

**Arizona Families F.I.R.S.T. Program
Annual Evaluation Report
for the Period
July 1, 2005 – June 30, 2006**



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Center for Applied Behavioral Health Policy
PO Box 37100, Mail Code 3252
Phoenix, AZ 85069-7100
(602) 942-2247
email: cabhp@asu.edu
website: <http://www.cabhp.asu.edu>

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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 (ADHS/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 the Department of Health Services, Division of Behavioral Health Services, and qualitative data gathered from AFF program directors and AFF clients. Analyses were conducted with respect to child welfare outcomes between July 1, 2005 through June 30, 2006.

Key findings of the report are summarized on the following pages.

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 impressive rates. During the past state fiscal

year, over 4,700 new individuals were referred to the AFF program, a 23% increase over the previous year. Over 97% of these individuals were contacted through outreach, most within two calendar days, and encouraged to seek treatment services, a 19% increase in the engagement rate over the previous year; over two-thirds of those referred were assessed, resulting in a 14% increase in assessments. Nearly 3,000 new clients received AFF services this year, a 55% increase over the previous year. 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.

Individuals engaged in AFF services continued to receive a complementary set of services from both DES and DBHS, and for many of these individuals, the AFF program has facilitated access to behavioral health treatment services and supports.

Throughout the state, the majority of individuals participating in the AFF program are exposed to a comprehensive and coordinated array of wraparound services that are jointly funded through the state's Department of Economic Security and Department of Health Services. For many of these individuals, the AFF program serves as a portal to access not only substance abuse treatment and other behavioral health services, but also medical care for themselves and their children, as they are assessed for and enrolled in Medicaid services when eligible. In most communities throughout the state, AFF clients are provided with a seamless system of care that ensures timely access to those services needed to make their children safe, to stabilize their families, and to attain permanency in their role as parents to their children.

Arizona Families F.I.R.S.T. Client Demographic Characteristics

The demographic characteristics of AFF clients are consistent from year-to-year. Among AFF clients in SFY 2006, 72% were women, with an average age of 30 years. Persons of Hispanic, African-American, and American Indian heritage comprised 27%, 6%, and 4% of the AFF clients, respectively. Nearly 70% of the clients possessed at least a high school diploma or GED (higher than the previous year), with 35% employed either part- or full-time.

Alcohol and Substance Use Among Arizona Families F.I.R.S.T. Clients

Based upon the initial assessment information collected on AFF clients, 50% of clients (based on self-reports) had used alcohol or one or more illegal substances in the 30 days immediately prior to their assessment. Methamphetamine (29%), alcohol 25%, and marijuana (24%) were the most frequently reported substances used.

Among AFF clients reporting substance use in the 30 days prior to their assessment, 38% reported using only one substance. Thirty-four percent reported using two substances, while 28% reported using three or more substances, double the rate from last year. The more common patterns of self-reported multiple substance use consisted of combinations of alcohol, methamphetamine, and marijuana, similar to that reported last year.

Services Used By Arizona Families F.I.R.S.T. Clients

While Assessment, Evaluation, and Screening services were provided to 87% of AFF clients, individuals also received a variety of therapeutic and support services. Family (56%), Individual (24%), and Group (21%) counseling were common treatment modalities received by AFF clients, while Case Management (94%), Flex Fund Services (72%), and Transportation (27%) were the more common support services provided, similar to last year's findings. Relatively few AFF clients were reported to have received personal care, peer services, home care and family training, supported housing, childcare, or aftercare services through the AFF or RBHA networks. It is possible, however, that AFF clients received these services through other DES programs (i.e., child care services from the DES case worker) or local agencies.

At the close of the reporting period, over half (54%) of AFF clients in SFY 2006 had completed or were discharged from treatment services, while 46% were still actively engaged in AFF services. Clients served only by the RBHA system experienced the longest length of service provision, 166 days on average; clients served only by AFF providers experienced an average of 145 days of service.

Recovery From Alcohol and Drug Problems

Individuals engaged in the AFF program received help that has facilitated reduction and/or abstinence of illicit substances and abuse of alcohol. Over 60% of clients who either completed their AFF treatment services or voluntarily terminated services, demonstrated no drug use at all during their participation in the AFF program, as verified by drug screening tests. These findings are in line with outcomes from other successful model treatment programs that use random drug testing as a program component.

Child Safety and the Reduction of Child Abuse and Neglect

Children of AFF parents or caregivers experienced less subsequent abuse and neglect compared to the state averages.¹ During SFY 2006, 98% of AFF clients (3,931 AFF clients) had no new substantiated Child Protective Services (CPS) reports of abuse and neglect after their enrollment in the AFF program.

Permanency for Children Through Reunification

Children throughout the state whose parents have been engaged in AFF services were safely reunited with their parents at rates that exceeded state averages. Over 900 children, representing 25% of all of the children of AFF clients, achieved permanency this year, an increase of 9% over last year's findings. These outcomes may have been enhanced by the strategies implemented in accordance with *Strengthening Families – A Blueprint for Realigning Arizona's Child Welfare System*. For the vast majority of these children (68%), permanency through reunification with their parents or caregivers was achieved, with the median length of time in out-of-home placement at 30 days.

¹ Arizona Department of Economic Security. (2006). Child Welfare Reporting Requirements: Semi Annual Report For the Period October 1, 2005 Through March 31, 2006.

Conclusions and Recommendations

Identified areas of achievement include:

- Children throughout the state whose parents have been engaged in AFF services were safe and were reunited with their parents at rates that exceeded the population as a whole.
- Individuals engaged in the AFF program received effective help that has facilitated reduction in use and/or abstinence from illicit substances and abuse of alcohol.
- Throughout the state, individuals experiencing difficulties with substance abuse and child abuse and neglect were engaged in treatment services at impressive rates.
- Individuals engaged in AFF services received a complimentary set of services from both DES and DBHS, and for many of these individuals, the AFF program facilitated access to behavioral health treatment services and supports.

The following two areas were identified for consideration by the DES and ADHS partnership to enhance the evaluation:

- Over the past year there has been an improvement in the reporting of substance abuse through the increased use of drug screening procedures. However, with regard to the reporting of employment status, more can be accomplished. It is suggested that changes in the AFF database and Closure Report capture required employment status at the time of client closure.
- Differences in the services reporting requirements of DES and DBHS continue to impede adequate monitoring of the consistency of AFF service provision statewide. Constructing a “crosswalk” service document between the two service systems may be a step in bridging the two systems.

The next two areas were identified for practice improvement consideration:

- There have been improvements this year in the reporting of regional variations in AFF service delivery due to enhanced program monitoring and technical assistance provided by both the AFF staff and evaluation team. Continued attention is warranted to determine if regional practice variations lead to differences in client outcomes.
- Methods and procedures should be reviewed for reducing the timeframes between AFF referral and enrollment into the RBHA system for those individuals eligible for Medicaid Title XIX services.

In summary, it is apparent that the Arizona Families F.I.R.S.T. program has matured into a robust and well-coordinated program of services, fulfilling the intent of the enabling legislation that led to its development. During the past state fiscal year, 4,000 individuals referred by Child

Protective Services or TANF for ongoing issues related to the abuse of alcohol and drugs, were served by this innovative program. Based upon the programmatic efforts this year:

- More than 650 children have been safely returned to the custody of their parents without a recurrence of suspected abuse and neglect.
- Parents have experienced success in addressing their substance abuse problems through treatment.
- More than 60% of clients who completed their participation in AFF services demonstrated no drug use at all during their time in the program, as verified by drug tests.
- Families have been able to access a seamless network of treatment services and supports designed to promote ongoing recovery and family stability.

1. INTRODUCTION

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together - AFF) 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. 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 Arizona Families F.I.R.S.T. program is provided in Appendix A.

1.1 Brief Description of the AFF Program and Client Flow

The AFF enabling legislation recognized that substance use disorder in families is a major problem contributing to child abuse and neglect, and that substance use can present significant barriers for those attempting to reenter the job market or maintain employment. In addition, 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 time limits established under the TANF block grant, also were factors behind the legislation. However, the timeframes for substance abuse recovery, currently viewed as a chronic recurring illness², sometimes conflict with the requirements of ASFA enacted in 1997. Currently states must file a petition to terminate parental rights and concurrently, identify, 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 program is a public-private partnership that 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 RBHA provider network. In addition to the 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.

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

Figure 1.1
Overview of the AFF Program Model

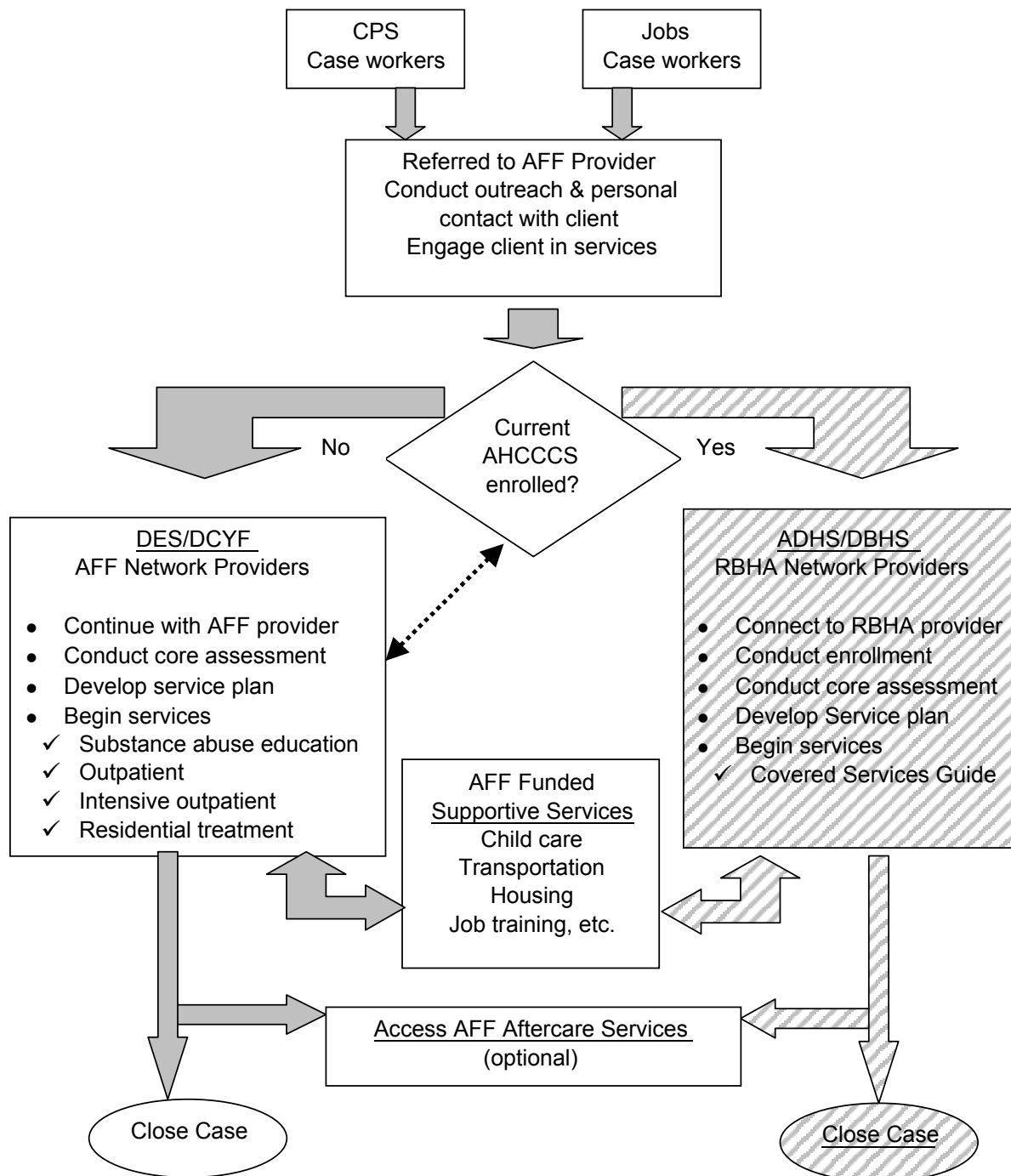


Table 1.1 summarizes the county, AFF provider agency and associated RBHA within each of six regional DES districts. AFF contracted agencies in *bold italics* also participate in the RBHA network as either a RBHA or a RBHA network provider.

Table 1.1
List of DES Districts, Counties, AFF Providers, and RBHAs

DES District	County	AFF Provider Agency	Regional Behavioral Health Authority
I	Maricopa	TERROS	ValueOptions
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 Operations

The most recent data available on drug use in Arizona³ indicate that 18% of Arizonans 18-25 years of age and 6% of Arizonans 26 years of age or older used illicit drugs during the previous 30 days. Further, past month binge alcohol abuse among these two age groups, was reported by 43% and 22% of individuals. Abuse and neglect of children is generally believed to be associated with substance abuse. In a report to Congress on this issue⁴, data was presented showing that parents who abuse drugs and alcohol generally do not attend to children's

³ SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2003 and 2004.

⁴ 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.

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 abuse or neglect of children.

In September 2005, the Arizona Department of Economic Security, Division of Children, Youth and Families 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;
- 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.

Strategies focusing on families and youth, detailed in the Blueprint, include continuing efforts to improve behavioral health services to meet the unique behavioral health needs of children and families involved with child welfare, in order to enable children to remain in their homes, or to better ensure successful placement in the least restrictive setting in out-of-home care. The AFF program was singled out as a particularly successful strategy in providing family-centered substance abuse treatment and recovery support services to parents whose substance abuse is a significant barrier to maintaining or reunifying the family. The Blueprint acknowledges the growing problem of methamphetamine use in Arizona and its impact on child safety and well-being. DCYF has formed a multi-disciplinary task force to identify treatment models specific to methamphetamine, identify best practices for ensuring child safety, and develop recommendations to DCYF for program improvement.

1.3 Overview of the 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 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. 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 providers.

Data sets included:

- Service utilization data obtained directly from the nine AFF providers;
- Enrollment and encounter data provided by ADHS/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 the program managers and clients are provided throughout the report in “text box” format. These comments are from a qualitative report on site visits conducted during the summer of 2006 and provided to the AFF program office. Site visit reports are available from the Center for Applied Behavioral Health Policy at Arizona State University.

Additional detail regarding information on the data sources used for the annual report is provided in Appendix B. The evaluation framework guiding this year’s evaluation report is in Appendix C.

2. AFF PROGRAM OUTCOMES

The mission of DES is to promote the safety, well-being, and self-sufficiency of children, adults, and families. Further, the Department envisions a future where every child, adult, and family in the state of Arizona is safe and economically secure. Under the requirements of the Joint Substance Abuse Treatment fund that established the Arizona Families F.I.R.S.T. program (AFF), three priority outcome areas are identified:

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 a child's birth family where safety can be assured.
2. Increase the availability, timeliness and accessibility of substance abuse treatment to persons receiving temporary assistance for needy families 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.

This chapter presents AFF outcome data that address the issues of child safety, family stability and permanency, self-sufficiency as reflected in employment, and recovery from alcohol and drug problems.

2.1 Child Welfare Outcomes Among AFF Clients

Recurrence of Child Abuse and Neglect Among CPS Families Participating in Arizona Families F.I.R.S.T.

This section examines the extent to which the AFF program promotes and contributes to the Department's mission of ensuring that children are safe from child abuse and neglect. Specifically, the evaluation question examines whether AFF clients⁵ identified in the CHILDS data system experienced a substantiated report of child abuse or neglect *after* their enrollment in the AFF program.

During the reporting period, there has been no change, compared to last year, in the percentage of AFF clients with substantiated new reports of abuse and neglect. There were a total of 4,014 clients in the AFF program; only 2% ($n = 83$) of these participants had a substantiated new report

AFF Client Voices

"My CPS worker called AFF. The AFF case manager tried a bunch of times to contact me, and they left many business cards at my house. I went to intensive outpatient treatment and standard out patient treatment, and then I relapsed. After that, I was referred here (AFF). My kids have been out of my home for over a year; now they are staying with my in-laws. The plan is for them to be returned to me in December. This is happening because I have been able to stay sober. Without AFF, I don't think I would be able to get my kids back."

