



Arizona Families F.I.R.S.T. Program
Annual Evaluation Report
State Fiscal Year 2018

July 1, 2017 - June 30, 2018

June 2019



LeCroy & Milligan
ASSOCIATES, INC.

Arizona Families F.I.R.S.T. Program Annual Evaluation Report

State Fiscal Year 2018

June 2019

Submitted to:

Arizona Department of Child Safety
3003 N. Central Avenue, 22nd Floor
Phoenix, AZ 85012
Ph: (602) 255-2565
<https://dcs.az.gov/>



Submitted by:

LeCroy & Milligan Associates, Inc.
2002 N. Forbes Blvd. Suite 108
Tucson, AZ 85745
Ph: (520) 326-5154
Fax: (520) 326-5155
www.lecroymilligan.com



Acknowledgments:

The evaluation team thanks Cathy Hasenberg, Sr. Program Development Specialist at Arizona Department of Child Safety, for her efforts and guidance with this project. We also appreciate the technical assistance provided by Steven Doviak and Jeff Weinman at Computer Dimensions. The evaluation team includes Debby Urken, MSW, Darlene Lopez, Ph.D.c, Michele Cranwell Schmidt, MPA, Darcy McNaughton, MBA, Pamela Hill, MPH, Michel Lahti, PhD, Danielle Steffey, Ph.D., and Carolyn Rende, B.A.

About LeCroy & Milligan Associates:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

Suggested Citation:

LeCroy & Milligan Associates, Inc., (2019). *Arizona Families F.I.R.S.T. SFY 2018 Annual Evaluation Report*. Tucson, AZ.



Table of Contents

Executive Summary	5
Introduction	8
Program Overview	8
The Need for the AZ Families F.I.R.S.T. Program.....	8
AFF Program Goals	9
AFF Program Phases	9
Current AFF Providers.....	11
Funding Sources.....	13
Report Overview.....	13
Process Evaluation.....	14
Data Sources	14
Data Quality.....	14
Outcome Evaluation.....	14
Data Sources	15
Data Quality.....	15
Data Analysis.....	15
Limitations	16
Process Evaluation Results.....	17
Referrals to AFF.....	17
Outreach Efforts	18
Intake and Acceptance of Services.....	19
Client Demographics.....	20
Client Age.....	20
Client Gender.....	21
Client Race and Ethnicity	21
Client Preferred Language.....	22
Client County of Residence	22
Client Marital Status	23
Client Education Level	23



Client Employment Status	24
Client Gross Monthly Income	25
Self-Reported Domestic Violence	25
Assessment.....	25
Level of Care and Duration of Treatment	27
Level of Care at Assessment.....	27
Level of Care and Duration	28
Past 30-Day Substance Use at Assessment.....	29
Treatment and Service Delivery.....	30
Receipt of Services.....	30
Drug Test Referral Outcomes	32
Drug Test Schedule Compliance.....	34
Referral Closure.....	34
Referral Closure Reasons	34
Level of Care at Closure	36
Employment Status at Intake and Closure.....	38
Outcome Evaluation Results	40
Maltreatment Outcomes for Completers and Non-Completers.....	40
Maltreatment Findings: AFF Teen Parents.....	45
Maltreatment Findings Six Months or More after Successful AFF Program Completion.....	46
Maltreatment Findings: Other Pertinent Information	49
Permanency Outcomes.....	49
Removal Outcomes.....	51
Conclusions.....	53
Conclusions.....	53
References	54
Appendix A - AFF Logic Model.....	55



Executive Summary

Research shows that child maltreatment is a serious social cost related to substance abuse. Arizona Families F.I.R.S.T. (AFF) is a community substance use disorder prevention and treatment program established during the Arizona legislative session of 2000 by the passage of A.R.S. § 8-881, 8-882, 8-883 and 8-884, and submitted to the legislature as Senate Bill 1280. The purpose of AFF is to address substance abuse among child welfare-involved families in which allegations of child maltreatment are associated with parental substance abuse and to help Department of Economic Security (DES) clients receiving Temporary Aid to Needy Families (TANF) for whom a substance abuse problem is a barrier to employment. Funding for this substance abuse treatment program comes from various sources including the Department of Child Safety (DCS), Arizona's Medicaid program (Arizona Health Care Cost Containment System or AHCCCS), private insurance, tribal entities, the Veterans Administration, and Medicare. AFF is the "payer of last resort." Nearly all potential participants are referred by DCS, although referrals can also come from the DES TANF program. Individuals are referred to one of the AFF treatment providers: Terros Health, Southern Arizona Behavioral Health Services (SEABHS), or Arizona Partnership for Children (AZPAC). Individuals who are referred and accept AFF services are assessed and, if found to need substance abuse treatment, assigned an appropriate level of care according to the assessed need.

This report provides a performance analysis of DCS's contracted providers in meeting the legislative mandates of the program. The mandates include:

1. Increasing 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.
2. Increasing the availability, timeliness, and accessibility of substance abuse treatment to persons receiving Temporary Assistance for Needy Families (TANF) to achieve self-sufficiency through employment.
3. Increasing the availability, timeliness, and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

As shown in the graphic below, there were a total of 11,942 AFF referrals from DCS/JOBS in this reporting period. Of those, 8,293 (69.4%) were new SFY 2018 referrals and the remainder were continuing referrals initiated before SFY 2018. Out of the total number of referrals during the reporting period, 10,821 (90.6%) received an outreach effort within one business day, 7,233 (60.6%) resulted in a signed release of information (ROI), and 7,003 (58.6%) resulted in a completed substance abuse assessment. Of the 7,003 who had a signed ROI and a completed assessment, 6,341 (90.5%) were found to need substance abuse treatment. Ultimately, of the 11,942 total referrals during this period, 1,274 (10.7%) successfully finished treatment, 1,990 (16.7%) are still in treatment, and 7,024 (58.8%) unsuccessfully closed out of the program. These



completion statistics do not include referrals that may have had errors with their closure reason data, so that it could not be confirmed that the person completed treatment.

The most common level of care clients received was outpatient (66.9%), with an average duration of 140.5 days in treatment, followed by intensive outpatient (29.2%), which had an average duration across recipients of 119.7 days. A total of 3,900 unique clients received substance abuse treatment services and 5,075 received some type of auxiliary and/or concrete service in SFY 2018.

The drugs that were most commonly identified as having been used by participants in the prior 30 days of assessment were methamphetamine/speed (46%), marijuana/hash (45%), and alcohol (30%). A total of 96,262 drug test attempts were reported in SFY 2018, and approximately 60% of drug test referrals resulted in a completed test. Of the tests that were completed, over 70% had a negative result while over a quarter (27.9%) tested positive.

Results show that employment status of clients at referral to the program may be associated with successful completion of AFF. More AFF completers (39.7%) were employed full time at referral than non-completers (27.2%) and fewer AFF completers (43.7%) were unemployed at referral than non-completers (55.8%). By closure, AFF completers were even more likely to be employed full time (44.3%) and even less likely to be unemployed than at referral (31.9%).

This evaluation also examined maltreatment, permanency, and removal outcomes of parents who completed the program compared to those who did not complete the program.

