Clients		
SFY 2011 New AFF Clients	2253	68.31
SFY 2010 Continuing AFF Clients	1045	31.69
Service Funding Source		
DES only Funded Clients	1115	33.81
Shared Funding Clients	1773	53.76
RBHA only Funded Clients	410	12.43

¹⁸ Primary substances are mutually exclusive; therefore they sum to 100%.

¹⁹ All substances are not mutually exclusive; therefore they do not sum to 100%.

3.7 Service Access by Service Type and Domain

In SFY 2011, changes were implemented in the way DES-funded services data were collected, shifting from a focus on service domains to levels of care (i.e. intensity of service).²⁰ RBHA-funded services data continue to be classified by service domains. Consequently, for the 2011 annual evaluation report, summaries for DES- and RBHA-funded services will be displayed in separate exhibits to better reflect services provided.

Exhibit 9 summarizes the number of DES-funded clients associated with specific types of services that were provided during the first three quarters of SFY 2011.

Exhibit 9 ²¹ Statewide Patterns of DES-Funded Services		
	DES-Funded Services <i>n</i> = 2888	
Type of Service	#	%
Medication	2	0.1
Medication Monitoring	54	1.9
Psychiatric Evaluation	62	2.1
Counseling:		
Family	39	1.4
Group	967	33.5
Individual	559	19.4
Supportive Services:		
Case Management	2051	71.0
Child Care	16	0.6
Clothing Assistance	0	0.0
Food Assistance	4	0.1
Housing/Rent	30	1.0
Living Skills Training	7	0.2
Parenting Skills	17	0.6
Re-engagement	40	1.4
Transportation	439	15.2
Utilities Assistance	17	0.6
Other	369	12.8
Drug Tests	2251	77.9

²⁰ Levels of care are determined at the time a client is assessed, and a specific set of services are provided to a client based on the designated level of care. Level of care and/or types of services associated with a client may change over time based on the client's needs.

²¹ Unique client(s) is the unit of analysis; type of service is not mutually exclusive. Differences may exist between services provided and reported for evaluation due to reporting procedures, timing, and data accuracy.

As evidenced in Exhibit 9 (on the previous page), supportive services (76.3%) and counseling (46.3%) were the more commonly provided types of services.

Exhibit 10 summarizes the number of DES-funded clients associated with each level of care during the first three quarters of SFY 2011. Outpatient (41.8%) was the most frequently assigned level of care during the reporting period.

Exhibit 10 ²² Levels of Care Associated with DES-Funded Clients		
	Number of Unique Clients Receiving DES-Funded Services <i>n</i> = 2888	
Level of Care	#	%
Education	548	19.0
Outpatient	1207	41.8
Outpatient – Intensive	579	20.0
Residential – Adult	12	0.4
Residential – Child	0	0.0
Aftercare	194	6.7
No Specified Level of Care ²³	673	23.3

Exhibit 11 provides a summary of the number of RBHA-funded clients who were provided at least one unit of service in one or more service domains during the first three quarters of SFY 2011 (see Exhibit 12 on the next page for definitions of the service domains). The majority of RBHA-funded clients (92%) received support services, and slightly more than one-half (53%) received treatment services.

Exhibit 11 ²⁴ Statewide Patterns of RBHA Service Access		
	RBHA-Funded Services <i>n</i> = 2183	
Service Domain	#	%
Treatment Services	1162	53.2
Rehabilitation Services	246	11.3
Medical Services	243	11.1
Support Services	2007	91.9
Crisis Intervention Services	134	6.1
Inpatient Services	31	1.4
Residential Services	68	3.1
Behavioral Health Day Programs	26	1.2

²² Unique client(s) is the unit of analysis; level of care is not mutually exclusive.

²³ Clients who began services prior to the collection of level of care data were not associated with any level of care.

²⁴ Unique clients is the unit of analysis.

Exhibit 12
Definitions of Service Domains Recognized by the Division of Behavioral Health Services

Treatment Services	Treatment Services are 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	Rehabilitation 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.
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.
Supportive Services	Supportive 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 categories 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 included services such as therapeutic nursery, in-home stabilization, after school programs, and specialized outpatient substance abuse programs. These programs can be provided to a person, group of persons, and/or families in a variety of settings. Day programs are further grouped into the following three subcategories: Supervised; Therapeutic; and Psychiatric/Medical.

3.8 Service Closure and Treatment Duration

During the first three quarters of SFY 2011, 1,700 client cases were closed by DES/AFF providers (see Exhibit 13). Clients completing their service program (38.8%) and clients discontinuing participation prior to service completion (31.6%) were the more commonly identified case closure reasons cited by providers. Among those clients closed as completing their service plan, the average length of treatment (LOT) was 92.8 days, compared to 127 days as reported in SFY 2010.