Female, Maricopa County

⁵ AFF clients are defined for the purposes of this report as clients who received any form of service from an AFF provider and/or a RBHA provider during the period of July 1, 2005 – June 30, 2006. AFF clients include clients who were referred, assessed, and received treatment in SFY 2006, along with clients who had been referred and assessed in SFY 2005 or earlier, and continued to receive services in SFY 2006.

filed after their enrollment in the AFF program. Substantiated reports of AFF participants was highest in DES District II (6%) compared to statewide averages. The percentage of substantiated CPS child abuse/neglect reports for AFF clients in each of the six districts is presented in Figure 2.1. For informational purposes, 8% of all investigated child abuse, neglect, and abandonment reports filed with CPS during a six-month period (October 1, 2005 – March 31, 2006) resulted in a substantiated finding.⁶

The data indicate that the vast majority of substantiated reports were for neglect (92%), and the remainder (8%) 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.⁷

Children in CPS Care Whose Caregivers Enroll in AFF Achieve Permanency

A total of 3,671 children whose parents were AFF clients in SFY 2006 were in CPS care at some point during the reporting period. As depicted in Figure 2.2, the overwhelming majority of these children were still in out of home placements at the end of the reporting period.⁸ One-fourth (25%) of these children achieved permanency through reunification (18%) with their parents or caregivers. An additional 1% were discharged from care for

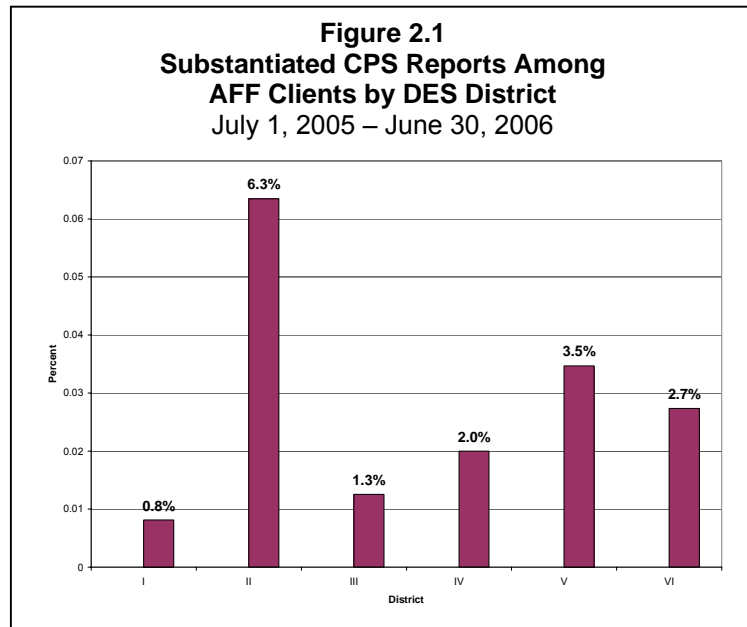
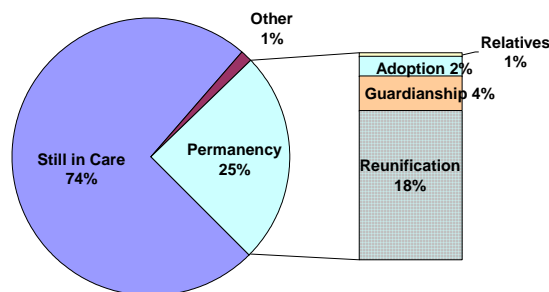


Figure 2.2
Placement Outcomes for Children of AFF Clients
SFY 2006 $n = 3,671$ children



⁶ Arizona Department of Economic Security. (2005). Child Welfare Reporting Requirements: Semi Annual Report For the Period October 1, 2005 Through March 31, 2006.

⁷ 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.

⁸ Included in this group are children who are participating in trial visits with relatives, guardians, or potential adoptive families.

other reasons (e.g. emancipation, discharge to another agency). Rates of reunification were similar across the six districts, with Districts III (23%), IV and VI (each 24%) having higher reunification percentages compared to the statewide average (18%). Among the 955 children of AFF clients discharged from DES care during the reporting period, 68% were reunified with parents or caregivers. For informational purposes, 51% of children who left the care of DES between October 1, 2005 and March 31, 2006 were reunified with parents or caregivers.⁹

Among the 910 children who achieved permanency (Table 2.1), the median number of days¹⁰ in out-of-home care for children subsequently living with relatives was 22 days, followed by 30 days for children reunified with parents/caregivers, and 149 days for children where guardianship was arranged. It should be noted that the median number of days in care for reunified children in Districts IV and V were significantly higher (80 and 96 days, respectively) than the statewide median average. Additional details on days in care by DES District are summarized in Appendix D.

Table 2.1			
Days in Out-of-Home Placement			
Only for Children Achieving Permanency			
n = 910			
	n	Median	Average
Relatives	20	22	88
Reunification	653	30	129
Guardianship	151	149	237
Adoption	86	527	569

2.2 Employment Outcomes Among Arizona Families F.I.R.S.T. Clients

This section examines the extent to which the AFF program promotes and contributes to the Department’s mission of promoting economic security for families. As stated in the enabling legislation for the AFF program, AFF program services are provided to recipients of Temporary Assistance for Needy Families (TANF) whose substance use is a significant barrier to maintaining or obtaining employment. These individuals are referred to the AFF providers through the Department’s Jobs program.

Employment outcome data at the time of discharge were available for 1,031 AFF participating clients who received services from the RBHA network during the period. A summary of the proportion of discharged clients and their employment status at intake and discharge is shown in Table 2.2 on the following page. While there was little change in employment status from the time of client intake to the time of discharge, 7% of AFF client unemployed at intake were reported employed at discharge. Among those employed at intake, 90% were reported as employed at discharge. These findings are similar to those report in last year’s evaluation report.

AFF Client Voices

“We did drugs a lot. CPS took our kids. AFF gave us parenting and drug counseling. We’re getting visits. We’ve been clean for four and one half months. We got parenting classes and drug classes. Our case worker told CPS we needed more visitations with the kids, so we’re getting more starting next week. We should get our kids back after the first of the year. We would still be out using without AFF.”

Female, Pinal County

“I had my son taken away from me and for the last 10 months, she [AFF case manager] helped me get him back. She helped me find a halfway house. I’m getting ready to move into my own place next month. I don’t think I could have done it without this place.”

Female, Yavapai County

⁹ Arizona Department of Economic Security. (2005). Child Welfare Reporting Requirements: Semi Annual Report For the Period October 1, 2005 Through March 31, 2006.

¹⁰ The mid-point wherein half the children spent less time in care and half spent more time in care.

Table 2.2 Employment Status Among Discharged AFF Clients					
AT DISCHARGE	AT INTAKE				
	Employed	Unemployed	Other	Unknown	Total
# of Clients	196	483	36	316	1031
Employed	90.3%	6.8%	8.3%	12.0%	24.3%
Unemployed	4.1%	82.6%	16.7%	34.2%	50.6%
Other	-	1.2%	66.7%	1.0%	3.2%
Unknown	5.6%	9.3%	8.3%	52.8%	21.9%
Total	19.0%	46.8%	3.5%	30.7%	100%

Other data that have a bearing on maintaining employment comes from DES Jobs data. Among AFF clients who were discharged during SFY 2006 (2,175 individuals), 142 clients received Jobs services during the year. Of these discharged “AFF-Jobs” clients, 43% maintained employment for 30 days.

The other data related to client self-sufficiency comes from DES TANF data. Among AFF clients who were discharged during SFY 2006, 22% (352 clients) had received TANF benefits during the year. A summary of the number of months discharged clients received TANF benefits is shown in Table 2.3. In general, the average number of benefit months was similar among clients with closed TANF cases at the time of AFF discharge (average 7.6 months) compared to clients with open TANF cases at time of AFF discharge (7.4 months).

Table 2.3 TANF Status Among Discharged AFF Clients		
	Open TANF	Closed TANF
# of cases	114	238
Average # months	7.4	7.6
Std. Deviation	9.0	7.0
Minimum # months	1	1
Maximum # months	44	53
Median # months	4.0	6.0

2.3 Recovery from Substance Use

Information regarding reductions in substance use among AFF clients is available from drug screening data. For a sample of clients that received their AFF services either completely or partially from an AFF provider, information is available on the frequency and results of physiological screening (urinalysis¹¹) of their substance use *during* their course of program participation. During the SFY 2006, a total of 2,175 clients were closed from AFF services, either because they successfully completed the program, dropped out, or otherwise were no longer actively engaged in AFF-related services.¹² For 44%

Table 2.4 Substance Use, AFF Closed Clients <i>only</i> SFY 2006	
DES District	Statewide Averages
# of closed clients with UA results	954
Mean (sd) UAs per client	8.9(27.1)
# (%) w/ all positive UAs	138(14.5%)
# (%) closed clients w/ all negative UAs	571(59.8%)
# (%) closed clients w/ mixed UAs	245(25.7%)

¹¹ Information provided by AFF providers does not allow for a determination of the substances that were assessed by the urinalysis.

¹² Current data collection procedures do not allow for a clear delineation of the reasons or methods of AFF program termination.

(n = 954) of these clients, usable results from urinalysis tests were available, a significant improvement over the 12% reported last year. These results are summarized in Table 2.4 on the previous page. AFF provider contracts beginning July 1, 2005 required that “Therapeutic random screening shall be performed a minimum of two times per month based on client therapeutic needs.” Despite this new expectation, the average number of screenings per client increased moderately this year to 8.9 from 5.9. In addition, there was a slight increase in the percentage of “all clean” screenings this year to 60% from 57%.

The second source of information regarding reductions of substance use patterns among AFF clients is examination of the self-reports of alcohol and drug use completed by clients as part of the uniform assessment, at intake and at discharge. A total of 1,031 clients were discharged from the RBHAs, resulting in 1,012 usable intake-discharge comparisons. Table 2.5 provides a summary of these data. Key highlights from the table includes:

- 42% AFF clients reported no substance use at both intake and at discharge based on the uniform assessment;
- 17% of AFF clients reporting substance use at intake reported no substance use at discharge based on the uniform assessment;
- 19% AFF clients reporting methamphetamine or marijuana use at intake reported no substance use at discharge based on the uniform assessment.

DES District	Statewide totals/averages
# closed clients with useable intake-discharge comparisons	1,012
# (%) clients reporting no drug use at intake and discharge	421 (42%)
# clients reporting any substance use at intake	492
% no substance use at discharge	17%
# clients reporting methamphetamine use at intake	224
% no substance use at discharge	19%
# clients reporting marijuana use at intake	100
% no substance use at discharge	19%
# clients reporting alcohol use at intake	111
% no substance use at discharge	12%

These findings, taken together, indicate that the AFF program is having an impact for parents or caregivers in reducing their substance and/or alcohol use. Generally, about 60% of clients are showing no substance use at discharge based on either drug screening data or intake-discharge comparisons.

Detailed information on substance use reduction patterns by DES district is provided in Appendix E.

Successful Strategies for Meeting Waiting Time Barriers

“We find alternatives for them if there is a wait time. If IOP isn’t available in their area, we’ll provide them with transportation and pay for child care if they have to travel to another location for services.”

AFF provider, Maricopa County

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

This section provides descriptive information about individuals referred to the AFF program for the State Fiscal Year beginning July 1, 2005 and ending June 30, 2006. Topics addressed include:

- Referrals & Outreach
- Assessments
- Substance use
- Engagement in treatment
- Services received
- Demographic characteristics

A diagram showing client flow through the AFF program is shown in Figure 3.1 on the following page. The flow diagram provides an organizing schema that will be followed throughout the subsequent sections of this report. The diagram shows the number of individuals referred and assessed during the reporting period, the number of clients receiving services, and the partition of clients by RBHA or AFF funding source.

As described in the Introduction, AFF clients receive substance abuse treatment services through a partnership between DES/DCYF and DBHS/RBHA provider network (See Table 1.1 on page 14 for a list of AFF providers and RBHAs). Some AFF clients (38%) receive their treatment services from both funding sources and are designated as “shared funding clients.” A slightly larger number of AFF clients (39%) receive their treatment services funded through the RBHA system and are designated as “RBHA funded clients.” The final group of AFF clients (22%), designated as “AFF funded clients” receive their treatment services funded through AFF funds. It should be noted that some providers, i.e., TERROS, CPSA, AZPAC-Yuma, Horizon, and SEABHS, are both AFF funded providers as well as RBHA funded providers.

AFF Client Voices

“My life has changed totally. I mean, just the fact that I’m able to be a mother again, with nobody really watching over me. I have speaking engagements that I do now, and I reach out to people in my situation, and that’s with the encouragement of staff at WestCare. I’m able to keep a job. They give you incentives – just your life improving tremendously is incentive enough.”

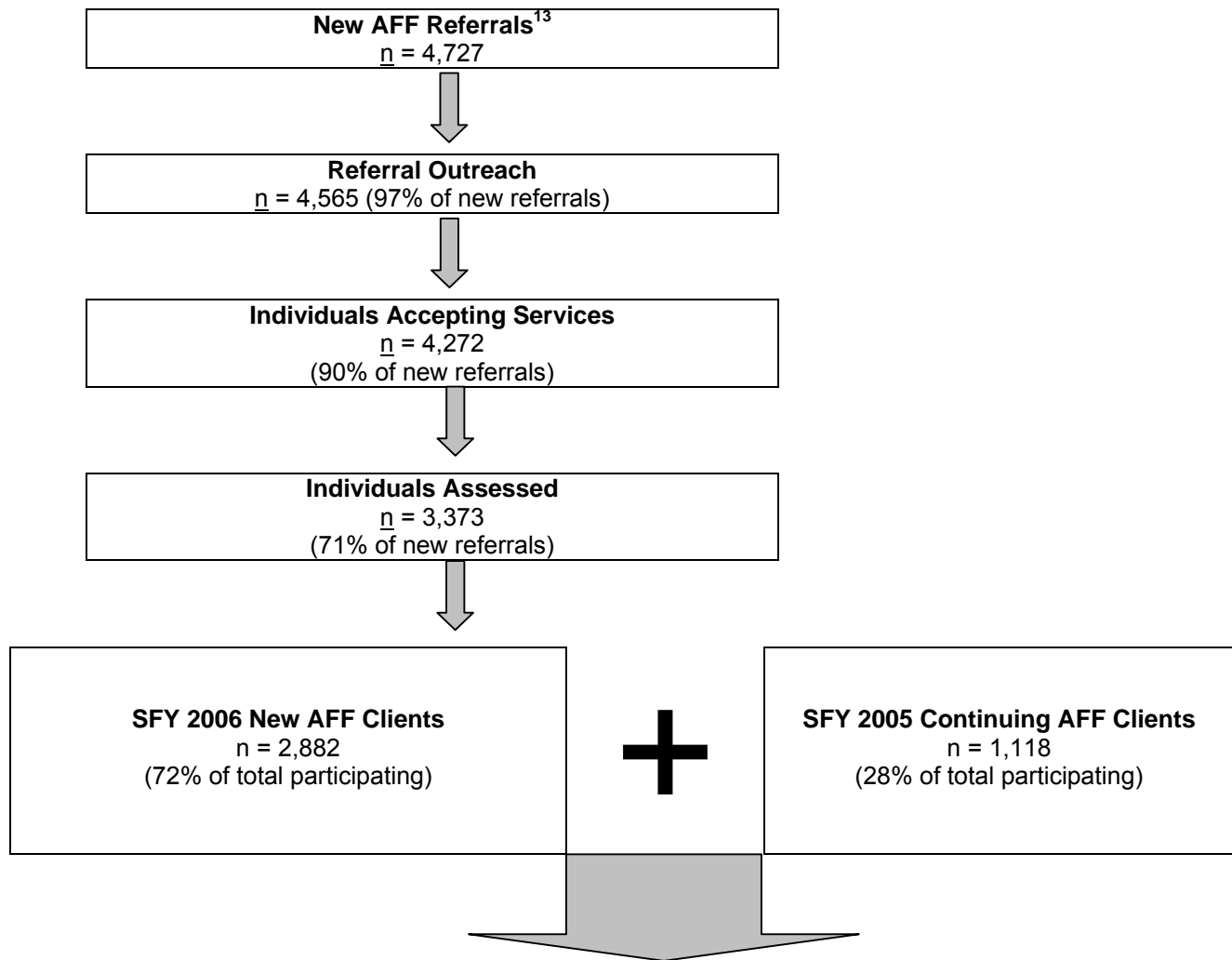
Female, Mohave County

Successful Strategies for Engaging Collaborative Partnerships

“We do fun things with them as well. We have monthly pot luck with CPS. That allows us to get to know them on a personal level and still do our job.”

AFF Provider, Coconino County

Figure 3.1
SFY 2006 Referrals and Client Participation



Total AFF Clients, SFY 2006 N = 4,000							
AFF Funded Clients 884 (22%) clients re- ceived treatment ser- vices funded from AFF <i>only</i>		Shared Funding Clients 1,552 (38%) clients received treatment services funded from <i>both</i> AFF & RBHA				RBHA Funded Clients 1,564 (39%) clients received treatment services funded from RBHA <i>only</i>	
566 clients closed from services	318 clients continuing to receive services	519 clients closed by both systems	411 clients closed by AFF, continuing to receive services from RBHA	111 clients closed by RBHA, continuing to receive services from AFF	511 clients continuing to receive services from both systems	1090 clients closed from services	474 clients continuing to receive services

¹³ A total of 4,727 referrals for 4,705 unique individuals were process in SFY 2006. Twenty-two individuals received multiple referrals during the annual reporting period. Referrals cover a six-month outreach period.