- After program closure, 13.2% of non-completers had a subsequent substantiated DCS report compared to 12.9% of program completers. However, 69.2% of non-completers had no DCS reports after leaving the program compared to 60.7% of completers.
- Six months or more after closing out of the program only 7.4% of individuals with a substantiated finding prior to AFF referral had a subsequent substantiated report.
- Children of parents who completed the AFF program were significantly *more* likely to have achieved permanency (82.1%) compared to 71.0% of children whose parents did not complete the AFF program by the end of SFY 2018 ($\chi^2=338.076$, $p=.000$).
- Children of parents who completed the AFF program were significantly *more* likely to have achieved permanency through reunification with their biological parent(s) (77.7%) compared to 35.8% of children whose parents did not complete the AFF program by the end of SFY 2018 ($\chi^2=2918.866$, $p=.000$).
- The mean number of days of removal was less for AFF program completers (average of 426 days) compared to those who did not complete the program (average of 527 days).



AFF REFERRALS AND CLIENT PARTICIPATION

SFY 2018 ANNUAL REPORT

(July 1, 2017 – June 30, 2018)

Referrals

Out of the 11,942 AFF referrals from DCS/JOBS in this reporting period, 8,293 (69.4%) were SFY 2018 referrals

Referral Outreach Efforts

10,821/11,942 (90.6%) of AFF referrals received an outreach effort within 1 business day

Referrals Accepting Services

7,233/11,942 (60.6%) of AFF Referrals resulted in a signed Release of Information (ROI)

Referrals With Substance Abuse Assessments

7,003/11,942 (58.6%) of AFF referrals resulted in a completed Substance Abuse Assessment

Referrals Identified as Needing Treatment

6,341/7,003 (90.5%) of AFF clients that signed a ROI form and completed a Substance Abuse Assessment were found to need substance abuse treatment

Referral Outcomes*

- 1,274/11,942 (10.7%) of referred clients successfully finished treatment
- 1,990/11,942 (16.7%) of referred clients are still in treatment
- 7,024/11,942 (58.8%) of referred clients unsuccessfully closed out of the program

* These referral outcomes do not include any referrals that had possible errors with closure status reasons.



Introduction

Program Overview

The Need for the AZ Families F.I.R.S.T. Program

A significant social cost related to substance abuse is child maltreatment (Famularo, Kinscherff & Fenton, 1992; Garner et al., 2014; Lloyd & Akin, 2014; Lloyd, Akin & Brook, 2017). According to a recent analysis of 2009-2014 data from the National Surveys on Drug Use and Health, approximately 12.3% of American children age 17 or younger (8.7 million) live in households with one or more parents who had a substance use disorder during the previous year. In addition, these children are at a greater risk of physical or sexual abuse, abandonment, and foster placement (Lloyd & Akin, 2014; Lloyd, Akin & Brook, 2017; Smith, Johnson, Pears, Fisher, & DeGarmo, 2007; Testa & Smith, 2009; Wasserman & Leventhal, 1993). One review found that parental substance use was implicated in 11-14% of investigated cases, 18-24% of substantiated cases, 24-56% of family preservation cases, and 50-79% of foster care cases (Testa & Smith, 2009). Other research has shown that children removed due to any parental drug use remain in foster care for a longer duration than their peers (Lloyd & Akin, 2014).

In Arizona, DCS FY2018 Hotline data shows a total of 48,012 reports were made in FY2018, with 11,898 (24.8%) of them involving a Substance Exposed Newborn (SEN) &/or a Substance Abuse Tracking Characteristic (an indicator in the CHILDS child welfare database system that shows a report is associated with substance abuse). The prevalence of substance abuse in Arizona child welfare -involved families is therefore a significant and serious concern relative to the national prevalence.

Children whose parents are unemployed represent another, related area of concern, as research indicates that substance abuse is often triggered by unemployment (Badel & Greaney, 2013) and unemployment often leads to child neglect (Brown & De Cao, 2017). This population is at risk of involvement with the child welfare system and is a particular concern in Arizona, as Arizona's unemployment rate (5.1%) is higher than the national average (3.8%) (U.S. Census Bureau, 2017).

The AFF program fills a critical need for the state by providing varied treatment options, resources, and tools to help parents in the child welfare system and unemployed TANF clients recover from substance abuse. This annual report reviews the AFF program model, assesses AFF program implementation and program outcomes, and includes recommendations for program improvement.



AFF Program Goals

The AFF program is designed to help clients address substance abuse issues that affect their ability to appropriately care for their children and/or their ability to obtain and maintain employment. In order to reduce or eliminate abuse of, and dependence on, alcohol and other substances, the AFF program offers a variety of treatment and supportive services to:

1. Parents, guardians, or custodians of a child involved in a DCS maltreatment report, whose substance abuse is a significant barrier to maintaining, preserving, or reunifying the family; and
2. Department of Economic Security's (DES) JOBS program clients who receive Temporary Assistance for Needy Families (TANF) cash assistance and whose substance abuse is a significant barrier to obtaining or maintaining steady employment.

The Arizona Revised Statutes 8-881, 8-882, 8-883 and 8-884, which established the AFF program as a partnership between the Department of Health Services (now AHCCCS) and DCS, state that the AFF program goals are to:

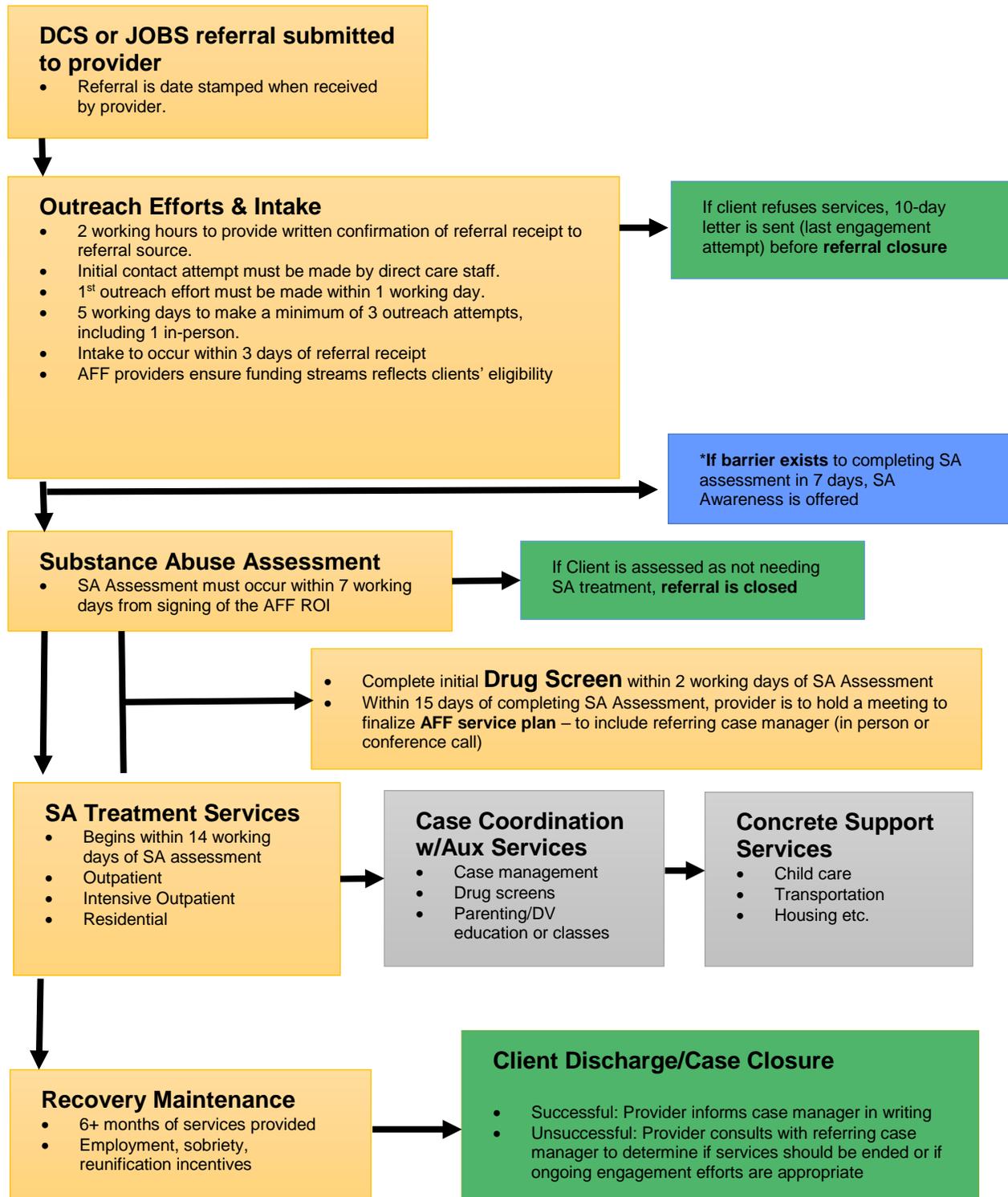
- Increase the availability, timeliness, and accessibility of substance abuse treatment;
- Improve child safety and family stability, and increase the number of children in out-of-home care who achieve permanency, with a preference for reunification with the child's birth family;
- Increase the number of TANF recipients that obtain and maintain employment;
- Promote recovery from alcohol and drug problems;
- Reduce the recurrence of child abuse and/or neglect; and
- Decrease the number of days in foster care per child.