Exhibit 13 Statewide Patterns of DES/AFF Closure and Length of Treatment Clients who received services and were subsequently closed <i>n</i> = 1700				
Closure Reason	#		%	
Clients Completing Service Plan	660		38.8	
Client Discontinued Participation	537		31.6	
All Other Reasons for Closure	503		29.6	
Length of Treatment (LOT) ²⁵	<i>n</i>	Median	Mean	<i>SD</i>
Clients Completing Service Plan	454	75	92.8	64.3
Clients Discontinuing Participation	405	82	91.1	60.6
All Other Reasons for Closure	251	73	85.3	61.2

²⁵ Length of treatment (LOT) is defined as the number of days between the first treatment service date following assessment and the last treatment service date prior to closure by the DES/AFF Provider. LOT is not calculated when the first and last service dates are the same.

SECTION 4

AFF PROGRAM OUTCOMES

This section highlights the outcomes achieved by clients who have participated in the AFF program. Outcomes are assessed in the following domains, which were articulated in the enabling legislation of the AFF program: child safety, family stability and permanency, recovery from alcohol and drug abuse, and self-sufficiency as reflected in employment.

4.1 Child Safety: Recurrence of Child Maltreatment

As evidenced in Exhibit 14, among the 3,298 clients in the AFF program, 3,163 (95.9%) had at least one allegation of child maltreatment prior to their referral to the AFF program. Of these pre-referral maltreatment allegations, 59.6% were substantiated²⁶ and 31% were unsubstantiated. Consistent with 2010, the majority of maltreatment allegations at intake were for neglect (79.8%), with physical (16.4%) and sexual abuse (3.8%) less frequently identified.

Exhibit 14 Summary of Pre- and Post-Referral Report Findings ²⁷										
Pre-Referral Finding			Post-Referral Finding							
	Totals		Substantiated		Unsubstantiated		Pending/Other		No Report	
	#	%	#	%	#	%	#	%	#	%
Substantiated	1968	59.6	72	3.7	144	7.3	61	3.1	1691	85.9
SUB ²⁸	502	25.5	21	4.2	31	6.2	19	3.8	431	85.9
SUB & SUBA ²⁹	97	4.9	7	7.2	10	10.3	3	3.1	77	79.4
SUBA ³⁰	1369	69.6	44	3.2	103	7.5	39	2.8	1183	86.4
Unsubstantiated	1021	31.0	67	6.6	131	12.8	33	3.2	790	77.4
Pending/Other	174	5.3	6	3.4	11	6.3	10	5.7	147	84.5
No Report Matched ³¹	135	4.1	3	2.2	4	3.0	0	0.0	128	94.8
Total	3298	100	148	4.5	290	8.8	104	3.2	2756	83.6

²⁶ In the fall of 2010, CPS broadened the substantiation category to include a ‘proposed substantiated pending dependency adjudication’ (SUBA) finding; therefore, a child maltreatment allegation was considered ‘substantiated’ if a CPS investigation resulted in a ‘proposed substantiated’ (SUB) finding or a SUBA finding.

²⁷ Pre-referral findings were extracted from the last CPS report initiated prior to the client’s referral to the AFF program. Post-referral findings were extracted from the first CPS report following the client’s referral to the AFF program.

²⁸ Represents a ‘proposed substantiated’ finding.

²⁹ Represents cases where both a ‘proposed substantiated’ finding and a ‘proposed substantiated pending dependency adjudication’ finding were documented.

³⁰ Represents a ‘proposed substantiated pending dependency adjudication’ finding.

³¹ Among clients served by the AFF program, the data matching process was unable to identify a pre-referral CPS report for 2.6% of AFF-referred clients. In addition, 1.5% of clients had a CPS report matched that was greater than two years in advance of the AFF referral (which was considered an outlier and therefore excluded from analyses).

Of the clients with a maltreatment report (substantiated or unsubstantiated) at the time of their referral to the AFF program, 13.9% had a recurrence³² (as indicated by a new substantiated or unsubstantiated allegation of maltreatment filed subsequent to the client beginning AFF services), which is comparable to the rate observed last year. A recurrence rate of 3.7% was observed when using a more conservative approach that only incorporates subsequent substantiated reports following initial substantiated reports. Caution should be taken when reviewing these findings, since the short duration between pre- and post-referral only allows for a minimally adequate follow up window in which to monitor maltreatment recurrence.

4.2 Permanency Achieved by Children of Parents in AFF

As depicted in Exhibit 15, a total of 2,692 children, who were associated with AFF clients (1,868) in the *first three quarters* of SFY 2011, were in CPS out of home placement at some point during the reporting period. More than two-thirds (69.3%) of these children were still in out of home placements at the end of the reporting period. By comparison, in SFY 2010, 72% of children of parents in AFF were still in care at fiscal year end. About 26% of the AFF clients' children who were placed in out of home care achieved permanency, down 1% from last year. Reunification continued to be the predominant form of permanency (98%), occurring, on average, after the child had been in out of home care for 187 days.