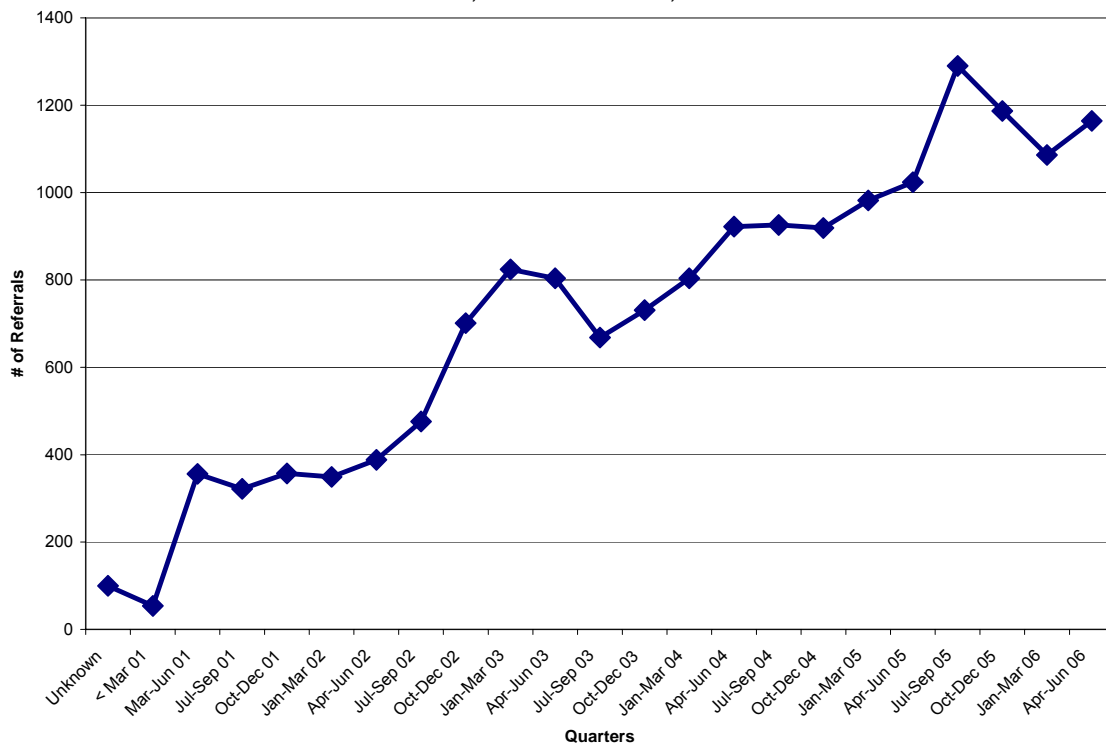
3.1 Referrals to the AFF Program

A total of 4,727 individuals were referred to the AFF program during State Fiscal Year (SFY) 2006, averaging 1,182 referrals per quarter. Referrals in DES District I constituted nearly half of all referrals (49%), followed by DES District II (23%) and District III (12%) as shown in Table 3.1.

DES District	I	II	III			IV		V	VI	Quarterly Totals
AFF Provider	TERROS	CPSA	AZPAC-Coconino	AZPAC-Yavapai	Old Concho	AZPAC-Yuma	Westcare	Horizon	SEABHS	
Quarter 1 Jul-Sep 2005	635	266	26	73	79	26	51	69	65	1290 (27.3%)
Quarter 2 Oct-Dec 2005	593	259	17	54	76	12	43	67	66	1187 (25.1%)
Quarter 3 Jan-Mar 2006	540	228	15	62	43	20	51	71	56	1086 (23.0%)
Quarter 4 Apr-Jun 2006	552	318	20	43	42	12	41	95	41	1164 (24.6%)
Statewide Total	2320 (49.1%)	1071 (22.7%)	78 (1.7%)	232 (4.9%)	240 (5.1%)	70 (1.5%)	186 (3.9%)	302 (2.6%)	228 (4.8%)	4727

More than 16,400 individuals have been referred to the AFF program since its inception in the Spring of 2001. In general, there has been a steady increase in the number of referrals over the five years of the program. Figure 3.2 provides a historical summary of referrals to the AFF program since its inception, by quarter.

**Figure 3.2
Total AFF Referrals by Quarter**
March 1, 2001 – June 30, 2006



Nearly all (98%) referrals to the AFF program are provided by CPS caseworkers, a trend that has been consistent since the inception of the program. Relatively few referrals to AFF are initiated from the Jobs program, with DES Districts V (6%), III (4%), and II (2%) displaying the highest rates of AFF referrals from this program. However, even though there were few referrals from the Jobs program, 319 AFF clients (referred by CPS) also received services from the Jobs program at some point during the year.

3.2 Client Outreach and Engagement

AFF providers are expected to actively outreach and engage into treatment all individuals who are referred to the program. These outreach services are expected to occur within 24 hours (excluding weekends and holidays) of receipt of the referral. Typical activities that providers deliver as part of the outreach and engagement process consist of informing the referred individual of the services available, identifying significant issues related to the referred individual's needs in accessing services or potential barriers to service use, and providing information to the referred individual about the expected benefits and outcomes of the services. It is generally at this point that an individual referred to the AFF program will either accept or decline enrollment in the AFF program. After an assessment, they will engage in active treatment and support services.

Table 3.2 on the following page provides a summary of the referral, outreach and engagement indicators for the current state fiscal year. Data collections issues identified in the 2004 and 2005 evaluation reports, improved significantly in 2006. For example, missing outreach documentation decreased to 6% in 2006 from 19% in 2005. Further, the timeliness of outreach to potential AFF clients showed significant improvements this year. The average number of days from referral to outreach decreased to 2.19 days in 2006 from 2.98 days in 2005, representing a 26% increase in outreach timeliness. Overall, the median¹⁴ number of days from referral to outreach was one day, unchanged from last year.

Rapid treatment engagement is important because studies have found that individuals addicted to drugs may be uncertain about entering treatment. It is important for potential clients to take advantage of treatment opportunities when they are ready. If treatment is not readily accessible, then potential treatment applicants can be lost.¹⁵

AFF Client Voices

The same day they took my son, I came here [AFF office]. It was fast; it took two hours to get enrolled.”
Female, Yuma County

“They’re already giving me everything I need: helping me budget...keep me on my UAs. Get my kids back. They just put themselves out.”
Female, Navajo County

AFF Client Voices

“They know their stuff. They know when you’re trying to pull one over on them. And it’s just because they want you to stay sober. If you lie to them, you’re just lying to yourself. It does not good.”
Female, Maricopa County

¹⁴ The number below and above which there is an equal number of values.

¹⁵ National Institute on Drug Abuse. (1999). Principles of Drug Addiction Treatment: A Research-Based Guide (Electronic version) NIH Publication No. 99-4180. Retrieved from www.nida.nih.gov/HSR/da-tre/BrownHIV.html

DES District	I	II	III			IV		V	VI	Statewide Averages ¹⁵
AFF Provider	TERROS	CPSA	AZPAC-Coconino	AZPAC-Yavapai	Old Concho	AZPAC-Yuma	Westcare	Horizon	SEABHS	
# referrals ¹⁶	2319	1065	78	232	230	70	186	300	225	4705
# outreached	2270	1033	74	221	230	68	171	289	209	4565
% outreached	97.9%	97.0%	94.9%	95.3%	100%	97.1%	91.9%	96.3%	92.9%	97.0%
Avg. days referral to outreach (standard deviation)	1.44 (4.97)	1.94 (7.61)	2.23 (9.93)	0.63 (2.67)	1.14 (3.58)	0.63 (2.18)	3.51 (12.73)	5.65 (14.31)	9.06 (25.20)	2.19 (8.90)
# of referred clients accepting services ¹⁷	2260	805	40	125	202	39	75	285	141	3972
% of referred clients accepting services	97.5%	75.6%	92.3%	88.0%	96.1%	98.6%	98.4%	96.0%	75.6%	90.8%

Key highlights of these data reveal:

- Across the state, 97% of all individuals referred to the AFF program were provided outreach and engagement services.
- On average, outreach services occurred in about two days of receiving the referral.
- On average, 91% of individuals referred to the AFF program indicated a willingness to accept services from the AFF program.
- Six AFF providers conducted outreach and engagement services to 95% or more of the individuals referred to the program.
- Most of the AFF providers were able to engage individuals in about two days, on average. However, three AFF providers took considerably longer, on average, to engage potential clients, ranging from three and one-half days to nine days.
- Finally, regional variation was noted in the proportion of referred individuals who refused services from the AFF program. One provider (SEABHS) reported a refusal rate of nearly 18%. The next highest refusal rate was from individuals referred to CPSA (8%).

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

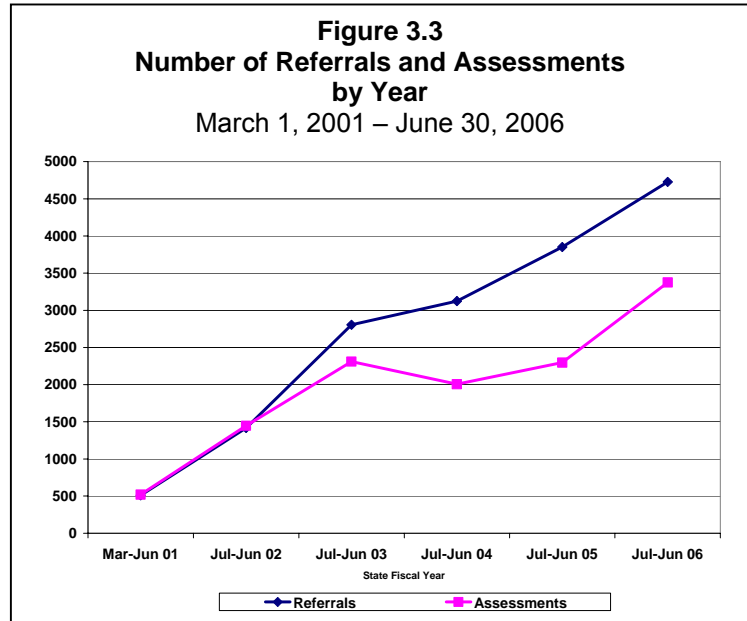
¹⁶ The term “referrals” is defined as the receipt of an AFF referral form from DES by an AFF provider. The referral identifies the name of an individual referred for AFF services.

¹⁷ The term “accepting referral” is defined as a referred individual indicating their willingness to accept AFF services upon outreach by an AFF provider.

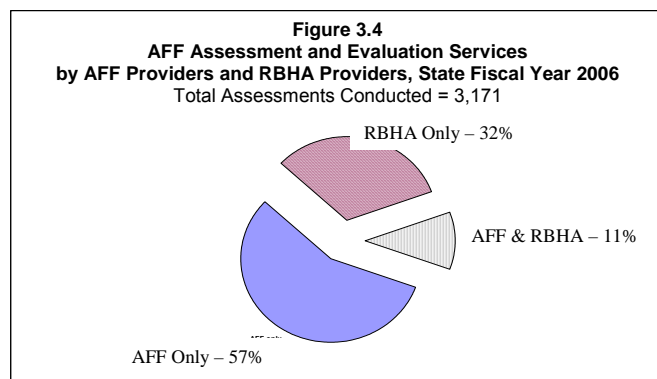
¹⁸ Reflects unique persons referred during the reporting period.

3.3 AFF Provider Assessments and DBHS Enrollments

A total of 3,373¹⁹ individuals (representing 71% of all individuals referred to the AFF program) received assessment and evaluation services²⁰ for substance abuse treatment during the 2006 state fiscal year. The rate of assessments conducted in state fiscal year 2006 is consistent with the historical trends of the AFF program. Since the inception of the program in the Spring of 2001, more than 11,700 individuals, or about two-thirds of all individuals referred to the AFF program, have received assessments for substance abuse treatment either through AFF providers or local RBHAs. Even though there has been significant improvement in the reporting of assessments during the past two years, due in part to consistent use of the DBHS core assessment tool by all providers, and enhanced monitoring of monthly data from the AFF providers, not all referrals to the program resulted in assessments. Part of the “drop off” from referral to assessment may be due to data collection and reporting issues on the part of providers, and part may be due to lack of client follow-through. This continues to be an area for monitoring with AFF providers.



Assessments are 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. Over one-third (37%) of the clients had an assessment reported in the DBHS-RBHA database and an additional third (35%) of clients had an assessment reported in both the DBHS-RBHA (Figure 3.4) and AFF data systems. A smaller percentage of AFF clients (28%) had assessments reported in only the AFF data systems.²¹



¹⁹ **Note.** This figure includes individuals that had been referred to the AFF program in SFY 2005, but not assessed until SFY 2006, along with clients who were referred and assessed during SFY 2006.

²⁰ The term “assessed” is defined as individuals having completed the ADHS-DBHS initial “Core Assessment.”

²¹ **Note.** This figure includes individuals that had been referred to the AFF program in SFY 2005, but not assessed until SFY 2006, along with clients who were referred and assessed during SFY 2006.

A summary of key performance indicators associated with the assessments from providers within each of the DES districts is shown in Table 3.3.

DES District	I	II	III	IV	V	VI	Statewide
Total Assessments	1705	698	359	209	200	202	3373
RBHA only	359	375	211	150	127	36	1258
AFF & RBHA	825	83	85	15	45	111	1164
AFF only	521	240	63	44	28	55	951
Average days from referral to assessment (sd)	30.13 (40.24)	24.86 (50.43)	25.55 (51.31)	26.45 (56.94)	18.44 (45.48)	30.61 (51.15)	27.95 (45.51)

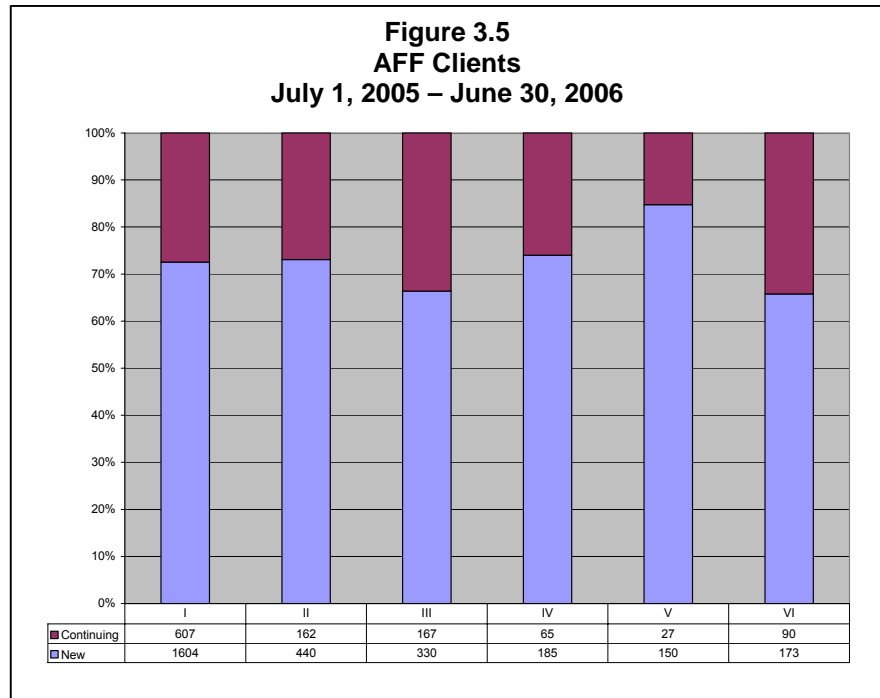
Key highlights include:

- Over half (51%) of the total assessments for the past year were conducted for individuals within District I (Maricopa County), and an additional 21% of the assessments for individuals within District II (Pima County).
- There were fewer “dual” assessments (AFF and RBHA assessments) conducted this year (35%) compared to last year (41%) suggesting an increased level of coordination between the RBHA behavioral health care system and the AFF program.
- The highest rate (90%) of assessed-referrals came from District VI, while the lowest rate (66%) came from District III.
- On average, the length in time between an individual referred to the AFF program and receiving an assessment for substance abuse was 28 days (standard deviation of 45.5 days). Providers in District V had the shortest period between referral and assessment at 18 days. In contrast, District IV had the longest duration between referral and assessment, at 31 days.

3.4 Characteristics of Arizona Families F.I.R.S.T. Clients

During the SFY 2006 reporting period, a total of 4,000 individuals statewide were AFF clients. AFF clients are defined for the purposes of this report as any client who received any form of service from an AFF provider and/or a RBHA provider during the period of July 1, 2005 – June 30, 2006. AFF clients include clients who were referred, assessed, and received treatment in SFY2006, along with clients who were referred and assessed in SFY2005, but continued to receive services in SFY2006. More than half (55%) of all AFF clients were located in District I, while District II and III accounted for an additional 15% and 12% respectively of all AFF clients. The remaining balance of AFF clients (18%) was distributed throughout the remaining three DES districts. Seventy-two percent of AFF clients were enrolled during the current reporting period and considered *new clients*, while the remainder (28%) were clients, enrolled during the preceding year but continuing to receive services during the current reporting period.