AFF Program Phases

Clients who are referred to the AFF program progress through several program phases as outlined in Exhibit 1.



Exhibit 1. AZ Families F.I.R.S.T. Flow of Services



Current AFF Providers

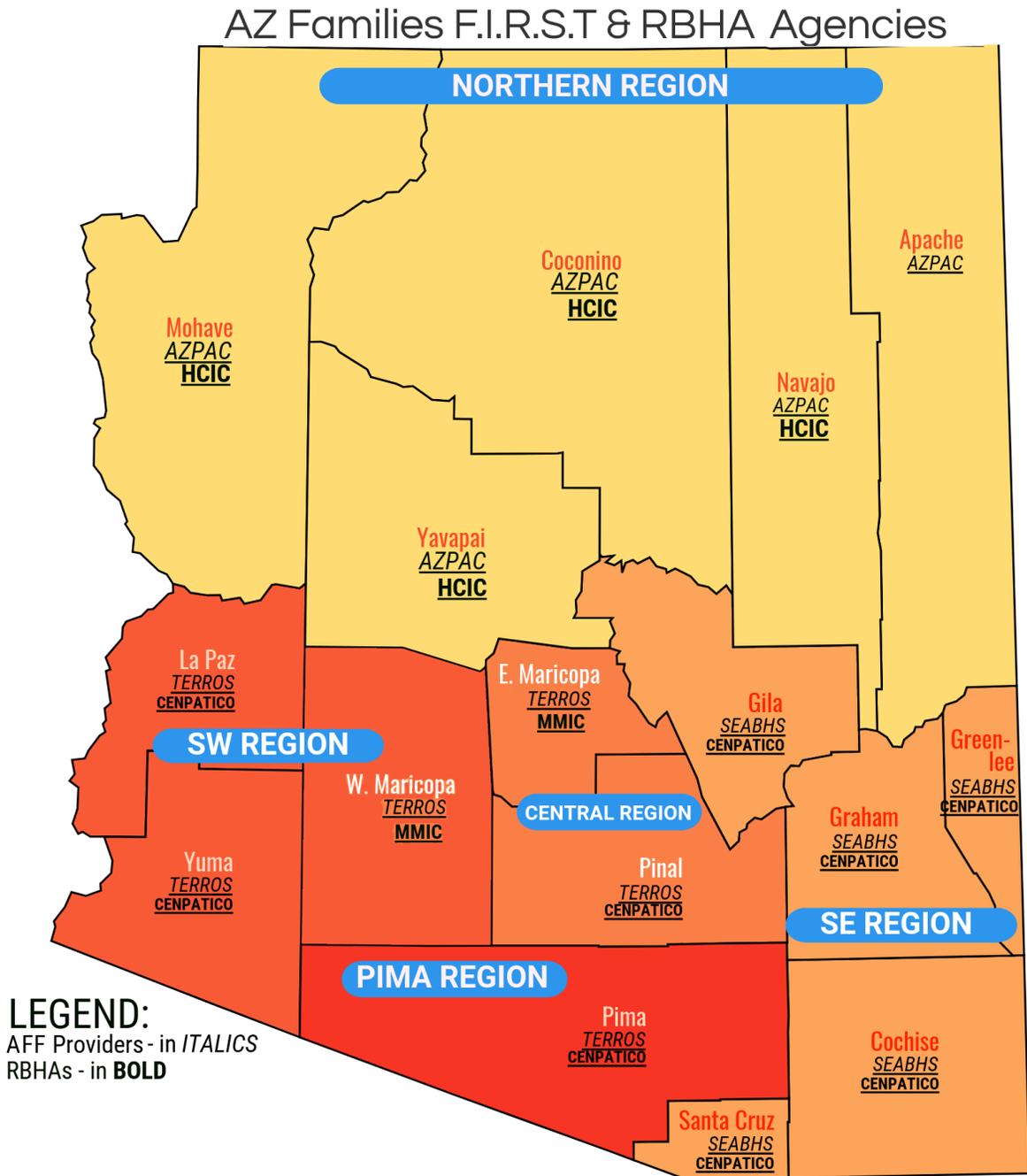
Currently there are five providers contracted to deliver substance use disorder treatment services through the Arizona Families F.I.R.S.T. (AFF) program: Terros Central, Terros Pima, Terros Southwest, Southeastern Arizona Behavioral Health Services (SEABHS) and the Arizona Partnership for Children (AzPAC). Exhibit 2 shows the AFF provider for each DCS region and county, and the associated Regional Behavioral Health Authority (RBHA) in effect during the past state fiscal year. An Arizona map displaying AFF providers, DCS regions, counties and RBHAs follows on the next page (Exhibit 3).

Exhibit 2. SFY 2018 AFF Providers by Region

DCS Region	County	RBHA	AFF Provider
Central	Maricopa East	Mercy Maricopa Integrated Care (MMIC)	Terros Central
	Pinal	Cenpatico	
Pima	Pima	Cenpatico	Terros Pima
Southwest	Maricopa West	Mercy Maricopa Integrated Care (MMIC)	Terros Southwest
	Yuma	Cenpatico	
	La Paz		
Southeast	Gila	Cenpatico	Southeastern Arizona Behavioral Health Services (SEABHS)
	Cochise		
	Graham		
	Greenlee		
	Santa Cruz		
Northern	Apache	Health Choice Integrated Care (HCIC)	Arizona Partnership for Children (AzPaC)
	Coconino		
	Mohave		
	Navajo		
	Yavapai		



Exhibit 3. Map of AFF Providers and RBHAs by County and Region



Funding Sources

Funding for substance abuse treatment for participants in the AFF program comes from various sources including the Department of Child Safety, AHCCCS, private insurance, tribal entities, the Veterans Administration, and Medicare. AFF is the “payer of last resort,” according to the statute, covering any amount not covered by these other organizations. For state costs (outreach/engagement, intake, costs not covered by RBHA, and all costs for non-Title XIX clients), the total amount of program funding for SFY2018 was \$7,785,420 of which \$2,900,000 was DCS funding (State matching funds) with the rest from federal TANF funding. This is in addition to the funding provided by the RBHAs and TRBHAs for Title XIX-eligible clients for treatment and other supportive services.