Exhibit 15 Permanency Achieved by Children of Parents in AFF				
	<i>n</i>	%		
Total Children	2692	100	Days in Out of Home Care Among Children Achieving Permanency	
Still in Care	1866	69.3		
Other	134	5		
Achieved Permanency	692	25.7	Median Days	Average Days
Reunification	679	98.1	171	187
Guardianship	12	1.8	213	234
Adoption	1	0.1	527	527

4.3 Recovery from Substance Abuse

According to AFF program guidelines, DES-contracted providers are required to drug test AFF clients at least twice per month during AFF treatment participation. As summarized in Exhibit 16 (on the next page), drug test results were reported for 68% of all AFF clients (*n* = 2251), representing a slight improvement from the 65% of clients reported in last year's report. On average, AFF clients were tested 1.5 times per month, with the majority of these tests (82%) reflecting no drug use.

³² This figure was calculated by summing all substantiated and unsubstantiated post-referral findings that had an initial substantiated or unsubstantiated pre-referral finding (*n* = 414) and dividing this by the sum of the total substantiated and unsubstantiated pre-referral findings (*n* = 2989).

Exhibit 16 Statewide Summary of AFF Client Drug Test Data Reported by DES/AFF Providers			
	<i>n</i>	%	Average # of tests per month (SD)
Total Clients	3298	100	1.5 (3.3)
Clients with a record of at least one drug test in SFY 2011	2251	68.3	
Drug Free Ratio	N/A ³³	81.9	

4.4 Employment Outcomes For Jobs-Referred AFF Clients

During the first three quarters of SFY 2011, no individuals were referred to AFF from the Jobs program. One individual, who was referred to AFF in SFY 2010, continued to receive AFF services during SFY 2011. This individual's case was subsequently closed with no employment status documented.

³³ Since the drug free ratio represents the number of negative drug tests divided by the number of all drug tests, it is only applicable to present information as a percent, and not as a number.

SECTION 5 SUMMARY

This report summarizes the key processes and outcomes of the Arizona Families F.I.R.S.T. program, now in its tenth year of operation. The continued commitment of the legislature to critically examine the processes and outcomes of this innovative program has afforded the opportunity to study the development and operations of a program unique in its scope and focus. The performance of the AFF program, in relation to each of the five goals articulated by the legislature, was addressed by utilizing information from a variety of sources, including administrative data and service utilization records.

Increases in Timeliness, Availability, and Accessibility of Services

In the first three quarters of SFY 2011, 3,298 individuals were served by the AFF program statewide, representing a 20% increase from 2010. For these individuals and their families, the AFF program continues to provide services in a manner consistent with the program design. During SFY 2011, AFF participants received outreach, assessment, engagement, and treatment services in a timely manner; on average, AFF providers made initial contact with referred individuals within one business day upon receipt of a referral from CPS. AFF services were accepted by participants approximately two weeks (14.7 days) after the individual was referred to AFF, an increase from SFY 2010 where providers were reporting five days from referral to service acceptance.

Those clients who are engaged in treatment services typically find themselves receiving services from their local DES provider and/or a RBHA contracted treatment provider in their community, depending upon their program eligibility. During the first three quarters of SFY 2011, 54% of AFF clients received AFF services with funding provided by both DES and a RBHA, up from 27% reported in 2010, and significantly fewer clients received services funded solely by a RBHA.

Recovery from Alcohol and Drug Problems

Consistent with previous years, the overwhelming majority of AFF clients assessed in SFY 2011 self-reported use of methamphetamine, marijuana, and alcohol. The results of drug screens conducted with AFF clients to detect continued drug use indicate that 82% of the AFF clients were drug free throughout their AFF participation. Drug tests were conducted, on average, 1.5 times per month.

Child Safety and Reduction of Child Abuse and Neglect

Among those clients served in the AFF program, the rates of recurrence of child maltreatment following AFF program enrollment continues, as in past years, to be exceedingly low. Nearly all clients (95.9%) served by the AFF program had at least one allegation of child maltreatment before enrolling in the program, with the majority (79.8%) of investigations involving allegations of neglect. Most AFF clients (84%) had no subsequent report filed during this reporting period; among those clients with a substantiated report at the time of their referral to the AFF program, only 3.7% had a subsequent filing of a substantiated report during the first three quarters of the state fiscal year.

Permanency for Children through Reunification

At the end of this year's reporting period, 69% of children associated with AFF clients remained in CPS out of home placements, improving from the 72% rate that was observed in 2010.

Among children who achieved permanency in SFY 2011, the vast majority (98%) were reunified with their parents, up 8% from 2010.

Achievement of Self-Sufficiency through Employment

Employment activity is reported only for those clients referred to the AFF program who were already enrolled in the Jobs program. During the first three quarters of SFY 2011, no individuals were referred to AFF from the Jobs program. One individual, who was referred to AFF in SFY 2010, continued to receive AFF services in SFY 2011; this client's case was subsequently closed, but no employment status was recorded. Due to the lack of AFF clients referred by the Jobs program, no determination can be made regarding the AFF program's performance on this goal.