Figure 3.5 provides a comparison by district of new and continuing clients. District V had the highest percentage of new clients and the lowest percentage of continuing clients (85% and 15% respectively) while Districts III and IV had the lowest percentage of new clients and the highest percentage of continuing clients (66% and 34% respectively).



Key findings of the demographic profiles of AFF clients include:

- 72% of AFF clients were women, consistent with previous annual reports.
- Average age was 30 years, again consistent with previous reports.
- 27% of all AFF clients were of Hispanic or Latina descent, 6% African Americans, and 4% American Indians, consistent with last year's report.
- 69% had at least a high school diploma or GED, higher than last year (59%).
- 34% were either employed full or part-time, slightly higher than last year (27%).

This information is useful in helping the AFF program meet the gender-specific and cultural needs of its clients. The high percentage of women as AFF clients would suggest that substance abuse treatment is gender specific and appropriate. Similarly, the program should be able to accommodate those clients who are working such as providing individual or group sessions at night or on weekends. Regional comparisons of the demographic profiles of AFF clients may be found in Appendix G.

AFF Client Voices

“Substance abuse class I’m taking is really great, facilitator is really good. Helped be more outright about feelings. Most guys are taught not to talk about your feelings. I’ve also been clean for almost 7 months, and I used for 18 years.

Male, Pima County

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

Table 3.4 provides a summary of the substances used by AFF clients at the time of their initial assessment. Caution should be taken in interpretation of these data, as they are reliant entirely upon self-report (prone to underreporting), with no physiological assessment (e.g., urinalysis) conducted for verification. These data reflect information derived from the AFF provider database (for those clients who were initially assessed by AFF providers) as well as the ADHS-RBHA management information system for those clients who were initially assessed by the RBHA provider. Significant variation in the rates of self-reported substance use was observed in the data provided by these two systems, indicating the need for some caution in the interpretation of the resulting information. These limitations notwithstanding, based upon the initial assessment information collected on 4,000 AFF clients, 50% of individuals had used

Table 3.4 Substances Used by AFF clients 30 Days Prior to Enrollment		
Total Clients: 4000		
Clients Reporting Use	#	%
	2010	50.2%
Alcohol	1008	25.2%
Benzodiazepines	45	1.1%
Cocaine/crack	319	8.0%
Hallucinogens	52	1.3%
Heroin/Morphine	48	1.2%
Inhalants	7	0.2%
Marijuana	964	24.1%
Methamphetamine	1157	28.9%
Other drugs	196	4.9%
Other Narcotics	105	2.6%
Other sedatives	26	0.7%
Other Stimulants	35	0.9%

alcohol or one or more illegal substance in the 30 days immediately prior to their assessment. Methamphetamine (29%), alcohol (25%) and marijuana (24%) were the more commonly reported substances.

Among the 2,010 AFF clients that reported substance use in the 30 days prior to their AFF assessment, 38% of individuals reported using only one substance. Thirty-four percent reported using two substances, while 28% reported using three or more substances. The more common patterns of self-reported multiple substance use consisted of combinations of alcohol, methamphetamine, and marijuana.

Appendix H 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 DES Districts I, III, and IV with rates of methamphetamine use between 42% and 53% of AFF clients.

3.6 Service Use by AFF Clients

Clients receiving services under the AFF program are provided with a continuum of treatment and other support services designed to promote their discontinuance of harmful and/or illegal substance use and the reunification and stabilization of their family. This is achieved through services funded exclusively by DES services, or DBHS for those individuals meeting Title XIX Medicaid eligibility, or a combination of DES and DBHS. Information about the services provided to AFF clients is derived from data files provided by the AFF providers along with data

provided by DBHS for those AFF clients receiving services from DBHS. These data provide a rich portrayal about the types of services clients received. Appendix I provides a taxonomy of the services identified by DES and DBHS. This taxonomy includes services within eight broad service domains that are subdivided into 35 discrete service categories.

Continuing the trends witnessed in past years, the majority of clients received services funded jointly by DES and DBHS or by DBHS exclusively. A minority of AFF clients received all of their services funded exclusively by DES. During SFY 2006, over three-fourths of all AFF clients received services that were funded completely by DBHS (n=1,585; 39.5%) or funded jointly by DBHS and DES (n=1,535; 38.3%). Less than one-fourth of all AFF clients (n=894; 22.3%) received services that were funded exclusively by DES.

3.7 Service Access and Service Mix

Table 3.5 provides a summary of the number and proportion of AFF clients that received one or more services during SFY 2006. More detailed information about the relative mix of services within each DES district may be found in Appendix J.

Key highlights from these data include the following:

- Treatment and Support Services continue to be the most common services provided to clients, received by 93% and 98% of all clients, respectively.
- Relative to SFY 2005, the proportion of clients receiving medical services rose significantly, up from 38% of the clients to 63% of the clients in the current reporting period.
- Inpatient services were cut in half, relative to SFY 2005 (2.2% v. 4.8%) while residential services remained relatively unchanged (6.6%).
- Regional variations in service mix were observed, although not to the extent to which they were in last year’s report. Most promising is that the proportion of clients reported to be receiving treatment services has stabilized across districts, as 88% or more of all clients in all districts received treatment services. In contrast, fairly wide variances are observed in the rates of rehabilitation services and medical services. With regard to medical services the rates of reported use ranged from a low of 32% of clients in District V to a high of 85% of clients in District IV (the statewide average was 63%). While 17% of clients statewide reportedly received rehabilitation services, 44% of the clients in District VI received this service in contrast to less than 10% did Districts I and V. Based upon the information

Table 3.5 Proportion of Service Provision by Service Domain for AFF Clients		
Total AFF Clients = 4,000 ²²		
	# clients	% participating
Treatment Services	3722	93.1%
Rehabilitation Services	675	16.9%
Medical Services	2531	63.3%
Support Services	3927	98.2%
Crisis Intervention Services	273	6.8%
Inpatient Services	86	2.2%
Residential Services	262	6.6%
Behavioral Health Day Programs	163	4.1%

²² Because clients received services in multiple domains, the number of clients reported across all service domains exceeds the total number of participating clients.

available, it is not evident if these regional fluctuations represent real differences in the nature of services provided, or simple variation in data entry and service definition.

3.8 Services Mix within Services Domains

Tables 3.6 and 3.7 provide detailed information regarding the rates of service utilization within the two largest service domains: treatment services and support services. The data contained in these tables show little variance from that observed in preceding reporting periods. Appendix K provides detailed information regarding service utilization rates for each DES district.

Key findings from these tables include:

- Within the Treatment Services domain, Assessment, Evaluation, and Screening Services continues to dominate as the one service area that nearly all clients receive, while substantially less (56%) receive Family Counseling and even fewer, less than one-fourth of all clients, receive Individual or Group Counseling.
- Within the Support Services Domain, nearly every client (94%) received case management services and nearly three-fourths (72%) received flex fund services. Relatively few clients received any other form of support service. (See Appendix F).
- The constellation of support services most closely affiliated with Family Support (Home Care parent training, respite care, and child care) continue to be received by a minority of clients.

Table 3.6		
Services Mix within Treatment Services Domain		
Total Participating AFF Clients = 4,000 ²³		
AFF clients receiving treatment services = 3722	# clients	% all clients
Individual Counseling	948	23.7%
Family Counseling	2248	56.2%
Group Counseling	821	20.5%
Assessment, Evaluation and Screening Services	3465	86.6%
Other Treatment Services by Professionals	208	5.2%
Intensive Outpatient Services	163	4.1%
Outpatient Services	583	16.9%

Table 3.7		
Services Mix within Support Services Domain		
Total Participating AFF Clients = 4,000 ²⁴		
AFF clients receiving support services = 3022	# clients	% all clients
Case Management	3776	94.4%
Personal Care Services	43	1.1%
Home Care Training Family	91	2.3%
Self-Help/Peer Services	320	8.0%
Unskilled Respite Care	2	≤0.05%
Supported Housing	96	2.4%
Sign Language Services	17	0.4%
Flex Fund Services ²⁵	2866	71.7%
Transportation	1069	26.7%
Child Care Services	7	0.2%
After Care	111	2.8%
Other Services	654	16.4%

²³ Because clients received services in multiple domains, the number of clients reported across all service domains exceeds the total number of participating clients.

²⁴ Because clients received services in multiple domains, the number of clients reported across all service domains exceeds the total number of participating clients.

²⁵ Previously, this service was labeled “supportive services” and is comprised primarily of payments to assist with such items such as utility bills, car repairs, etc.

- Wide variations exist in some of the treatment and support service domains. In District 1, for example, 42% of the clients were reported to be receiving Individual Counseling whereas less than 1% of the clients in District II were reported to be doing so. Likewise, District II reported providing transportation services to 3.6% of their clients while statewide averages for this service exceeded 27% of all AFF clients. Similarly, while over 8% of all clients were reported to be receiving self-help/peer services, 2% of the clients in District III did so, while over 21% of the clients in District VI received this service. Further analysis is needed to better understand the reasons for regional variations in the mix of services provided.

3.9 Funding Mix by Service Domain

One of the hallmarks of the AFF program is the integration between DES and DBHS. Clients entering the DES system are routinely assessed for Medicaid eligibility and if determined eligible, will receive all or a portion of the services from DBHS using a combination of Medicaid-Title XIX and SAPT²⁶ funding. Medicaid eligibility is a relatively fluid process and as a result, clients' eligibility may fluctuate over time and as such, services they are receiving then may be funded from DBHS SAPT funds and/or DES funding. Finally, the mix of services made available through the AFF program represent a blending of services that may be provided by one system (e.g., DES), but not available by another (e.g., DBHS). This partnership between DES and DBHS and the AFF partners is truly one of the more innovative aspects of the AFF program and epitomizes the concept of a "no wrong door" policy for ensuring access to substance abuse treatment services. As summarized in Table 3.8, most of clients received their treatment services with funding provided jointly by DES and DBHS. In contrast, the majority of clients, nearly 75% received their rehabilitation services funded exclusively by DBHS, while most clients (61%) received their medical services (primarily drug screens) funded by DES. Other key findings of these data include:

- Closer inspection of the Medical Services domain reveals that the majority of the services provided in this domain were associated with laboratory costs as providers made increased utilization of urinalysis and other drug screens for verifying the abstinence of substance use by their clients.
- Fund source distributions remained relatively unchanged compared to SFY 2005 with a few minor exceptions. The proportion of clients receiving Rehabilitation Services funded exclusively by DBHS increased from 58% in SFY 2005 to 73% in SFY 2006. Likewise, the relative proportion of clients receiving medical services (i.e., drug screens and UA's) funded exclusively by DES increased to 62% in SFY 2006, as compared to 34% in SFY 2005.

**Successful Strategies for
Completing Client Treatment
Plans**

"We are at CFT's all of the time. I don't think a day goes by when my staff is not at a CFT. (When there is no CFT in place) We get our own team together from team decision making, which we sometimes use as a substitute for the CFT. It's not a formal CFT, but it gets us on our way. Sometimes CPS has closed the case, so it's up to us to get the plan together."

AFF provider, Yavapai County

²⁶ Substance Abuse Prevention and Treatment (SAPT) block grant provided to DBHS from the Substance Abuse & Mental Health Services Administration.

Table 3.8 Fund Source Mix Proportion of Participating AFF Clients Receiving Services Within a Service Domain by Fund Source				
	# of Clients receiving Services	DES Funds Only	DES and DBHS Funds	DBHS Funds Only
Treatment Services	3722	28.2%	41.3%	30.5%
Rehabilitation Services	675	21.9%	4.6%	73.5%
Medical Services	2531	62.3%	18.2%	19.5%
Support Services	3927	26.0%	68.9%	5.0%
Crisis Intervention Services	273	0.0%	1.1%	98.9%
Inpatient Services	86	0.0%	0.0%	100.0%
Residential Services	262	14.9%	5.7%	79.4%
Behavioral Health Day Programs	163	0.0%	0.0%	100.0%

Analysis of the fund source distribution for each of the discrete service categories comprising the two largest service domains (Treatment and Support Services) is summarized in Tables 3.9 and 3.10. Participating AFF clients could appear in different columns for different service categories. For example, if a client received individual counseling services that were paid exclusively by DES, the client would be represented in the DES column. However, the same client may have also received Assessment and Evaluation services that were paid by both DES and DBHS, in which case the client would also be included in the “DES & DBHS Funds” column for this service. Accordingly, data presented in Tables 3.9 and 3.10 reflect the fund sources of individual clients at the level of the discrete service category, whereas the data previously presented in Table 3.8 reflected the fund sources for clients who received *all of their services within a service domain* (i.e., “Treatment Services”) by fund source.

Table 3.9 Funding Mix for AFF Clients Receiving Services within the Treatment Services Domain				
	DES Funds Only	DES and DBHS Funds	DBHS Funds Only	Total Clients Receiving Service
Individual Counseling	94.9%	0.9%	4.1%	948
Family Counseling	0.7%	0.5%	98.8%	2248
Group Counseling	99.9%	0.0%	0.1%	821
Assessment, Evaluation and Screening Services	36.7%	33.9%	29.3%	3465
Other Treatment Services by Professionals	0.0%	0.0%	100.0%	208
Intensive Outpatient Services	100.0%	0.0%	0.0%	163
Outpatient Services	100.0%	0.0%	0.0%	583

These data reflect both actual organizational behavior in terms of expenditure patterns, as well as organizational policies and billing structures. As an example, the fact that 100% of all Intensive and Non-Intensive Outpatient Services were funded by DES funds is reflective of the fact that DBHS does not recognize that service category within its covered services matrix; the same

service may be captured within the DBHS system as Individual, Group, or Family Counseling. Similarly, the fact that Personal Care Services were funded exclusively from DBHS funds is due in part to the fact that this service is not recognized by the DES system; this same service may be captured by the service category of Other Services within the DES system. As such, caution must be exercised in interpreting these data. They provide a perspective of the overall “braiding” or mixing of fund sources used to provide a comprehensive continuum of services to participating AFF clients, but do not provide a full or complete assessment of either the funding policies of the participating agencies or their relative economic contributions to the provision of services to these participating AFF clients.

Table 3.10
Funding Mix for AFF Clients
Receiving Services within the Support Services Domain

	DES Funds Only	DES & DBHS Funds	DBHS Funds Only	Total Clients Receiving Service
Case Management	24.2%	57.4%	18.3%	3776
Personal Care Services	0.0%	0.0%	100.0%	43
Home Care Training Family	5.5%	0.0%	94.5%	91
Self-Help/Peer Services	0.0%	0.0%	100.0%	320
Unskilled Respite Care	0.0%	0.0%	100.0%	2
Supported Housing	74.0%	0.0%	26.0%	96
Sign Language Services	0.0%	0.0%	100.0%	17
Supportive Services	100.0%	0.0%	0.0%	2866
Transportation	11.3%	6.6%	82.0%	1069
Child Care Services	100.0%	0.0%	0.0%	7
After Care	100.0%	0.0%	0.0%	111
Other Services	100.0%	0.0%	0.0%	654

Notwithstanding these limitations, these data do provide compelling documentation that the intent of the AFF program is being realized: Individuals are provided with a flexible and integrated system of care from both the Department of Economic Security and the Division of Behavioral Health Services’ network of Regional Behavioral Health Providers and Community Based Agencies. It should be noted that service descriptions, i.e., “family counseling”, “intensive outpatient” may be unique to DES or DBHS. Consider that:

- Assessment, evaluation and screening services were funded in a relatively even pattern from each of the three fund sources. This reflects a change from last year (SFY 2005) during which funding for this service exclusively from DBHS was 20%, compared to slightly more than 29% for the current reporting period.
- Home Care Training Family services provided to relatively few clients ($n = 91$) was funded predominately by DBHS (86 AFF clients receiving this service). Last year, more clients received this service from AFF funds than the current year. It is unclear what changed in the service provision protocol to effect this change in funding pattern.
- All other fund source distributions remained relatively unchanged from SFY 2005.

Detailed summaries of the mix of fund sources by discrete service category by DES District are in Appendix L.

3.10 Service Closure and Service Duration

Review of the data files provided by DBHS and the AFF providers identified a total of 2,697 (67%) unique AFF clients whose cases had been closed during the reporting period, as indicated by closure notes in their case files. Closer inspection of these data revealed multiple permutations in closure activity, wherein individuals might be officially closed in one system (AFF) and either closed or not in the other system (e.g., DBHS). Alternatively, an individual could be closed in one system (e.g., DBHS) while continuing to receive services in another.