Report Overview

Arizona Revised Statutes 8-884 requires DCS to receive three quarterly and one annual evaluation of the AFF program.

Quarterly evaluations and reporting are used to: 1) track performance measures by each provider; 2) identify data quality issues mid-term; 3) compare with provider statistics to uncover possible upload/transmission issues; and 4) provide mid-term data as needed (e.g., for the Arizona Legislature, Joint Legislative Budget Committee, DCS Executive Team, mandatory agency reports, etc.). Quarterly reports are also used during quality assurance and technical assistance site visits to review and assess progress on key program activities.

This annual report covers the State Fiscal Year 2018 (July 1, 2017 to June 30, 2018), and includes both process and outcome evaluation components. The Process Evaluation section describes the characteristics of AFF participants, the degree of AFF program participation, and the extent to which AFF providers met AFF timelines. The Outcome Evaluation section examines the program’s impact on subsequent reports of maltreatment, child permanency, reunification, removals from the home, and employment.



Process Evaluation

The process evaluation reports on the program “outputs,” such as numbers of individuals served, participant characteristics, and services received. To provide a picture of those served in SFY 2018, the demographic data presented is based on unique individuals who were referred to AFF in FY2018, as well as those that were referred prior to SFY 2018 but continued to receive services in SFY 2018.

Data Sources

The data used for the process evaluation comes from the AFF Web Portal, a new information management system designed by LeCroy & Milligan Associates in July 2018. The AFF Web Portal allows providers to upload their internal data directly into the portal in a secured format, search for client data in the online portal, and identify and correct errors in the data. Providers are required to upload their data into eight data tables (Referral, Outreach, Client, Level of Care, Service, Drug Test, Past 30-Day Use, and Closure) using specific data file formats that ensure cross-agency consistency and lead to better data integrity.

Data Quality

The new portal allows for the generation of comprehensive data error reports linked with provider unique identifiers that enable the providers to correct identified issues. This method, which required significant new procedures and reporting methods to be developed and implemented in SFY 2018, has already helped to improve data quality. Providers were required to keep data errors to below 10%, and monthly they corrected specific data errors toward this goal.

For SFY2018, a code for “unknown” that providers entered was considered an acceptable response in the error reporting for demographic data. In future years, this “unknown” code will *not* be considered an acceptable value where demographics should be known and documented. This data will be considered missing data (data errors) which providers will be required to correct. In the demographic tables in this report, these “unknowns” are now included as missing data, raising some tables above the goal of less than 10% data errors. This will be improved upon in SFY 2019.

Outcome Evaluation

The overall aim of the outcome evaluation component is to examine the effects of the AFF program at both the child and parent level. The outcome evaluation responds to the required components of the AFF program. This report reviews outcome data of DCS clients who completed treatment and compares with those who did not. Unlike prior year evaluations, this report also includes data on intact families (no children removed) to reflect their outcomes regarding subsequent reports and removals, thus providing a focus on the prevention aspect of the AFF program.



Data Sources

The data on maltreatment reports, child permanency, reunification, and removals from the home was obtained through the CHILDS database, the Department of Child Safety's child welfare case management system. The data on employment outcomes was collected by providers and uploaded into the AFF web portal.

Data Quality

Similar to the process evaluation, comprehensive data error reports, linked with provider unique identifiers that enable the providers to correct identified issues, have led to improved matching of DCS-referred AFF clients to DCS case data. Data monitoring and data quality assurance is ongoing, and providers are required to correct any errors monthly that are apparent based on error reports. Providers are also required to attend monthly data manager meetings to discuss data quality. Additionally, the new portal is continuing to be assessed to ensure that as few errors as possible occur after data is uploaded.

Data Analysis

The AFF Annual Evaluation report presents data both for clients who were referred to AFF in SFY 2018, and clients who were referred to AFF prior and continued to receive AFF services in SFY 2018.

For the Process Evaluation, demographic data were analyzed for all referrals received. The data for each distinct phase of the AFF program flow (Referral, Outreach, Acceptance of Services, Assessment, Drug Test, Services, and Referral Closure) were analyzed in such a way as to provide results that are most informative for program monitoring and improvement. For the Referral, Outreach, Acceptance, and Assessment data, the number and percentage of referrals for new and continuing clients were evaluated. For the Drug Test data, the number and percentage of drug tests that occurred during SFY 2018 were evaluated, as well as the number and percentage of unique individuals who were compliant with their drug tests. For the Service data, the average duration of services for unique individuals in each level of care was evaluated. For the Closure data, the number and percentage of closures that occurred during SFY 2018 were assessed. For the Employment Status at Assessment and Closure section, unique individuals who had an assessment and closure were evaluated.

For the Outcome Evaluation, CHILDS data was used to compare maltreatment report and allegation data prior to referral to the AFF program and data at referral closure for those closed in SFY 2018. CHILDS data was also used to compare the same data components six months after closure for those closed successfully in SFY 2018. The outcome evaluation assessed permanency outcomes for children based on CHILDS data, and includes two chi-squared tests for statistical significance. The AFF Logic Model, which is presented in Appendix A, was taken into account when interpreting the results of both the process and outcome evaluations.



Limitations

Despite great improvements in data quality that were made for the current report, some limitations remain. The accuracy of the results provided rely on the accuracy of the data entered at the provider agency level. The data is collected and documented by many individuals at the provider sites, and error can occur. Further, as described above, missing data remained for some indicators, such as client race and employment. Providers have been able to use “unknown” as an acceptable response for demographic data, when this was actually missing data. While there was not a degree of missing data for any indicator that was likely to seriously compromise the accuracy of the results, this should still be taken into consideration when considering findings. To assist in interpretation, missing data is documented in a separate row in data tables, where applicable.



Process Evaluation Results

Referrals to AFF

Clients are referred to the AFF program by one of the following: 1) a case manager from the Arizona Department of Child Safety (DCS); or 2) a case manager from the TANF/JOBS program operated by the Arizona Department of Economic Security. Individuals can be referred more than once but cannot have more than one open referral at a time. Exhibit 4 shows the number of referrals received in each quarter of SFY 2018.

Exhibit 4. New SFY 2018 Referrals by Quarter

	Q1	Q2	Q3	Q4
	n	n	n	n
Total FY2018 Referrals	1,997	1,923	2,176	2,197

Exhibit 5 provides a graphic illustration of the number of referrals in each quarter of SFY 2018 relative to the number of unique individuals referred in that quarter. Nearly 12,000 referrals were served in SFY 2018 (11,942) including both new and continuing referrals. A total of 3,649 SFY 2016/SFY 2017 referrals continued on into the first quarter of SFY 2018.

Exhibit 5 shows that the number of continuing referrals decreased continuously from Quarter 1 to Quarter 4 as continuing clients either successfully completed the program or dropped out. Almost a third of AFF clients have multiple referrals. Many clients refuse or stop contact somewhere along the way and are often referred back into the program later on.

Exhibit 5. Referrals Compared to Unique* Individuals in Four Quarters of SFY 2018

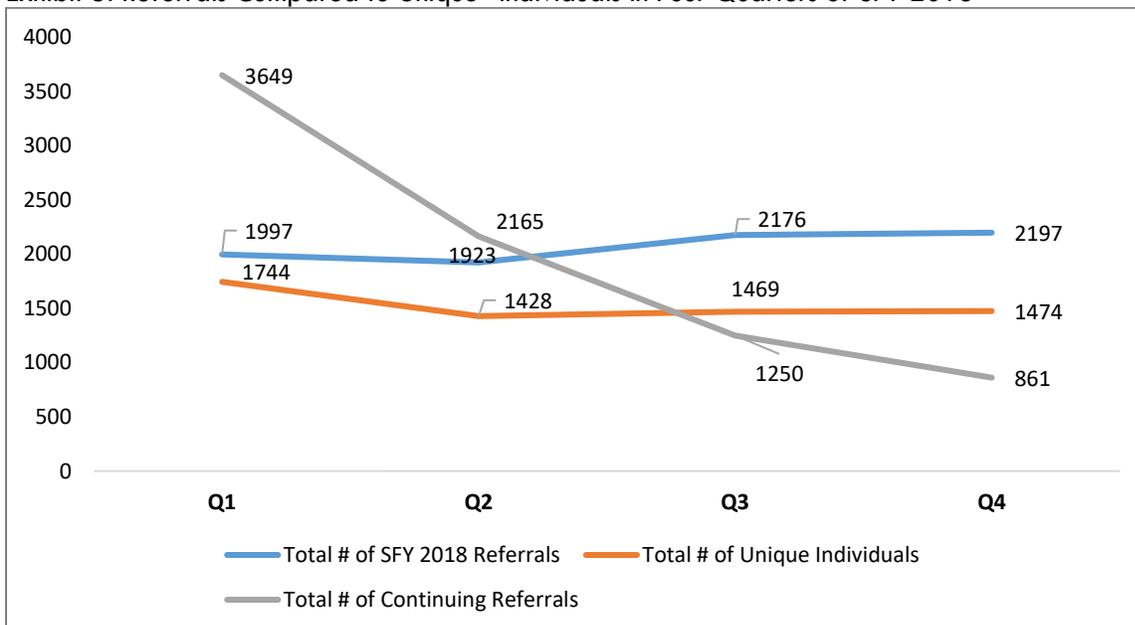


Exhibit 6 below illustrates the referral sources in SFY 2018 and shows DCS is by far the largest referral source. Two clients from the TANF/JOBS Program were served by the AFF program in SFY 2018.

Exhibit 6. New Referral Sources SFY 2018

Referrals		
	n	%
Department of Child Safety	11,938	100%
TANF/JOBS Program	2	0.0%
Missing	2	0.0%
Total Referrals	11,942	100%

Outreach Efforts

Once referred, an AFF provider staff member attempts to reach the referred individual and gauge the individual's willingness to participate in the program. According to the model, the provider's first outreach attempt must occur within one business day of receiving a referral. If initial outreach is unsuccessful, a minimum of three outreach attempts within five business days, one of which must be in person, must be made before outreach efforts by the provider cease. Exhibit 7 illustrates outreach attempts in SFY 2018 and the degree to which they were made according to the model. A total of 90.6% of referrals had a first Outreach attempt within one business day after referral as directed by the model. Exhibit 8 presents the average number of days between referral and first outreach for those who received outreach.

Exhibit 7. AFF Outreach for New and Continuing Clients by Referrals Made, SFY 2018

DES/AFF Provider	SFY2018	
	Total	%
Total referrals in the year	11,942	100.0%
Referrals with at least one Outreach Attempt	11,591	97.1%
Referrals with a first Outreach Attempt within one business day* after referral	10,821	90.6%
Referrals with a first Outreach Attempt greater than one business day but within five business days after referral	509	4.3%
Referrals with a first Outreach Attempt greater than five business days after referral	261	2.2%
Referrals with no Outreach Attempt after referral	351	2.9%

*Excluding Saturdays, Sundays, and state holidays.



Exhibit 8. Average Days between Referral and First Outreach Attempt for New and Continuing Clients, SFY 2018

Average Days Between Referral and First Outreach Attempt*	
Mean	Range
0.9	0-123

* Outreach prior to referral was not included in analyses. 17 referrals with ranges that were extreme outliers (data points that are an abnormal distance from other values) were not included in the analysis.

Intake and Acceptance of Services

After initial contact is made, the potential client is given an intake appointment. During the intake process, providers educate clients about the AFF program and the treatment agency, and providers complete a benefits screening tool to determine the appropriate funding source for services (such as Medicaid (AHCCCS) or private insurance). Acceptance of services is reflected by the client signing a Release of Information (ROI) form, which indicates the client has voluntarily agreed to participate in AFF services. This form also authorizes the AFF provider to gain access to the client’s past clinical records, to schedule and complete a substance abuse assessment, and to collaborate and share information with other Title XIX- and non-Title XIX-contracted substance abuse treatment agencies if needed. Exhibit 9 indicates that 7,233 referrals resulted in acceptance of services, which was a total of 60.6%. Exhibit 10 shows the average number of days between referral and acceptance of services. Exhibit 11 presents the average number of days between first outreach and acceptance of services.

Exhibit 9. Disposition of Total Referrals to the Program for New and Continuing Clients, SFY 2018

	n	%*
Accepted services (signed ROI)	7,233	60.6%
Refused services (no ROI)	3,357	28.1%
Referrals in process at the end of SFY 2018	691	5.8%
Referrals closed before intake	661	5.5%
Total Referrals	11,942	100.0%

*Percentage of total referrals

Exhibit 10. Average Days between Referral and Acceptance Date, SFY 2018

Referral to Acceptance*	
Mean	Range
18.3	0 - 180

*35 cases with ranges that were extreme outliers were not included in the analysis.



Exhibit 11. Average Days between First Outreach and Acceptance Date, SFY 2018

First Outreach Attempt to Acceptance*	
Mean	Range
17.34	0-178

*Outreach dates prior to referral dates were excluded as were 61 referrals with negative Outreach-to- Acceptance Dates. 32 referrals with ranges that were extreme outliers were not included in the analysis.

Client Demographics

The demographic data presented in this section refers to unique AFF clients who were engaged in the AFF program during all or part of SFY 2018. Historically, the demographic data analyzed was based on referrals that were received during the fiscal year, rather than unique individuals with an open referral during the fiscal year. Using the referral level of analysis for the demographics section has meant that individuals who received multiple referrals were counted multiple times in the demographics data, possibly skewing the results. To prevent misrepresentation of AFF participants, in this report, the evaluation team transitioned to analyzing the demographic data based on unique individuals.

Client Age

Exhibit 12 illustrates the age ranges of AFF new and continuing clients and shows that most clients receiving services in SFY 2018 were between 18 and 35 years of age (74.5%). This age range is reflective of the parenting sector of the population. Within this range, the age groups were more evenly distributed across 18 to 24 years (20.0%), 25 to 30 years (32.2%) and 31 to 35 years (22.3%). Exhibit 12 shows that parents under the age of 18 years comprised 0.6% (n=59) of AFF clientele.

Exhibit 12 Age of Client at Referral for New and Continuing Clients, SFY 2018

Total		
Age	n	%
<18	59	0.6%
18-24	1,957	20.0%
25-30	3,146	32.2%
31-35	2,176	22.3%
36-45	1,912	19.6%
46-55	452	4.6%
> 55	72	0.7%
Total	9,774	100%



Client Gender

Exhibit 13 displays the distribution of gender for AFF clients. Three out of every five AFF clients (63.7%) were female.