Table 3.11 Case Closure and Length of Stay							
# Total AFF clients = 4000							
Clients Served by AFF Only n = 884 (22.1%)		Clients Served by Both Systems n = 1552 (38.8%)				Clients Served by RHBA Only n = 1564 (39.1%)	
# (%) clients served and closed by AFF only	# (%) clients continuing AFF only	# (%) clients served by AFF and RBHA and closed by both systems	# (%) clients served by AFF and RBHA, but closed only by AFF	# (%) clients served by AFF and RBHA, but closed only by RBHA	# (%) clients continuing with both systems	# (%) clients served and closed by RBHA only	# (%) clients continuing RBHA only
560 (14.1%)	318 (8.0%)	519 (13.0%)	411 (10.3%)	111 (2.8%)	511 (12.8%)	1090 (27.2%)	474 (11.9%)
Mean (sd) length of service		Mean (sd) length of service	Mean (sd) length of service	Mean (sd) length of service		Mean (sd) length of service	
145.0 (134.2)		18.6 (24.2)	28.7 (38.3)	47.3 (32.5)		165.9 (153.5)	

Key highlights of the closure data show that:

- The majority of clients served jointly by AFF and RBHA providers are closed either by both systems (13%) or first by their AFF provider while continuing to access services through the RBHA (10%).
- The majority of clients with closed cases who served jointly by AFF and RBHA providers experienced low lengths of service ranging from 19 – 47 days, on average.
- Clients who were served exclusively and then closed by a RBHA provider experienced the longest length of service, at 166 days on average. In contrast, individuals served exclusively and then closed by an AFF provider experienced an average length of service of 145 days.

These findings are important because studies have demonstrated that the longer clients stay engaged in treatment (six months or longer), the greater the likelihood that they will be

successful in treatment. Furthermore, given that most people who are in drug abuse treatment programs have chronic and diverse problems, it is recommended that they remain in treatment.²⁷

AFF Client Voices

“The same day they took my son, I came here [AFF office]. It was fast; it took two hours to get enrolled.”

Female, Yuma County

Successful Strategies for Outreach & Engagement Barriers

“We have a transporter (part-time driver) so we have flexibility in being able to get clients into service immediately. We can honor same day requests for transportation most of the time.”

AFF provider, Yuma County

“We approach client as advocates, providing clients with needed services immediately. In addition, we’ll provide some services in the homes, as well as provide gas vouchers, taxi and bus passes.”

AFF provider, Mohave County

²⁷ 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

4. SUMMARY AND CONCLUSIONS

As the AFF program completes its fifth year of operation, information continues to indicate that this program is achieving the outcomes and impacts for which it was designed. Further, there is now a body of information that can aid in the identification of best practices throughout our state, and by extension, identification of localized programmatic practices that may warrant additional attention during the upcoming period. Among the achievements and accomplishments of the AFF program during the SFY 2006 period, four critical outcomes and achievements stand out.

4.1 Critical Outcomes and Achievements

Children throughout the state whose parents have been engaged in AFF services continue to be reunited with their parents at rates that exceed state averages. Children of AFF parents experienced less subsequent abuse or neglect compared to the state average.

Data contained in this report document that of the 3,671 children whose parents were enrolled in the AFF program, 25% experienced permanency placements this year, with the overwhelming majority safely reunited with their parents. This rate is similar to that report last year (23%). Looking only at those children leaving DES care, custody and control during the reporting period, 68% were reunited with parents or caregivers compared with 51% of children who left DES care between October 1, 2005 and March 31, 2006. Furthermore, children are returned to family environments that are safe and free of abuse or neglect, as demonstrated by the fact that there were only 83 cases of substantiated CPS reports filed among the more than 4,000 AFF clients of the AFF program this year.

Individuals engaged in the AFF program received effective help that has facilitated the reduction of and/or abstinence from of illicit substances and abuse of alcohol during treatment.

Six out of ten clients (60%) who have completed their participation in AFF services demonstrated no drug use at all during their participation in the AFF program, as verified by drug screening tests. This level is higher than that reported last year (50%).

Throughout the state, individuals experiencing difficulties with substance abuse and child abuse or neglect were engaged in treatment services at impressive rates.

During this past year, over 4,700 individuals were referred to the AFF program. Over 96% of these individuals were contacted through outreach and encouraged to seek treatment services, significantly higher than the rate reported last year (81%); over two-

thirds were assessed, and nearly 2,900 newly referred individuals received AFF services this year. The process of reaching out to these families and encouraging them to seek help occurs in a rapid fashion, with contact from an AFF staff person occurring in less than two calendar days for most individuals who have been referred to the program. This is a tremendous accomplishment and one of the cornerstones upon which the program is based. One element of an effective substance abuse treatment program is the rapidity with which individuals are engaged and begin receiving treatment services after their initial inquiry or referral.

Individuals engaged in AFF services received a complimentary set of services from DES, and for many of these individuals, the AFF program continues to facilitate access to behavioral health treatment services and supports.

Throughout the state, the majority of individuals participating in the AFF program are exposed to a comprehensive and coordinated array of wraparound services that are jointly funded through the state's Department of Economic Security and Department of Health Services. For many of these individuals, the AFF program continues to serve as a portal for their ability to access not only substance abuse treatment and other behavioral health services, but also medical care for themselves and their children, as they are assessed for and enrolled in Medicaid services. In most communities throughout the state, AFF clients are provided with a seamless system of care that ensures timely access to those services needed to make their children safe, to stabilize their families, and to attain permanency in their role as parents to their children.

4.2 Programmatic and Reporting Enhancements

In addition to these key outcomes and achievements of the AFF program, last year's report highlighted a number of areas for consideration of programmatic or reporting enhancements. The remainder of this section is devoted to a discussion of changes that have taken place over the past year, and suggestions for strategies to implement changes.

Differences in the services reporting requirements of DES and DBHS impede adequate monitoring of the consistency of AFF service provision statewide.

This finding noted last year is applicable to the data report for 2006. The separate policies and procedures of these systems with regard to provider reporting requirements present challenges and limitations to evaluating the AFF program with validity. Again we encourage DES and DBHS to consider strategies that could enhance the consistency and complementariness of their reporting requirements for providers. DES may want to consider developing a "crosswalk" between its service components with those referenced in DBHS's service matrix. For example, "Intensive Outpatient" involves a minimum of nine hours of "therapeutic involvement" which may be individual, family, group, or a combination of counseling modalities. "Family Counseling" on, the other hand, is defined

in terms of the recipient of the services rather than by an intensity dimension. Again we suggest increased attention to provider training and monitoring with regard to reporting requirements and expectations would be appropriate.

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 the new AFF provider contracts, effective July 1, 2005, to assess whether these limitations have been adequately addressed.

The AFF provider contract, effective July 1, 2005, requires that drug screening be conducted and reported to AFF and the evaluation team a minimum of twice monthly. There has been a significant improvement in the recording and reporting of drug screening outcomes. In 2006, nearly 50% of AFF clients had drug screen results reported through the evaluation database, compared with 12% in 2005. Further data monitoring by the evaluation team and training by AFF staff should boost these outcomes in 2007.

The same limitations in available information regarding employment outcomes were again evident during the past year. Under the previous reporting requirements, there was limited information that directly addressed the impact of the AFF program on increasing or maintaining employment. AFF providers were asked to supply employment information by the evaluation team at the time of case closure. This information was not routinely monitored for compliance. It is suggested that the database be modified to prevent a closure service code without corresponding updated employment information. This modification would be even more effective if the AFF closure document contained employment information at the time of closure.

We suggest DES and DBHS consider conducting a “one-time” randomized follow-up study of a sample of former AFF participants to assess the longer term impacts of the AFF program upon these families. Currently, the only information available to evaluate the outcomes of the AFF program are indicators of *in-program outcomes*, and begs the question of longer term impacts after the client is no longer receiving AFF services.

Regional variations in AFF service delivery suggest areas for enhanced program monitoring and technical assistance.

Again this year numerous instances have been noted wherein the program performance, the characteristics of the clients served, or the outcomes achieved by clients and their families have varied substantially in a particular district or region, as compared to other districts, or in comparison to statewide programmatic averages. These variances provide opportunities to identify and better understand exemplary performance as well as identify performance areas in need of improvement and remediation. During the past year, both the AFF staff and evaluation team have spent considerable time with selected providers to enhance the reliability of their data collection and reporting activities, as well as

continual training regarding the “AFF Model.” In most cases, the consistency of their data reporting has vastly improved.

Explore methods and procedures to reduce days between referral, engagement, assessment, treatment plan and service initiation, particularly for clients referred from AFF to the RBHA system.

There is no clear standard for how long it should take for a referral to get from an AFF provider to the local RBHA, nor who is responsible for monitoring this process. The two systems have independent timeframe standards for referral-to-intake/assessment, intake/assessment-to-next service, and intake/assessment-to-service plan completion. For DES/DCYF the timeframe is expressed in “business” days, while ADHS/DBHS uses calendar days. Some of the data summarizing the referral-to-first service timeframe are way beyond acceptable ranges for both ADHS/DBHS and DES/DCYF. Some of the issues may be related to data reporting versus program operations. Both DES/DCYF and ADHS/DBHS, in collaboration with service providers and the evaluation team, may want to explore methods and procedures for reducing service timeframes and/or enhancing reporting capabilities.

4.3 Summary

In summary, Arizona Families F.I.R.S.T. program continues to meet the needs of DES clients by providing a well coordinated program of substance abuse treatment services, thus fulfilling the intent of the enabling legislation that led to its development. During the course of the past state fiscal year, 4,000 individuals under supervision by the Child Protective Services for abuse or neglect of their children, and known to have ongoing issues related to the use of alcohol and drugs, have been served by this innovative program. Based upon the programmatic efforts this year:

- More than 650 children have been returned to the custody of their parents without a recurrence of suspected abuse or neglect during the reporting period.
- Parents have experienced success in addressing their substance use problems.
- Six out of ten clients (60%) who completed their participation in AFF services demonstrated no drug use at all during their participation in the program, as verified by drug tests.
- Families have been able to access a seamless network of treatment services and supports designed to promote ongoing recovery and family stability.

APPENDICES

- Appendix A: Background Information on the Arizona Families F.I.R.S.T. Program
- Appendix B: Data Sources used in the Annual Report
- Appendix C: Evaluation Plan
- Appendix D: Days in Care by DES District
- Appendix E: Substance Use Reduction Patterns by DES District
- Appendix F: Outreach and Engagement by AFF Provider
- Appendix G: AFF Client Demographic Characteristics by DES District
- Appendix H: Substance Use Patterns by DES District
- Appendix I: Taxonomy of DES and DBHS Services
- Appendix J: Service Access and Service Mix by DES Districts
- Appendix K: Service Utilization by DES Districts
- Appendix L: Mix of Funding Sources by Service Categories by DES Districts
- Appendix M: Case Closure and Length of Stay by DES Districts

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 time 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 Committee²⁸ 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.

²⁸ 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.

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.

Table 1.1
List of DES Districts, Counties, AFF Providers, and RBHAs

DES District	County	AFF Provider Agency	Regional Behavioral Health Authority
I	Maricopa	TERROS	ValueOptions
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)

Among the nine AFF providers, three are Title XIX providers (Horizon, SEABHS, and TERROS) and provide treatment services for both Title XIX and non-Title XIX AFF clients. CPSA, an AFF contractor and RBHA, does not provide direct client services, but instead, contracts with other providers for actual service delivery. The remaining five providers are non-Title XIX providers (AZPAC-Coconino, AZPAC-Yavapai, AZPAC-Yuma, Old Concho, and WestCare) and must refer Title XIX AFF clients to the local RBHA or a Title XIX provider for treatment services.

Appendix B: Data Sources for the Annual Report

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

- Collect the least amount of data necessary in order to satisfactorily meet 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 providers.

AFF providers use a common data reporting format, revised by the AFF evaluation contractor, for the reporting period beginning July 1, 2005. The primary information used for the analysis of AFF program services was *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, 2005 through June 30, 2006. For some service activities, data are also presented from program inception (March 2001) through June 30, 2006.

Another data set used for the analysis of the AFF program was *enrollment and encounter data* provided by ADHS/DBHS for services utilized by Title XIX AFF clients. ADHS/DBHS service utilization data are reported for the annual reporting period that covers July 1, 2005 through June 30, 2006. It should be noted that ADHS/DBHS service utilization data is constantly updated and added to by the RBHAs and their providers, and there may be a reporting lag from service delivery to appearance in the ADHS/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, 2006 since ADHS/DBHS provided the data set in early August 2006.

Two additional data sets used for this evaluation include the ADES CHILDS information system, which provides child welfare information, and the ADES JAZ/AZTEC information system, providing employment services information. These data are reported for the annual reporting period that covers July 1, 2005 through June 30, 2006.

The third major source of data used for the analysis of the AFF program is AFF stakeholders. These stakeholders include AFF program managers, RBHA liaisons, CPS managers and caseworkers, AFF provider collaborators, and clients of the program. A variety of data collection methodologies were used with these stakeholders, including individual interviews, focus groups, and document reviews. 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.

Appendix C
Arizona Family F.I.R.S.T. Program
Evaluation Plan for
Fiscal Year July 1, 2005 through June 30, 2006

Outcome Goals – ARS 8-884					
<ol style="list-style-type: none"> 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?	<ul style="list-style-type: none"> • 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; 60 Days: 2+ treatment services each 30 day period 90 Days: 2+ treatment services each 30 day period 180 Days: To be defined 	<p>AFF provider service data</p> <p>ADHS/DBHS CIS data for RBHA providers</p>	<p>Provider electronic data files</p> <p>ADHS/DBHS electronic data files</p>	<p>Monthly</p> <p>Annually</p>	Descriptive statistics

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
	<ul style="list-style-type: none"> Number of days between referral & screening Number of days between screening and assessment Number of days between assessment & service delivery plan Average wait time for appointments Timing of scheduled transportation Staff perception of time frames in which clients receive services Barriers to receiving services Role of collaborative partnerships 	<p>AFF program managers</p> <p>Key stakeholders</p>	Interviews	Annually	Qualitative analyses
	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> Program capacity Service gaps Service additions or deletions Perception of sufficiency of community's services 	<p>AFF program managers</p> <p>Key stakeholders</p>	Interviews	Annually	
	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> • Available slots • 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 	<p>AFF program managers</p> <p>Key stakeholders</p>	Interviews	Annually	Qualitative analyses
	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • Client perceptions of family stability 	AFF participants	Focus groups	Annually	Qualitative analyses

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
How did improvements result in the reunification with birth families for children who had been placed in out of home care?	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> Receipt of TANF Secured employment Maintain employment status for 90 days 	JAS	DES electronic data file	Annually	Descriptive statistics
	<ul style="list-style-type: none"> Lose employment status and regain TANF benefits 	AZTEC	DES electronic data file	Annually	Descriptive statistics
	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> Drug screens 	AFF client drug screens	Date file submitted by providers	Monthly	Descriptive statistics

Performance Measures – Scope of Work, III-1: Required Performance Measures:					
<ol style="list-style-type: none"> 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?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • Days in foster care 	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Was there an increase in the number of children in out-of-home care that achieved permanency?	<ul style="list-style-type: none"> • Reunification • Adoption 	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
What percentage of clients successfully completed their treatment service plans?	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	AFF Provider electronic data files	Monthly	Descriptive statistics
		ADHS/DBHS CIS data for RBHA providers	ADHS/DBHS electronic data files	Annually	
Goal #2: To reduce the recurrence of child abuse and neglect of AFF program participants' children	<ul style="list-style-type: none"> 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	AFF Provider electronic data files	Monthly	Descriptive statistics
		DES/CPS data set	DES/CPS electronic data files	Annually	
Goal #3: To establish permanency for the children of AFF program participants	<ul style="list-style-type: none"> # 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	AFF Provider electronic data files	Monthly	Descriptive statistics
		DES/CPS data set	DES/CPS electronic data files	Annually	

Appendix D
Days in Care by DES District:

<i>Appendix D Days in Care For Children Discharged SYF 2006</i>							
							Statewide
Discharged	I	II	III	IV	V	VI	Total
Reunified	331	100	91	47	29	55	653
Minimum Days in care	0	0	1	8	1	1	0
Maximum Days in care	1470	1496	1061	732	618	664	1496
Median Days in Care	29	33	37.5	80	96	11	30
Average Days in Care	129.23	188.55	97.97	131.40	137.35	67.18	129.23
Still in Care	1516	504	268	135	130	163	2716
Minimum Days in care	0	7	3	9	11	18	0
Maximum Days in care	4220	2627	2268	311	806	847	4220
Median Days in Care	354	250	288.5	1337	274	305	310
Average Days in Care	405.63	289.26	350.64	343.03	278.85	319.52	364.28
Relatives	16	2	0	2	0	0	20
Minimum Days in care	3	29	N/A	308	N/A	N/A	3
Maximum Days in care	450	29	N/A	308	N/A	N/A	450
Median Days in Care	6.5	29	N/A	308	N/A	N/A	22.5
Average Days in Care	68.125	29	N/A	308	N/A	N/A	88.2
Adoption	49	15	14	3	0	5	86
Minimum Days in care	7	88	85	1192	N/A	1	1
Maximum Days in care	1631	1089	1742	1447	N/A	1260	1742
Median Days in Care	488	675	433	1297	N/A	874	527.5
Average Days in Care	491.45	675.20	499.00	1312.00	N/A	765.20	569.21
Emancipation	12	1	2	0	0	0	15
Minimum Days in care	4	93	55	N/A	N/A	N/A	4
Maximum Days in care	1115	93	206	N/A	N/A	N/A	1115
Median Days in Care	239.5	93	130.5	N/A	N/A	N/A	125
Average Days in Care	368.83	93.00	130.50	N/A	N/A	N/A	318.67
Guardianship	101	12	15	8	7	8	151
Minimum Days in care	0	4	3	43	78	2	0
Maximum Days in care	1156	624	343	581	488	336	1156
Median Days in Care	149	216	6	176	488	95.5	149
Average Days in Care	257.83	282.92	60.70	204.62	370.86	161.88	237.53
Transfers to Agencies	25	2	0	0	1	1	29
Minimum Days in care	1	91	N/A	N/A	35	91	1
Maximum Days in care	473	300	N/A	N/A	35	91	473
Median Days in Care	20	195.5	N/A	N/A	35	91	21
Average Days in Care	99.04	195.5	N/A	N/A	35	91	103.2069