Exhibit 13. Gender of Client SFY 2018

Total		
Gender*	n	%
Male	3,548	36.3%
Female	6,222	63.7%
Unknown	4	0.0%
Total	9,774	100%

Client Race and Ethnicity

Exhibits 14 displays the distribution of race/ethnicity for newly-referred and continuing AFF clients in SFY 2018. Nearly a quarter (22.8%) of unique individuals reported an ethnicity of Hispanic/Latino and approximately a third of unique individuals reported they were Non-Hispanic White (32.2%).

Exhibit 14. Race/Ethnicity of Client, SFY 2018

Total		
Race	n	%
American Indian/Alaska Native	243	2.5%
Asian	10	0.1%
Black/African American	526	5.4%
Caucasian/White	3,143	32.2%
Native Hawaiian/Pacific Islander	16	0.2%
Other	6	0.1%
More than one race	337	3.4%
Hispanic/Latino	2,232	22.8%
Missing	3,261	33.4%
Total	9,774	100.0%



Client Preferred Language

Exhibit 16 illustrates the distribution of preferred languages at referral for AFF clients served in SFY 2018 and shows that the most preferred language is English across the categories. The next most-commonly preferred language was Spanish (n=170). Other languages included Arabic (n=4), Chinese (n=3), French (n=2), Central Khmer (n=1), Farsi (n=1), German (n=1), Tagalog (n=1), Sign Language (n=1), and (n=3) other languages (not specified). There were no reports of an individual speaking a Native American language as the primary language.

Exhibit 16. Preferred Language of Clients, SFY 2018

Total		
Language*	N	%
English	7,530	77.0%
Spanish	170	1.7%
Other	17	0.2%
Refused	2	0.0%
Missing	2,055	21.0%
Total	9,774	100.0%

Client County of Residence

Exhibit 17 illustrates the county of residence that was reported at referral for those served in SFY 2018. Results indicate that the majority of referrals occurred in Maricopa and Pima counties, 57.9% and 21.9% respectively.

Exhibit 17. Client County of Residence, SFY 2018

Total		
County*	n	%
Apache	25	0.3%
Cochise	162	1.7%
Coconino	121	1.2%
Gila	72	0.7%
Graham	51	0.5%
Greenlee	12	0.1%
La Paz	35	0.4%
Maricopa	5,654	57.9%
Mohave	437	4.5%



Total		
Navajo	82	0.8%
Pima	2,135	21.9%
Pinal	459	4.7%
Santa Cruz	29	0.3%
Yavapai	269	2.8%
Yuma	223	2.3%
Unknown	8	0.0%
Total	9,774	100%

Client Marital Status

Exhibit 18 illustrates the marital status that was reported at initial assessment for those served in SFY 2018 was predominantly single, never married (41.2%).

Exhibit 18. Marital Status of Client at Initial Assessment, SFY 2018

Total		
Marital Status*	n	%
Married	635	9.9%
Single, never married	2,639	41.2%
Widowed	53	0.8%
Domestic Partner/Cohabitation	200	3.1%
Divorced/Separated	540	8.4%
Refused	57	0.9%
Missing	2,277	35.6%
Total # of Clients with Assessment	6,401	100.0%

Client Education Level

Exhibit 19 illustrates the education level that was reported at initial assessment for those served in SFY 2018. Most AFF clients had a high school diploma or GED or higher (59.1%), although nearly a quarter of clients (24.4%) did not.



Exhibit 19. Education Level of Client, SFY 2018

Total		
Education Level	n	%
<1 year of formal education	3	0.0%
1 st -11 th Grade	1,559	24.4%
High School Graduate or GED	2,097	32.8%
Some College, No Degree	1,046	16.3%
Vocational/Technical School	301	4.7%
College AA/BA Degree	328	5.1%
Graduate or Post Graduate Degree	16	0.2%
Missing	1,051	16.4%
Total # of Clients with Assessment	6,401	100.0%

Client Employment Status

Exhibit 20 illustrates the employment status reported at assessment for those served in SFY 2018. The highest proportion of clients (46.9%) reported that they were unemployed at assessment, while 44.3% reported that they were employed, either full time (33.3%) or part time (11.0%).

Exhibit 20. Employment Status of Client at Initial Assessment, SFY 2018

Total		
Employment Status	n	%
Employed Full-Time (30 or more hours per week)	2,131	33.3%
Employed Part-Time (less than 30 hours per week)	705	11.0%
Unemployed	3,000	46.9%
Volunteer	13	0.2%
Vocational Rehabilitation	132	2.1%
Homemaker	70	1.1%
Student	31	0.5%
Retired	7	0.1%
Disabled	56	0.9%
Inmate of Institution	2	0.0%
Work Adjustment Training	93	1.5%
Transitional Employment Placement	3	0.0%
Missing	158	2.5%
Total # of Clients with Assessment	6,401	100.0%



Client Gross Monthly Income

Exhibit 21 illustrates the gross monthly income that was reported at initial assessment where the client was served in SFY 2018. Findings indicate that the mean income level for this population was very low, including 29.9% of individuals assessed reported no monthly income. For comparison, the per capita annual income in Arizona in 2017 was \$29,420, or approximately \$2,452 per month (U.S. Census Bureau, 2017).

Exhibit 21. Client Gross Monthly Income (before taxes) at Initial Assessment, SFY 2018

Average Monthly Income			
N	Median	Mean	Range
4,398	\$300	\$823	\$0-50,000

Self-Reported Domestic Violence

Exhibit 22 illustrates client reports of domestic violence issues in their relationships at initial assessment. Nearly half (47.2%) of the individuals reported domestic violence.

Exhibit 22. Domestic Violence Reported* at Initial Assessment, SFY 2018

Total		
Report of Domestic Violence	n	%
Yes	3,020	47.2%
No	3,246	50.7%
Missing	135	2.1%
Total	6,401	100.0%

* Self-report of domestic violence.

Assessment

After a client accepts services, a substance abuse assessment is conducted to determine if the client needs substance abuse treatment. The assessment must be completed within seven working days of the date of acceptance.¹ Exhibit 23 illustrates the degree to which this model component was met (97.2%). Exhibit 24 illustrates the average number of days between acceptance and assessment. If the assessment determines the individual has no substance abuse treatment need, the AFF referral is closed. Out of the 7,233² referrals where services were accepted, 7,003 (96.8%) were assessed for substance abuse. Exhibit 25 illustrates assessment results for all referrals closed in SFY 2018 and shows that 90.5% of assessments determined the

¹ AFF program policy requires AFF treatment providers to use substance abuse assessments done by other providers or systems if occurring within the six-month period immediately preceding the referral for AFF services. These assessments are not included in the above analyses.

² This total may include duplicated individuals.



individual needed substance abuse treatment. Exhibit 26 illustrates the funding source for assessments documented in Exhibit 23 and shows that more than one-half (59.3%) of the assessments were funded by AHCCCS. The Arizona Department of Child Safety/ Arizona Families F.I.R.S.T. program funded 28.1% of the assessments in SFY 2018.

Exhibit 23. Assessments within 7 Working Days of Acceptance for New and Continuing Clients, SFY 2018

SFY2018	n*	%**
Total Acceptances	7,233	N/A
Assessment within 7 working days of Acceptance**	6,796	94.0%
Assessment greater than 7 working days of Acceptance	198	2.7%

*Does not include assessments that occurred in the 6 months period prior to the AFF referral. 9 referrals with ranges that were extreme outliers were not included in the analysis.

**Percentage of total Acceptances

Exhibit 24. Average Days between Acceptance Date and Assessment, SFY 2018

Acceptance to Assessment*	
Mean	Range
0.6	0-86

*9 referrals with ranges that were extreme outliers were not included in the analysis.