Appendix E Substance Use Indicators By District SFY 2006							
DES District	I	II	III	IV	V	VI	Statewide Averages
# of AFF clients	2211	602	497	250	177	263	4000
# of AFF clients with UA results	1207	133	316	208	28	150	2042
Mean(sd) UAs per Participating Client	3.6 (4.4)	21.3 (17.7)	15.1 (16.6)	12.3 (10.9)	3.7 (4.0)	32.3 (69.5)	9.5 (22.7)
# of AFF clients with all clean UAs	825 (70.5)	0 (0)	169 (14.4)	101 (8.6)	15 (1.3)	60 (5.2)	1170
# of AFF clients with mixed UAs	215 (36.2)	74 (12.5)	126 (21.2)	99 (16.7)	5 (0.8)	78 (13.1)	594
# of Closed Clients	1165	335	278	168	109	120	2175
# (%) closed clients UA results	544	56	149	142	13	50	954
Mean (sd) UAs per closed client	2.7 (2.8)	18.6 (14.3)	11.7 (13.9)	13.6 (11.7)	3.6 (3.4)	43.7(105.7)	8.9 (27.1)
# (%) closed clients with all clean UAs	387 (67.8)	0 (0.0)	85 (14.9)	63 (11.1)	9 (1.6)	27 (4.7)	571
# (%) closed clients with all positive UAs	89 (64.5)	25 (18.1)	13 (9.4)	5 (3.6)	3 (2.2)	3 (2.2)	138
# (%) closed clients with mixed UAs	68 (27.7)	31 (12.7)	51 (21.1)	74 (30.2)	1 (0.4)	20 (8.2)	245

Appendix F
Year-To-Date Average Number of Days From Referral to Services
SFY2006

DES Districts	I	II	III	III	III	III	IV	IV	IV	V	VI	
AFF Provider	TERROS	CPSA	AZPAC Coconino	AZPAC Yavapai	Old Concho	Total	AZPAC Yuma	West Care	Total	Horizon	SEABHS	Total
Days from Referral to Outreach	2270	1033	74	221	230	525	68	171	239	289	209	4565
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	1	0	0	0	0	0	0	1	0	1	1	1
Maximum	161	130	63	36	42	63	12	155	155	131	236	236
Mean	1.44	1.94	2.23	0.63	1.14	1.10	0.63	3.51	2.69	5.65	9.06	2.19
Standard Deviation	4.97	7.61	9.93	2.67	3.58	4.73	2.18	12.73	10.89	14.31	25.20	8.90
Days from Referral to Service Acceptance	2260	805	40	125	202	367	39	75	114	285	141	3972
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	0	9	4	1	0	0	0	0	0	0	5	0
Maximum	405	388	27	126	16	126	0	308	308	33	112	405
Mean	14.67	25.46	7.80	5.88	0.26	2.90	0.00	6.51	4.30	0.40	12.56	14.38
Standard Deviation	57.83	51.41	9.33	14.41	1.58	9.50	0.00	39.96	32.50	2.81	19.68	50.44
Days from Referral to Client Refusal	3	90	5	14	9	28	0	0	0	4	40	165
Minimum	16	0	0	0	1	0	N/A	N/A	N/A	1	0	0
Median	36	28	49	25	6	16	N/A	N/A	N/A	23.5	52.5	29
Maximum	62	1231	105	70	15	105	N/A	N/A	N/A	48	188	1231
Mean	38.00	50.47	59.40	23.71	7.22	24.80	N/A	N/A	N/A	24.00	52.68	45.78
Standard Deviation	23.07	130.19	44.01	18.52	5.45	16.00	N/A	N/A	N/A	19.71	38.27	99.00
Days from Referral to RBHA Referral	0	0	32	79	19	130	30	108	138	3	29	300
Minimum	N/A	N/A	1	1	1	1	2	1	1	1	0	0
Median	N/A	N/A	11	6	2	6	11.5	7	7	7	13	7
Maximum	N/A	N/A	131	104	13	131	127	62	127	10	106	131
Mean	N/A	N/A	24.94	8.96	3.55	12.03	22.17	12.56	14.65	6.00	24.34	14.36
Standard Deviation	N/A	N/A	34.99	13.36	4.19	6.00	28.25	13.95	18.35	4.58	31.50	21.41

Days from Service Acceptance to Assessment	1162	248	28	56	21	105	22	23	45	50	125	1735
Minimum	0	0	0	0	1	0	0	3	0	0	0	0
Median	19	0	14	13.5	17	14	11.5	14	14	18	8	15
Maximum	315	424	49	111	68	111	55	135	135	156	378	424
Mean	25.72	4.58	14.64	17.07	20.81	17.20	15.73	23.96	19.90	32.76	18.42	21.70
Standard Deviation	24.91	32.05	9.96	17.52	19.81	16.40	14.21	27.90	22.40	36.65	40.54	28.37
Days from Referral to Assessment-Referred Current Period	1261	287	31	61	21	113	23	23	46	54	150	1911
Minimum	0	0	9	0	1	0	0	3	0	0	0	0
Median	20	13	22	16.5	17	18	11	14	13.5	21.5	15	19
Maximum	337	264	118	111	68	118	55	135	135	156	144	337
Mean	29.63	26.64	27.23	21.41	21.38	23.07	15.04	23.91	19.47	33.78	25.02	28.31
Standard Deviation	33.47	39.34	20.96	18.14	19.86	19.29	14.26	27.92	22.37	36.99	27.11	33.29
Days from Referral to Assessment-Referred Previous Period	87	28	5	26	0	31	5	5	10	7	15	178
Minimum	13	22	194	13	N/A	13	14	20	14	8	10	8
Median	32	94	236	99	N/A	126	46	25	27	103	119	52.5
Maximum	729	355	278	333	N/A	333	398	106	398	308	473	729
Mean	79.19	123.68	236.00	135.74	N/A	145.29	109.00	44.00	80.11	107.57	180.92	105.22
Standard Deviation	136.10	92.68	59.40	112.52	N/A	111.72	162.68	41.43	398.00	109.70	162.57	129.04
Days from Assessment to Service Plan	1338	25	25	37	11	73	21	15	36	29	116	1617
Minimum	0	0	1	0	0	0	0	0	0	0	0	0
Median	0	56	13	49	0	13	0	0	0	0	2	0
Maximum	324	319	100	322	0	322	20	0	20	100	315	324
Mean	15.86	77.28	18.20	86.00	0.00	49.80	1.90	0.00	1.11	4.24	31.91	18.96
Standard Deviation	48.84	85.38	23.18	93.90	0.00	77.40	6.02	0.00	4.65	18.63	52.75	51.77
Days from Service Plan to any Service	1174	207	9	10	11	30	19	15	34	18	116	1579
Minimum	0	0	0	0	0	0	0	0	0	1	0	0
Median	0	25	2	2.5	15	4.5	2	0	1.5	82	14	0
Maximum	298	334	77	37	92	92	65	103	103	258	169	334
Mean	3.92	48.38	17.22	9.80	25.47	19.10	6.95	17.57	12.50	97.61	29.38	13.21
Standard Deviation	20.53	62.69	30.93	13.76	30.44	27.10	14.73	31.37	25.20	75.16	39.38	36.75

Days from Service Plan to 1st Treatment Service	947	65	3	7	11	21	16	6	22	4	45	1104
Minimum	0	3	0	7	0	0	1	1	1	3	0	0
Median	0	25	1	25	15	15	7	39	7	30.5	21	0
Maximum	298	167	4	149	115	149	98	111	111	54	144	298
Mean	6.77	32.28	1.67	55.71	25.46	31.60	22.69	40.50	27.50	29.50	32.47	10.32
Standard Deviation	20.84	28.46	2.08	57.84	33.55	43.10	32.13	39.71	34.30	21.73	32.21	24.42
Days from Referral to 1st Treatment Service	960	61	6	20	14	40	16	6	22	11	43	1137
Minimum	0	6	24	5	6	5	7	9	7	19	6	0
Median	22	25	37.5	31	23.5	28	26	48.5	36.5	49	35	24
Maximum	348	167	61	197	127	197	100	146	146	240	172	348
Mean	34.15	32.21	39.00	56.20	35.86	46.50	38.31	56.50	43.30	72.00	56.58	35.88
Standard Deviation	37.62	26.82	13.67	62.25	32.31	48.60	27.61	46.51	36.50	62.75	50.63	38.74

Appendix G AFF Client Demographic Characteristics by DES District²⁹ SFY2006												
DES Districts	I	II	III	III	III	IV	IV	V	VI			
AFF Providers	AZPAC AZPAC Old AZPAC TERROS CPSA Coconino Yavapai Concho Yuma West Care Horizon SEABHS									All Sites		
											Total	%
Gender												
Female	1648	620	46	143	138	47	106	211	138		3097	65.5%
Male	671	433	32	89	92	23	80	89	87		1596	33.8%
Unknown	1	18	0	0	10	0	0	2	3		34	0.7%
Average Age												
Average Age	30.50	31.43	31.30	29.89	32.03	32.92	31.96	29.27	30.92		30.77	
Race/Ethnicity												
American Indian/Alaska Native	96	23	18	6	35	0	3	14	2		197	4.3%
Asian	5	2	0	1	1	0	2	0	1		12	0.3%
Black/African American	222	59	5	1	2	1	1	9	13		313	6.9%
Caucasian/White	1950	936	44	194	161	30	152	190	190		3847	84.6%
Native Hawaiian/Pacific Islander	1	5	0	0	0	0	0	0	1		7	0.2%
Multiple Races	25	0	0	0	0	0	0	0	0		25	0.6%
Other	0	13	5	12	10	39	17	43	5		144	3.2%
Ethnicity												
Hispanic/Latino	710	313	7	30	29	39	20	84	61		1293	27.7%
Not Hispanic/Latino	1609	725	67	170	200	31	155	175	153		3285	70.3%
Unknown	0	25	4	14	1	0	9	34	8		95	2.0%

²⁹ Based on data from 4,727 referred individuals.

Appendix G (continued)											
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	%
Marital Status											
Married	250	87	5	17	9	4	7	7	46	432	20.7%
Registered Domestic Partner	0	0	0	0	0	0	0	16	1	17	0.8%
Divorced	167	32	3	19	0	4	7	2	10	244	11.7%
Single, never married	777	168	22	38	11	16	11	19	61	1123	53.8%
Separated	111	22	1	6	1	3	1	3	16	164	7.9%
Legally Separated	10	0	0	0	0	0	0	0	0	10	0.5%
Widowed	16	3	3	2	0	1	2	1	7	35	1.7%
Unknown	17	3	2	5	0	0	0	13	24	64	3.1%
Education											
Less than 1 year	11	31	0	0	0	1	0	1	0	44	2.1%
Grades 1 to 11	646	72	16	38	4	14	8	38	30	866	41.5%
High School Graduate or GED	400	127	9	24	14	8	13	17	86	698	33.4%
Vocational/Technical School	8	6	1	2	0	0	1	0	7	25	1.2%
Some College, no degree	242	51	8	16	2	2	6	3	30	360	17.2%
College – AA/BA degree	5	11	2	1	0	2	0	1	4	26	1.2%
Graduate or Post Graduate degree	3	1	0	0	0	1	0	0	0	5	0.2%
Unknown	33	16	0	6	1	0	0	1	8	65	3.1%
Employment Status											
Employed Full Time w/o supports	357	31	6	22	6	7	11	13	38	491	23.5%
Employed Part Time w/o supports	119	72	2	11	1	3	1	1	9	219	10.5%
Employed Full Time w/supports	10	127	3	2	2	1	3	2	6	156	7.5%
Employed Part Time w/supports	2	6	2	0	0	0	0	0	2	12	0.6%
Transitional Employment	0	52	0	0	0	0	0	0	0	52	2.5%
Community-based work Adj/Work Activities	0	11	0	0	0	0	0	0	0	11	0.5%
Facilities-based Work Adj/Work Activities	0	1	0	0	0	0	0	1	0	2	0.1%
Unemployed	815	0	19	38	8	13	4	41	77	1015	48.6%
Education/Training - (w/o supports-unemployed)	2	0	0	0	0	0	0	0	0	2	0.1%
Volunteer - (unemployed)	0	0	0	0	0	0	0	1	0	1	0.0%
Retired, homemaker, student	2	0	1	0	0	0	1	0	29	33	1.6%
Disabled – not able to work	0	0	1	6	0	1	2	0	0	10	0.5%
Looking for employment	0	0	0	4	1	3	6	0	0	14	0.7%
Unknown	41	15	2	4	3	0	0	2	4	71	3.4%

**Appendix H
Substance Use Patterns by DES District
SFY 2006**

DES Districts	I	II	III	III	III	IV	IV	V	VI	All Sites	
AFF Providers			AZPAC	AZPAC	Old	AZPAC				Total	%
Substances	TERROS	CPSA	Coconino	Yavapai	Concho	Yuma	West Care	Horizon	SEABHS		
Total AFF clients	2211	602	77	261	159	71	179	177	263	4000	
Clients Reporting use	1451	352	41	151	41	48	77	92	164	2417	60.4%
Alcohol	652	126	29	85	17	15	14	16	54	1008	25.2%
Benzodiazepines	33	5	0	3	1	1	0	2	0	45	1.1%
Cocaine/crack	219	55	12	15	0	4	2	2	10	319	8.0%
Hallucinogens	32	5	5	8	0	0	0	0	2	52	1.3%
Heroin/Morphine	27	8	1	9	0	1	1	0	1	48	1.2%
Inhalants	5	0	0	2	0	0	0	0	0	7	0.2%
Marijuana	591	115	26	86	9	20	30	21	66	964	24.1%
Methamphetamine	795	77	20	110	5	24	38	23	65	1157	28.9%
Other drugs	174	15	1	2	0	0	0	2	2	196	4.9%
Other Narcotics	84	4	2	10	4	0	0	0	1	105	2.6%
Other sedatives	24	1	0	0	1	0	0	0	0	26	0.7%
Other Stimulants	18	2	0	6	5	2	0	2	0	35	0.9%

Appendix I AFF Services Taxonomy

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.³⁰

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 programs, and specialized

³⁰ See <http://www.azdhs.gov/bhs/covserv.htm>

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 J
Frequency and Proportion of Participating AFF Clients Receiving Discrete Services, by DES District

DES Districts	I n = 2211		II n = 602		III N = 497		IV N = 250		V N = 177		VI N = 263		Statewide N = 4000	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services	2112	95.5	531	88.2	445	89.5	227	90.8	160	90.4	247	93.9	3722	93.1
Rehabilitation Services	196	8.9	188	31.2	124	24.9	35	14.0	56	31.6	187	71.1	675	16.9
Medical Services	1446	65.4	262	43.5	368	74.0	212	84.8	56	31.6	187	71.1	2531	63.3
Support Services	2195	99.3	579	96.2	490	98.6	237	94.8	171	96.6	255	97.0	3927	98.2
Crisis Intervention Services	162	7.3	5	0.8	43	8.7	3	1.2	14	7.9	46	17.5	273	6.8
Inpatient Services	28	1.3	5	0.8	28	5.6	8	3.2	3	1.7	14	5.3	86	2.2
Residential Services	148	6.7	29	4.8	45	9.1	14	5.6	11	6.2	15	5.7	262	6.6
Behavioral Health Day Programs	140	6.3	4	0.7	19	3.8	0	0	0	0	0	0	163	4.1

Note. Percentage of clients receiving a service domain (i.e., "Treatment Services") expressed as a function of all AFF clients within a District

Appendix K
Frequency and Proportion of AFF Clients Receiving Discrete Services, by DES District

AFF Participating Clients Services														
DES Districts														
Services	I		II		III		IV		V		VI		Statewide	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services (A)	2112		531		445		227		160		247		3722	
Family Counseling (1.0, 1.2)	1230	58.2%	270	50.8%	328	73.7%	132	58.1%	123	76.9%	165	66.8%	2248	60.4%
Individual Counseling (1.1)	890	42.1%	1	0.2%	14	3.1%	9	4.0%	11	6.9%	23	9.3%	948	25.5%
Group Counseling (1.3)	766	36.3%	0	0.0%	8	1.8%	6	2.6%	0	0.0%	41	16.6%	821	22.1%
Assessment, Evaluation and	2063	97.7%	482	90.8%	357	80.2%	201	88.5%	140	87.5%	222	89.9%	3465	93.1%
Other Treatment Services by	122	5.8%	22	4.1%	21	4.7%	17	7.5%	11	6.9%	15	6.1%	208	5.6%
Intensive Outpatient Services	86	4.1%	9	1.7%	57	12.8%	0	0.0%	1	0.6%	10	4.0%	163	4.4%
Outpatient Services (5.0)	359	17.0%	72	13.6%	43	9.7%	58	25.6%	14	8.8%	37	15.0%	583	15.7%
Rehabilitation Services (B)	196		188		124		35		15		117		675	
Skills Training and Developm	72	36.7%	137	72.9%	37	29.8%	30	85.7%	8	53.3%	97	82.9%	381	56.4%
Behavioral Health Prevention	74	37.8%	64	34.0%	43	34.7%	4	11.4%	2	13.3%	24	20.5%	211	31.3%
Psychoeducational Services (	161	82.1%	103	54.8%	109	87.9%	3	8.6%	9	60.0%	43	36.8%	428	63.4%
Medical Services ©	1446		262		368		212		56		187		2531	
Medication Services (1.0)	40	2.8%	5	1.9%	4	1.1%	4	1.9%	1	1.8%	0	0.0%	54	2.1%
Laboratory Services (2.0)	1296	89.6%	127	48.5%	311	84.5%	209	98.6%	30	53.6%	151	80.7%	2124	83.9%
Medical Management (3.0)	336	23.2%	101	38.5%	148	40.2%	37	17.5%	23	41.1%	67	35.8%	712	28.1%
Pharmacy Services (5.0)	402	27.8%	117	44.7%	125	34.0%	36	17.0%	32	57.1%	51	27.3%	763	30.1%
Support Services (D)	2195		579		490		237		171		255		3927	
Case Management (1.0)	2110	96.1%	556	96.0%	483	98.6%	221	93.2%	153	89.5%	253	99.2%	3776	96.2%
Personal Care Services (2.0)	7	0.3%	21	3.6%	3	0.6%	4	1.7%	2	1.2%	6	2.4%	43	1.1%
Home Care Training Family (:	8	0.4%	21	3.6%	30	6.1%	10	4.2%	4	2.3%	18	7.1%	91	2.3%
Self-Help/Peer Services (4.0)	161	7.3%	63	10.9%	10	2.0%	16	6.8%	16	9.4%	54	21.2%	320	8.1%
Unskilled Respite Care (6.0)	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	2	0.1%
Supported Housing (7.0)	24	1.1%	1	0.2%	68	13.9%	2	0.8%	0	0.0%	1	0.4%	96	2.4%
Sign Language Services (8.0)	8	0.4%	5	0.9%	1	0.2%	0	0.0%	0	0.0%	3	1.2%	17	0.4%
Flex Fund Services (9.0)	1566	71.3%	507	87.6%	316	64.5%	159	67.1%	150	87.7%	168	65.9%	2866	73.0%
Transportation (10.0)	654	29.8%	21	3.6%	219	44.7%	48	20.3%	48	28.1%	79	31.0%	1069	27.2%
Child Care Services (11.0)	0	0.0%	0	0.0%	5	1.0%	2	0.8%	0	0.0%	0	0.0%	7	0.2%
After Care (12.0)	24	1.1%	15	2.6%	29	5.9%	36	15.2%	2	1.2%	5	2.0%	111	2.8%
Other Support Services (14.0)	304	13.8%	0	0.0%	156	31.8%	149	62.9%	3	1.8%	42	16.5%	654	16.7%
Crisis Intervention Services (E)	162		5		43		3		14		46		273	
Crisis Intervention Services M	67	41.4%	4	80.0%	22	51.2%	1	33.3%	14	100.0%	34	73.9%	142	52.0%
Crisis Intervention Services S	125	77.2%	1	20.0%	25	58.1%	2	66.7%	1	7.1%	14	30.4%	168	61.5%
Inpatient Services (F)	28		5		28		8		3		14		86	
Residential Services (G)	148		29		45		14		11		15		262	
Behavioral Health Short-Term	148	100.0%	29	100.0%	47	104.4%	13	92.9%	11	100.0%	15	100.0%	263	100.4%
Behavioral Health Long-Term	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Residential Services w/l	3	2.0%	0	0.0%	1	2.2%	0	0.0%	0	0.0%	0	0.0%	4	1.5%
Behavioral Health Day Program	140		4		19		0		0		0		163	
Supervised Behavioral Health	8	5.7%	0	0.0%	3	15.8%	0	0.0%	0	0.0%	0	0.0%	11	6.7%
Therapeutic Behavioral Health	135	96.4%	4	100.0%	16	84.2%	0	0.0%	0	0.0%	0	0.0%	155	95.1%

AFF Clients Services												
Appendix L Service Funding Mix DES District I v. Statewide Averages	DES District I						Statewide Averages					
	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services (A)												
Family Counseling (1.0, 1.2)	4	0.33%	1222	99.35%	4	0.33%	15	0.67%	2221	98.80%	12	0.53%
Individual Counseling (1.1)	863	96.97%	18	2.02%	9	1.01%	900	94.94%	39	4.11%	9	0.95%
Group Counseling (1.3)	766	100.00%	0	0.00%	0	0.00%	820	99.88%	1	0.12%	0	0.00%
Assessment, Evaluation and Screening S	978	47.41%	205	9.94%	880	42.66%	1273	36.74%	1016	29.32%	1176	33.94%
Other Treatment Services by Profession	0	0.00%	122	100.00%	0	0.00%	0	0.00%	208	100.00%	0	0.00%
Intensive Outpatient Services (4.0)	86	100.00%	0	0.00%	0	0.00%	163	100.00%	0	0.00%	0	0.00%
Outpatient Services (5.0)	359	100.00%	0	0.00%	0	0.00%	583	100.00%	0	0.00%	0	0.00%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	0	0.00%	65	90.28%	7	9.72%	17	4.46%	346	90.81%	18	4.72%
Behavioral Health Prevention/Promotion	73	98.65%	1	1.35%	0	0.00%	146	69.19%	64	30.33%	1	0.47%
Psychoeducational Services (4.0)	86	53.42%	75	46.58%	0	0.00%	163	38.08%	265	61.92%	0	0.00%
Medical Services (C)												
Medication Services (1.0)	0	0.00%	40	100.00%	0	0.00%	0	0.00%	54	100.00%	0	0.00%
Laboratory Services (2.0)	1152	88.89%	89	6.87%	55	4.24%	1872	88.14%	113	5.32%	139	6.54%
Medical Management (3.0)	0	0.00%	336	100.00%	0	0.00%	1	0.14%	711	99.86%	0	0.00%
Pharmacy Services (5.0)	40	9.95%	279	69.40%	83	20.65%	41	5.37%	639	83.75%	83	10.88%
Support Services (D)												
Case Management (1.0)	591	28.01%	263	12.46%	1256	59.53%	915	24.23%	692	18.33%	2169	57.44%
Personal Care Services (2.0)	0	0.00%	7	100.00%	0	0.00%	0	0.00%	43	100.00%	0	0.00%
Home Care Training Family (3.0)	0	0.00%	8	100.00%	0	0.00%	5	5.49%	86	94.51%	0	0.00%
Self-Help/Peer Services (4.0)	0	0.00%	161	100.00%	0	0.00%	0	0.00%	320	100.00%	0	0.00%
Unskilled Respite Care (6.0)	0	0.00%	1	100.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%
Supported Housing (7.0)	0	0.00%	24	100.00%	0	0.00%	71	73.96%	25	26.04%	0	0.00%
Sign Language Services (8.0)	0	0.00%	8	100.00%	0	0.00%	0	0.00%	17	100.00%	0	0.00%
Flex Fund Services (9.0)	1566	100.00%	0	0.00%	0	0.00%	2866	100.00%	0	0.00%	0	0.00%
Transportation (10.0)	17	2.60%	622	95.11%	15	2.29%	121	11.32%	877	82.04%	71	6.64%
Child Care Services (11.0)	0	0.00%	0	0.00%	0	0.00%	7	100.00%	0	0.00%	0	0.00%
After Care (12.0)	24	100.00%	0	0.00%	0	0.00%	111	100.00%	0	0.00%	0	0.00%
Other Support Services (14.0)	304	100.00%	0	0.00%	0	0.00%	654	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.00%	67	100.00%	0	0.00%	0	0.00%	142	100.00%	0	0.00%
Crisis Intervention Services Stabilization	1	0.80%	122	97.60%	2	1.60%	1	0.60%	165	98.21%	2	1.19%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential	26	17.57%	114	77.03%	8	5.41%	40	15.21%	209	79.47%	14	5.32%
Behavioral Health Long-Term Residential	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Child Residential Services w/Parent (4.0)	3	100.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment	0	0.00%	8	100.00%	0	0.00%	0	0.00%	11	100.00%	0	0.00%
Therapeutic Behavioral Health Services	0	0.00%	135	100.00%	0	0.00%	0	0.00%	155	100.00%	0	0.00%

AFF Participating Clients Services												
Appendix L Service Funding Mix	DES District II						Statewide Averages					
	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
	#	%	#	%	#	%	#	%	#	%	#	%
DES District II v. Statewide Averages												
Treatment Services (A)												
Family Counseling (1.0, 1.2)	0	0.00%	270	100.00%	0	0.00%	15	0.67%	2221	98.80%	12	0.53%
Individual Counseling (1.1)	0	0.00%	1	100.00%	0	0.00%	900	94.94%	39	4.11%	9	0.95%
Group Counseling (1.3)	0	0.00%	0	0.00%	0	0.00%	820	99.88%	1	0.12%	0	0.00%
Assessment, Evaluation and Screening Service	133	27.59%	308	63.90%	41	8.51%	1273	36.74%	1016	29.32%	1176	33.94%
Other Treatment Services by Professionals (3.0)	0	0.00%	22	100.00%	0	0.00%	0	0.00%	208	100.00%	0	0.00%
Intensive Outpatient Services (4.0)	9	100.00%	0	0.00%	0	0.00%	163	100.00%	0	0.00%	0	0.00%
Outpatient Services (5.0)	72	100.00%	0	0.00%	0	0.00%	583	100.00%	0	0.00%	0	0.00%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	0	0.00%	137	100.00%	0	0.00%	17	4.46%	346	90.81%	18	4.72%
Behavioral Health Prevention/Promotion Educat	14	21.88%	49	76.56%	1	1.56%	146	69.19%	64	30.33%	1	0.47%
Psychoeducational Services (4.0)	9	8.74%	94	91.26%	0	0.00%	163	38.08%	265	61.92%	0	0.00%
Medical Services ©												
Medication Services (1.0)	0	0.00%	5	100.00%	0	0.00%	0	0.00%	54	100.00%	0	0.00%
Laboratory Services (2.0)	126	99.21%	1	0.79%	0	0.00%	1872	88.14%	113	5.32%	139	6.54%
Medical Management (3.0)	0	0.00%	101	100.00%	0	0.00%	1	0.14%	711	99.86%	0	0.00%
Pharmacy Services (5.0)	0	0.00%	117	100.00%	0	0.00%	41	5.37%	639	83.75%	83	10.88%
Support Services (D)												
Case Management (1.0)	165	29.68%	66	11.87%	325	58.45%	915	24.23%	692	18.33%	2169	57.44%
Personal Care Services (2.0)	0	0.00%	21	100.00%	0	0.00%	0	0.00%	43	100.00%	0	0.00%
Home Care Training Family (3.0)	0	0.00%	21	100.00%	0	0.00%	5	5.49%	86	94.51%	0	0.00%
Self-Help/Peer Services (4.0)	0	0.00%	63	100.00%	0	0.00%	0	0.00%	320	100.00%	0	0.00%
Unskilled Respite Care (6.0)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%
Supported Housing (7.0)	0	0.00%	1	100.00%	0	0.00%	71	73.96%	25	26.04%	0	0.00%
Sign Language Services (8.0)	0	0.00%	5	100.00%	0	0.00%	0	0.00%	17	100.00%	0	0.00%
Flex Fund Services (9.0)	507	100.00%	0	0.00%	0	0.00%	2866	100.00%	0	0.00%	0	0.00%
Transportation (10.0)	0	0.00%	21	100.00%	0	0.00%	121	11.32%	877	82.04%	71	6.64%
Child Care Services (11.0)	0	0.00%	0	0.00%	0	0.00%	7	100.00%	0	0.00%	0	0.00%
After Care (12.0)	15	100.00%	0	0.00%	0	0.00%	111	100.00%	0	0.00%	0	0.00%
Other Support Services (14.0)	0	0.00%	0	0.00%	0	0.00%	654	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.00%	4	100.00%	0	0.00%	0	0.00%	142	100.00%	0	0.00%
Crisis Intervention Services Stabilization (2.0)	0	0.00%	1	100.00%	0	0.00%	1	0.60%	165	98.21%	2	1.19%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential Level	2	6.90%	27	93.10%	0	0.00%	40	15.21%	209	79.47%	14	5.32%
Behavioral Health Long-Term Residential Level	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Child Residential Services w/Parent (4.0)	0	0.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and D	0	0.00%	0	0.00%	0	0.00%	0	0.00%	11	100.00%	0	0.00%
Therapeutic Behavioral Health Services and Da	0	0.00%	4	100.00%	0	0.00%	0	0.00%	155	100.00%	0	0.00%

AFF Participating Clients Services												
Appendix L Service Funding Mix DES District III v. Statewide Averages	DES District III						Statewide Averages					
	DES Funds		DBHS Funds		DES & DBHS		DES Funds Only		DBHS Funds		DES & DBHS	
	Only	Only	Only	Only	Funds	Funds	#	%	#	%	#	%
Treatment Services (A)												
Family Counseling (1.0, 1.2)	8	2.44%	315	96.04%	5	1.52%	15	0.67%	2221	98.80%	12	0.53%
Individual Counseling (1.1)	14	100.00%	0	0.00%	0	0.00%	900	94.94%	39	4.11%	9	0.95%
Group Counseling (1.3)	8	100.00%	0	0.00%	0	0.00%	820	99.88%	1	0.12%	0	0.00%
Assessment, Evaluation and Screening Services	58	16.25%	195	54.62%	104	29.13%	1273	36.74%	1016	29.32%	1176	33.94%
Other Treatment Services by Professionals (3.0)	0	0.00%	21	100.00%	0	0.00%	0	0.00%	208	100.00%	0	0.00%
Intensive Outpatient Services (4.0)	57	100.00%	0	0.00%	0	0.00%	163	100.00%	0	0.00%	0	0.00%
Outpatient Services (5.0)	43	100.00%	0	0.00%	0	0.00%	583	100.00%	0	0.00%	0	0.00%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	3	8.11%	33	89.19%	1	2.70%	17	4.46%	346	90.81%	18	4.72%
Behavioral Health Prevention/Promotion Education	43	100.00%	0	0.00%	0	0.00%	146	69.19%	64	30.33%	1	0.47%
Psychoeducational Services (4.0)	57	52.29%	52	47.71%	0	0.00%	163	38.08%	265	61.92%	0	0.00%
Medical Services (C)												
Medication Services (1.0)	0	0.00%	4	100.00%	0	0.00%	0	0.00%	54	100.00%	0	0.00%
Laboratory Services (2.0)	297	95.50%	4	1.29%	10	3.22%	1872	88.14%	113	5.32%	139	6.54%
Medical Management (3.0)	1	0.68%	147	99.32%	0	0.00%	1	0.14%	711	99.86%	0	0.00%
Pharmacy Services (5.0)	1	0.80%	124	99.20%	0	0.00%	41	5.37%	639	83.75%	83	10.88%
Support Services (D)												
Case Management (1.0)	75	15.53%	99	20.50%	309	63.98%	915	24.23%	692	18.33%	2169	57.44%
Personal Care Services (2.0)	0	0.00%	3	100.00%	0	0.00%	0	0.00%	43	100.00%	0	0.00%
Home Care Training Family (3.0)	1	3.33%	29	96.67%	0	0.00%	5	5.49%	86	94.51%	0	0.00%
Self-Help/Peer Services (4.0)	0	0.00%	10	100.00%	0	0.00%	0	0.00%	320	100.00%	0	0.00%
Unskilled Respite Care (6.0)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%
Supported Housing (7.0)	68	100.00%	0	0.00%	0	0.00%	71	73.96%	25	26.04%	0	0.00%
Sign Language Services (8.0)	0	0.00%	1	100.00%	0	0.00%	0	0.00%	17	100.00%	0	0.00%
Flex Fund Services (9.0)	316	100.00%	0	0.00%	0	0.00%	2866	100.00%	0	0.00%	0	0.00%
Transportation (10.0)	92	42.01%	75	34.25%	52	23.74%	121	11.32%	877	82.04%	71	6.64%
Child Care Services (11.0)	5	100.00%	0	0.00%	0	0.00%	7	100.00%	0	0.00%	0	0.00%
After Care (12.0)	29	100.00%	0	0.00%	0	0.00%	111	100.00%	0	0.00%	0	0.00%
Other Support Services (14.0)	156	100.00%	0	0.00%	0	0.00%	654	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.00%	22	100.00%	0	0.00%	0	0.00%	142	100.00%	0	0.00%
Crisis Intervention Services Stabilization (2.0)	0	0.00%	25	100.00%	0	0.00%	1	0.60%	165	98.21%	2	1.19%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential Level I	4	8.51%	39	82.98%	4	8.51%	40	15.21%	209	79.47%	14	5.32%
Behavioral Health Long-Term Residential Level II	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Child Residential Services w/Parent (4.0)	1	100.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day	0	0.00%	3	100.00%	0	0.00%	0	0.00%	11	100.00%	0	0.00%
Therapeutic Behavioral Health Services and Day	0	0.00%	16	100.00%	0	0.00%	0	0.00%	155	100.00%	0	0.00%