Exhibit 25. Assessment Outcomes - SFY 2018

	n*	%**
Closed referrals assessed as needing substance abuse treatment	5,375	76.4%
Open referrals assessed as needing substance abuse treatment	966	13.7%
Assessed as <u>not</u> needing substance abuse treatment	662	9.4%
Total substance abuse assessments	7,003	100%

*Assessment prior to referral was not included. May include duplicated individuals who were referred and assessed more than once in SFY 2018.

Exhibit 26. Referrals with Assessment by Funding Source for New and Continuing Clients, SFY 2018

	n*	%
DCS/AFF	1,961	28.1%
AHCCCS	4,142	59.3%
Medicare	84	1.2%
Private Insurance	735	10.5%
Tribal Funded	65	0.9%
Veteran	1	0.0%
Missing	6	0.0%
Total Assessments	6,994	100%

*Does not include any assessments occurring prior to the referral date. Nine referrals with ranges that were extreme outliers were not included in the analysis.



Substance Abuse Awareness Services are offered to clients after intake if there is a barrier to completing the substance abuse assessment within seven days. They may also be offered to clients who appear unwilling to commit to treatment, but who are willing to attend groups or individual sessions to consider the effect of substance abuse on their lives. Substance Abuse Awareness sessions include education about the effects of substance use on the brain, behavior, and the family system; the legal implications of substance abuse; and the substance abuse treatment and recovery process (including information on relapse and relapse prevention).

131 Unique Clients received Substance Abuse Awareness services in SFY 2018

Level of Care and Duration of Treatment

Level of Care at Assessment

If the assessment finds an individual needs substance abuse treatment, the proper level of care (LOC) (treatment intensity) is determined. The AFF program requires clients to receive treatment at the least restrictive level possible according to their need. Initially, there are three treatment intensities: Outpatient Services, Intensive Outpatient Services, and Residential Treatment Services (Adult). The AFF program allows for children to accompany their parent or caregiver to residential treatment to keep the family intact.

Exhibit 27 illustrates the frequency with which each level of care was initially assessed for those who received services. Data was deduplicated within levels of care so that each individual is included only once in each category but may be duplicated across levels of care. Where there were duplicated individuals, they were categorized at the highest level of care documented. The most commonly-reported levels of care at initial assessment were Outpatient (66.9%) and Intensive Outpatient (29.2%). The very low rate of the “Residential Treatment-Adult” level of care in Exhibit 29 (0.2%) indicates that it is uncommon for clients to enter a residential treatment facility immediately following initial assessment, as a result of using the least restrictive level of care first. Results also show that the option for children to accompany their parent/caregiver into residential treatment was not used during this fiscal year.



Exhibit 27. Level of Care Identified at Initial Assessment for New and Continuing Referrals Needing and Receiving Substance Abuse Treatment, SFY 2018

Level of Care at Assessment	n*	%
Outpatient	2,639	66.9%
Intensive Outpatient	1,150	29.2%
Residential Treatment – Adult	8	0.2%
Residential Treatment – Child	0	0.0%
Referrals with Negative Level of Care Duration**	146	3.7%
Total	3,943	100.0%

*Four referrals were assessed with Recovery Maintenance as a level of care in error and are not included in analysis

** 146 referrals did not have a level of care date within two weeks of the assessment date, and therefore could not be analyzed.

Level of Care and Duration

Exhibit 28 shows the average duration individuals remained in each level of care. As it is common for individuals to move between levels of care several times during their treatment, Exhibit 28 also presents the average number of days unique individuals remained in each category, as well as the total number reported to have been assigned to each level of care. The length of care was computed by calculating the number of calendar days from the start date of the first level of care assignment to one of three options: 1) start date of the subsequent level of care assignment; 2) date of referral closure; or 3) last day of State Fiscal Year (June 30, 2018) for unique individuals who did not exit from the AFF program in SFY 2018. The unique individuals assigned to outpatient treatment had the highest average number of days in treatment – 140.5 days or slightly over four and a half months. The lowest average duration was reported in residential treatment – Adult at 65.8 days or slightly over two months.

Exhibit 28. Average Duration of Each Level of Care for Unique Clients Receiving Services, SFY 2018

Level(s) of Care	Average number of days in treatment	Range
Outpatient (N=2871)	140.5	1-725
Intensive Outpatient (N=1321)	119.7	1-689
Residential Treatment – Adult (N=29)	65.8	3-296
Residential Treatment – Child (N=0)	0.0	N/A

* Unique individuals may be duplicated across levels of care as it is common for individuals to move between levels of care several times during their treatment. 74 referrals did not have a level of care documented at closure so were not included in these analyses. 14 referrals were also excluded where the analysis produced a negative duration. Lastly, 19 referrals were excluded where level of care dates were duplicated exactly.



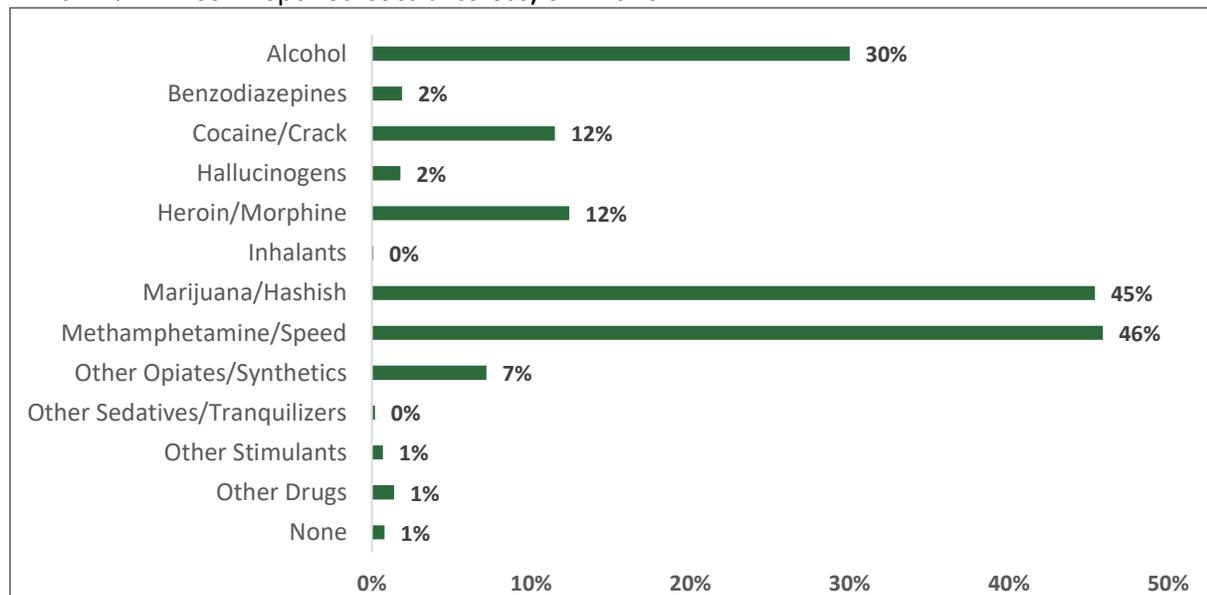
Past 30-Day Substance Use at Assessment

Clients referred to the AFF program who accept services complete a drug/alcohol-screening tool that captures data on their self-reported drug use in the 30 days prior to the substance abuse assessment date. Substance abuse data is collected on 12 categories:

- 1) Alcohol
- 2) Benzodiazepines (CNS depressants)
- 3) Cocaine/Crack (CNS stimulants)
- 4) Hallucinogens
- 5) Heroin/Morphine (opiates/narcotics)
- 6) Inhalants
- 7) Marijuana/Hashish
- 8) Methamphetamine/Speed (CNS stimulants)
- 9) Other Opiates/Synthetics (i.e., an opiate/synthetic drug not represented in the other provided categories)
- 10) Other sedatives/ tranquilizers (CNS depressants) (i.e., a sedative/tranquilizer not represented in the other provided categories)
- 11) Other stimulants (i.e. a stimulant other than methamphetamine/speed or cocaine/crack)
- 12) Other Drugs (i.e., a drug not included in the other categories provided)

Exhibit 29 displays the past 30-day self-reported substance use for clients that received an assessment. For completed substance abuse assessments, the most common substances reported were methamphetamine/speed (45.9%), marijuana/hashish (45.4%), and alcohol (30.0%).