AFF Participating Clients Services												
Appendix L Service Funding Mix	DES District IV						Statewide Averages					
	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
	#	%	#	%	#	%	#	%	#	%	#	%
DES District IV v. Statewide Averages												
Treatment Services (A)												
Family Counseling (1.0, 1.2)	1	0.76%	129	97.73%	2	1.52%	15	0.67%	2221	98.80%	12	0.53%
Individual Counseling (1.1)	5	55.56%	4	44.44%	0	0.00%	900	94.94%	39	4.11%	9	0.95%
Group Counseling (1.3)	5	83.33%	1	16.67%	0	0.00%	820	99.88%	1	0.12%	0	0.00%
Assessment, Evaluation and Screening Services (2.0)	38	18.91%	145	72.14%	18	8.96%	1273	36.74%	1016	29.32%	1176	33.94%
Other Treatment Services by Professionals (3.0)	0	0.00%	17	100.00%	0	0.00%	0	0.00%	208	100.00%	0	0.00%
Intensive Outpatient Services (4.0)	0	0.00%	0	0.00%	0	0.00%	163	100.00%	0	0.00%	0	0.00%
Outpatient Services (5.0)	58	100.00%	0	0.00%	0	0.00%	583	100.00%	0	0.00%	0	0.00%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	13	43.33%	15	50.00%	2	6.67%	17	4.46%	346	90.81%	18	4.72%
Behavioral Health Prevention/Promotion Education (2.0)	1	25.00%	3	75.00%	0	0.00%	146	69.19%	64	30.33%	1	0.47%
Psychoeducational Services (4.0)	0	0.00%	3	100.00%	0	0.00%	163	38.08%	265	61.92%	0	0.00%
Medical Services (C)												
Medication Services (1.0)	0	0.00%	4	100.00%	0	0.00%	0	0.00%	54	100.00%	0	0.00%
Laboratory Services (2.0)	181	86.60%	5	2.39%	23	11.00%	1872	88.14%	113	5.32%	139	6.54%
Medical Management (3.0)	0	0.00%	37	100.00%	0	0.00%	1	0.14%	711	99.86%	0	0.00%
Pharmacy Services (5.0)	0	0.00%	36	100.00%	0	0.00%	41	5.37%	639	83.75%	83	10.88%
Support Services (D)												
Case Management (1.0)	34	15.38%	71	32.13%	116	52.49%	915	24.23%	692	18.33%	2169	57.44%
Personal Care Services (2.0)	0	0.00%	4	100.00%	0	0.00%	0	0.00%	43	100.00%	0	0.00%
Home Care Training Family (3.0)	4	40.00%	6	60.00%	0	0.00%	5	5.49%	86	94.51%	0	0.00%
Self-Help/Peer Services (4.0)	0	0.00%	16	100.00%	0	0.00%	0	0.00%	320	100.00%	0	0.00%
Unskilled Respite Care (6.0)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%
Supported Housing (7.0)	2	100.00%	0	0.00%	0	0.00%	71	73.96%	25	26.04%	0	0.00%
Sign Language Services (8.0)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	17	100.00%	0	0.00%
Flex Fund Services (9.0)	159	100.00%	0	0.00%	0	0.00%	2866	100.00%	0	0.00%	0	0.00%
Transportation (10.0)	11	22.92%	36	75.00%	1	2.08%	121	11.32%	877	82.04%	71	6.64%
Child Care Services (11.0)	2	100.00%	0	0.00%	0	0.00%	7	100.00%	0	0.00%	0	0.00%
After Care (12.0)	36	100.00%	0	0.00%	0	0.00%	111	100.00%	0	0.00%	0	0.00%
Other Support Services (14.0)	149	100.00%	0	0.00%	0	0.00%	654	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.00%	1	100.00%	0	0.00%	0	0.00%	142	100.00%	0	0.00%
Crisis Intervention Services Stabilization (2.0)	0	0.00%	2	100.00%	0	0.00%	1	0.60%	165	98.21%	2	1.19%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential Level II	2	15.38%	10	76.92%	1	7.69%	40	15.21%	209	79.47%	14	5.32%
Behavioral Health Long-Term Residential Level III	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Child Residential Services w/Parent (4.0)	0	0.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day Programs	0	0.00%	0	0.00%	0	0.00%	0	0.00%	11	100.00%	0	0.00%
Therapeutic Behavioral Health Services and Day Programs	0	0.00%	0	0.00%	0	0.00%	0	0.00%	155	100.00%	0	0.00%

AFF Participating Clients Services												
Appendix L Service Funding Mix DES District V v. Statewide Averages	DES District V					Statewide Averages						
	DES Funds Only		DBHS Funds Only		DES & DBHS Funds	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		
	#	%	#	%	#	#	%	#	%	#	%	
Treatment Services (A)												
Family Counseling (1.0, 1.2)	0	0.00%	122	99.19%	1	0.81%	15	0.67%	2221	98.80%	12	0.53%
Individual Counseling (1.1)	1	9.09%	10	90.91%	0	0.00%	900	94.94%	39	4.11%	9	0.95%
Group Counseling (1.3)	0	0.00%	0	0.00%	0	0.00%	820	99.88%	1	0.12%	0	0.00%
Assessment, Evaluation and Screening	20	14.29%	89	63.57%	31	22.14%	1273	36.74%	1016	29.32%	1176	33.94%
Other Treatment Services by Profession	0	0.00%	11	100.00%	0	0.00%	0	0.00%	208	100.00%	0	0.00%
Intensive Outpatient Services (4.0)	1	100.00%	0	0.00%	0	0.00%	163	100.00%	0	0.00%	0	0.00%
Outpatient Services (5.0)	14	100.00%	0	0.00%	0	0.00%	583	100.00%	0	0.00%	0	0.00%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	0	0.00%	8	100.00%	0	0.00%	17	4.46%	346	90.81%	18	4.72%
Behavioral Health Prevention/Promotion	0	0.00%	2	100.00%	0	0.00%	146	69.19%	64	30.33%	1	0.47%
Psychoeducational Services (4.0)	1	11.11%	8	88.89%	0	0.00%	163	38.08%	265	61.92%	0	0.00%
Medical Services (C)												
Medication Services (1.0)	0	0.00%	1	100.00%	0	0.00%	0	0.00%	54	100.00%	0	0.00%
Laboratory Services (2.0)	15	50.00%	8	26.67%	7	23.33%	1872	88.14%	113	5.32%	139	6.54%
Medical Management (3.0)	0	0.00%	23	100.00%	0	0.00%	1	0.14%	711	99.86%	0	0.00%
Pharmacy Services (5.0)	0	0.00%	32	100.00%	0	0.00%	41	5.37%	639	83.75%	83	10.88%
Support Services (D)												
Case Management (1.0)	6	3.92%	121	79.08%	26	16.99%	915	24.23%	692	18.33%	2169	57.44%
Personal Care Services (2.0)	0	0.00%	2	100.00%	0	0.00%	0	0.00%	43	100.00%	0	0.00%
Home Care Training Family (3.0)	0	0.00%	4	100.00%	0	0.00%	5	5.49%	86	94.51%	0	0.00%
Self-Help/Peer Services (4.0)	0	0.00%	16	100.00%	0	0.00%	0	0.00%	320	100.00%	0	0.00%
Unskilled Respite Care (6.0)	0	0.00%	1	100.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%
Supported Housing (7.0)	0	0.00%	0	0.00%	0	0.00%	71	73.96%	25	26.04%	0	0.00%
Sign Language Services (8.0)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	17	100.00%	0	0.00%
Flex Fund Services (9.0)	150	100.00%	0	0.00%	0	0.00%	2866	100.00%	0	0.00%	0	0.00%
Transportation (10.0)	0	0.00%	48	100.00%	0	0.00%	121	11.32%	877	82.04%	71	6.64%
Child Care Services (11.0)	0	0.00%	0	0.00%	0	0.00%	7	100.00%	0	0.00%	0	0.00%
After Care (12.0)	2	100.00%	0	0.00%	0	0.00%	111	100.00%	0	0.00%	0	0.00%
Other Support Services (14.0)	3	100.00%	0	0.00%	0	0.00%	654	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.00%	14	100.00%	0	0.00%	0	0.00%	142	100.00%	0	0.00%
Crisis Intervention Services Stabilization	0	0.00%	1	100.00%	0	0.00%	1	0.60%	165	98.21%	2	1.19%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential	0	0.00%	11	100.00%	0	0.00%	40	15.21%	209	79.47%	14	5.32%
Behavioral Health Long-Term Residential	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Child Residential Services w/Parent (4.0)	0	0.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment	0	0.00%	0	0.00%	0	0.00%	0	0.00%	11	100.00%	0	0.00%
Therapeutic Behavioral Health Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	155	100.00%	0	0.00%

AFF Participating Clients Services												
Appendix L	DES District VI						Statewide Averages					
	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
	#	%	#	%	#	%	#	%	#	%	#	%
Service Funding Mix												
DES District VI v. Statewide Averages												
Treatment Services (A)												
Family Counseling (1.0, 1.2)	2	1.21%	163	98.79%	0	0.00%	15	0.67%	2221	98.80%	12	0.53%
Individual Counseling (1.1)	17	73.91%	6	26.09%	0	0.00%	900	94.94%	39	4.11%	9	0.95%
Group Counseling (1.3)	41	100.00%	0	0.00%	0	0.00%	820	99.88%	1	0.12%	0	0.00%
Assessment, Evaluation and Screening Services (2)	46	20.72%	74	33.33%	102	45.95%	1273	36.74%	1016	29.32%	1176	33.94%
Other Treatment Services by Professionals (3.0)	0	0.00%	15	100.00%	0	0.00%	0	0.00%	208	100.00%	0	0.00%
Intensive Outpatient Services (4.0)	10	100.00%	0	0.00%	0	0.00%	163	100.00%	0	0.00%	0	0.00%
Outpatient Services (5.0)	37	100.00%	0	0.00%	0	0.00%	583	100.00%	0	0.00%	0	0.00%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	1	1.03%	88	90.72%	8	8.25%	17	4.46%	346	90.81%	18	4.72%
Behavioral Health Prevention/Promotion Education	15	62.50%	9	37.50%	0	0.00%	146	69.19%	64	30.33%	1	0.47%
Psychoeducational Services (4.0)	10	23.26%	33	76.74%	0	0.00%	163	38.08%	265	61.92%	0	0.00%
Medical Services (C)												
Medication Services (1.0)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	54	100.00%	0	0.00%
Laboratory Services (2.0)	101	66.89%	6	3.97%	44	29.14%	1872	88.14%	113	5.32%	139	6.54%
Medical Management (3.0)	0	0.00%	67	100.00%	0	0.00%	1	0.14%	711	99.86%	0	0.00%
Pharmacy Services (5.0)	0	0.00%	51	100.00%	0	0.00%	41	5.37%	639	83.75%	83	10.88%
Support Services (D)												
Case Management (1.0)	44	17.39%	72	28.46%	137	54.15%	915	24.23%	692	18.33%	2169	57.44%
Personal Care Services (2.0)	0	0.00%	6	100.00%	0	0.00%	0	0.00%	43	100.00%	0	0.00%
Home Care Training Family (3.0)	0	0.00%	18	100.00%	0	0.00%	5	5.49%	86	94.51%	0	0.00%
Self-Help/Peer Services (4.0)	0	0.00%	54	100.00%	0	0.00%	0	0.00%	320	100.00%	0	0.00%
Unskilled Respite Care (6.0)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	100.00%	0	0.00%
Supported Housing (7.0)	1	100.00%	0	0.00%	0	0.00%	71	73.96%	25	26.04%	0	0.00%
Sign Language Services (8.0)	0	0.00%	3	100.00%	0	0.00%	0	0.00%	17	100.00%	0	0.00%
Flex Fund Services (9.0)	168	100.00%	0	0.00%	0	0.00%	2866	100.00%	0	0.00%	0	0.00%
Transportation (10.0)	1	1.27%	75	94.94%	3	3.80%	121	11.32%	877	82.04%	71	6.64%
Child Care Services (11.0)	0	0.00%	0	0.00%	0	0.00%	7	100.00%	0	0.00%	0	0.00%
After Care (12.0)	5	100.00%	0	0.00%	0	0.00%	111	100.00%	0	0.00%	0	0.00%
Other Support Services (14.0)	42	100.00%	0	0.00%	0	0.00%	654	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.00%	34	100.00%	0	0.00%	0	0.00%	142	100.00%	0	0.00%
Crisis Intervention Services Stabilization (2.0)	0	0.00%	14	100.00%	0	0.00%	1	0.60%	165	98.21%	2	1.19%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential Level II (	6	40.00%	8	53.33%	1	6.67%	40	15.21%	209	79.47%	14	5.32%
Behavioral Health Long-Term Residential Level III (	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Child Residential Services w/Parent (4.0)	0	0.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day P	0	0.00%	0	0.00%	0	0.00%	0	0.00%	11	100.00%	0	0.00%
Therapeutic Behavioral Health Services and Day Pr	0	0.00%	0	0.00%	0	0.00%	0	0.00%	155	100.00%	0	0.00%

Appendix M
Case Closure and Length of Stay by DES District
SFY 2006

DES Districts	I	II	III	IV	V	VI	Total
# of Participating Clients	2211	602	497	250	177	263	4000
# (%) of Clients served and closed by AFF Only	421 (74.3)	58 (10.2)	31 (5.46)	31 (5.47)	8 (1.41)	23 (4.06)	566
Mean (sd) length of service for clients served	N=359 142.3 (130.5)	N=34 104.9 (113.2)	N=29 212.0 (182.5)	N=29 166.1 (139.9)	N=1 82 (N/A)	N=22 139.2 (120.8)	N=474 145.0 (134.2)
# (%) Clients continuing AFF Only	160 (50.3)	61 (19.1)	45 (14.1)	14 (4.5)	10 (3.2)	20 (6.3)	318
# (%) Clients served and closed by RBHA only	280 (25.7)	276 (25.3)	222 (20.4)	129(11.8)	105 (9.6)	78 (7.2)	1090
Mean (sd) length of service for clients served	N=159 155.2 (173.3)	N=153 209.2 (164.3)	N=148 168.9 (152.3)	N=93 134.7 (137.5)	N=49 113.7 (88.2)	N=55 201.8 (138.8)	N=657 165.9 (153.5)
# (%) Clients continuing in RBHA only	97 (20.4)	173 (36.4)	83 (17.5)	32 (6.3)	46 (9.7)	43 (9.1)	474
# (%) Clients served by AFF and RBHA and Closed by both systems	464 (89.4)	1 (0.2)	25 (4.8)	8 (1.5)	3 (0.6)	18 (3.5)	519
Mean (sd) length of service for both systems	N=456 17.3 (23.3)	N=0 0 (N/A)	N=25 31.7 (31.8)	N=8 34 (30.2)	N=2 46.5 (33.2)	N=18 23.5 (21.6)	N=509 18.6 (24.2)
# (%) Clients served by AFF and RBHA , but closed only by AFF	322 (78.3)	10 (2.4)	27 (6.5)	17 (4.1)	1 (0.2)	34 (8.2)	411
Mean (SD) length of service for AFF Service	N=316 21.5 (28.7)	N=6 78.5 (82.5)	N=27 43.4 (54.8)	N=17 54.6 (64.5)	N=1 24 (N/A)	N=33 63.2 (42.5)	N=400 28.7 (38.3)
# (%) Clients served by AFF and RBHA, but closed only by RBHA	83 (74.8)	2 (1.8)	12 (10.8)	3 (2.7)	1 (0.9)	10 (9.0)	111
Mean (sd) length of service for RBHA services	N=73 41.1 (28.9)	N=2 24.5 (7.7)	N=10 78.8 (32.8)	N=3 79.6 (59.2)	N=1 115 (N/A)	N=9 49.5 (22.7)	N=98 47.3 (32.5)