Exhibit 29. AFF Self-Reported Substance Use, SFY 2018*



*Total responses may include: a) reporting more than one substance in the past 30 days at the substance abuse assessment; or b) completing more than one substance abuse assessment in the reporting period.



Treatment and Service Delivery

Receipt of Services

All of the following criteria must be met for a unique individual to be identified as “receiving AFF services”:

- 1) Assessment conducted;
- 2) Level of Care assigned; and
- 3) Attended at least one treatment service for any type of assigned counseling (individual, group, family, couples counseling).

Exhibit 30 illustrates the number of unique individuals who continued receiving AFF services in SFY 2018 after a referral in SFY 2017 (“continuing”), the number of unique individuals who received AFF services in SFY 2018 after one or more referrals in SFY 2018 (“new”), and the number of unique individuals who received AFF services in SFY 2018 both after a referral in SFY 2017 closed and again after one or more referrals in SFY 2018 (“both new and continuing”). A total of 3,900 unique individuals are identified as having received AFF treatment services.

Exhibit 30. AFF Clients Receiving Treatment Services, SFY 2018

State Fiscal Year 2018	n*	%
Total New and Continuing Unique Individuals Receiving AFF Services	3,900	100.0%
New Unique Individuals Served	2,317	59.4%
Continuing Unique Individuals Served	1,212	31.1%
Unique Individuals with Both New and Continuing Referrals Served**	371	9.5%

*“Unique individuals” refers to individuals with an active referral in the AFF program during SFY 2018. For those with more than one referral, referrals were deduplicated for analysis.

**These individuals have at least one continuing referral that was made prior to SFY 2018, their referral closed, and then they received one or more new referral(s) in SFY 2018.

Exhibit 31 breaks down the number of unique individuals who received treatment services in SFY 2018 by types of counseling services provided. Over half of clients in treatment received family counseling (57.8%) and less than half received group counseling (43.1%) and individual counseling (35.8%).



Exhibit 31. AFF Clients Receiving Individual, Group, Family and Couples Counseling in SFY 2018

State Fiscal Year 2018	n	%*
Individual Counseling	1,395	35.8%
Group Counseling	1,679	43.1%
Family Counseling	2,253	57.8%
Couples Counseling	0	0.0%
Total Unique Clients Receiving Treatment Services in SFY 2018**	3,900	100.0%

*Percentage of the total number of unique clients receiving treatment services in SFY 2018.

** Some clients may have received more than one type of counseling service however the total number of unique clients does not include duplicate individuals.

Exhibit 32 shows the number of unique clients that received auxiliary and concrete supportive services in SFY 2018. A total of 5,875 clients received some type of auxiliary or concrete supportive service in the fiscal year. Exhibit 33 displays how many clients received “other” specific concrete supportive services such as transportation assistance during the fiscal year.

Exhibit 32. AFF Clients Receiving Auxiliary and Concrete Supportive Services in SFY 2018

State Fiscal Year 2018	N	%*
Parenting	3,273	55.7%
Job Readiness/Employment	181	3.1%
Mental Health Services	960	16.3%
Medical Services	0	0.0%
Domestic Violence Services	0	0.0%
Crisis Services	121	2.1%
Basic Life Needs	742	12.6%
Other	5,281	89.9%
Total Unique Clients Receiving Auxiliary or Concrete Services in SFY 2018**	5,875	100.0%

*Percent of the total number of unique clients receiving auxiliary or concrete services in SFY 2018.

** Some clients may have received more than one type of auxiliary or concrete service however the total number of unique clients does not include duplicate individuals.



Exhibit 33. AFF Clients Receiving “Other” Concrete Supportive Services (CSS) in SFY 2018

State Fiscal Year 2018	N	%*
CSS- Auto Repair	5	0.1%
CSS- AZ ID	1	0.0%
CSS- Birth Certificate	1	0.0%
CSS- Bus Pass	1561	29.6%
CSS- Furniture	18	0.3%
CSS- Household Items	14	0.3%
CSS- Phone	7	0.1%
CSS- Storage	2	0.0%
CSS- Transportation	70	1.3%
Total Unique Clients Receiving “Other” Auxiliary or Concrete Services in SFY 2018**	5281	100.0%

*Percentage of the total number of unique clients receiving “other” auxiliary or concrete services in SFY 2018.

** Some clients may have received more than one type of “other” auxiliary or concrete service however the total number of unique clients does not include duplicate individuals.

Drug Test Referral Outcomes

As described in Exhibit 1, the AZ Families F.I.R.S.T. Flow of Services, clients are required to complete an initial drug test within two days of their assessment and complete a minimum number of subsequent drug tests according to the schedule shown in Exhibit 34.

Exhibit 34. Drug Testing Schedule

Number of Days Client Has Been Enrolled	Drug Testing Schedule
0-60 Days	2x/Week
61-120 Days	1x/Week
120+ days	1x/Mon



A total of 98,262 drug test attempts were reported in SFY 2018 (Exhibit 35). Nearly 60% of drug test referrals (59.9%) resulted in a completed drug test. In almost 40% of attempts (39.9%), the client failed to appear for the test without a satisfactory reason.

Exhibit 35. Drug Test Attempts, SFY18

	n*	% of drug tests attempted
No call/no show for testing	39,236	39.9%
Client refused	53	0.1%
Cancelled for reason beyond client control	96	0.1%
Drug tests completed of those attempted	58,877	59.9%
Total	98,262	100%

* Includes new and continuing clients. Where more than one drug screen was performed in a single day, duplicates were removed. Where there were different results among the test results from a single day, the result was retained that best reflected the overall result (e.g., where there was a “positive” and a “negative” result on the same day, the “positive” result was retained; where there was a “negative” result and a “no show” result, the “negative” result was retained).

Exhibit 36 illustrates the results of the drug tests completed. Over 70% of drug test results had a “negative” result, indicating no illicit substances were detected. Over a quarter of the completed drug test results (27.9%) detected the presence of substances of abuse.

Exhibit 36. Drug Test Results, SFY18

	n	% of drug tests completed
Positive (one or more substances detected on a single day)	16,447	27.9%
Negative (no substance detected)	42,122	71.5%
Awaiting results	240	0.4%
Altered specimen/sample	4	0.0%
Test indicates allowable substance	64	0.1%
Total	58,877	100%



Drug Test Schedule Compliance

Exhibit 37 illustrates compliance with the drug testing schedule for unique individuals who received AFF services in SFY 2018. The number of required drug tests changes according to the length of time the individual has been receiving services in the AFF program and the degree of progress the client is making.

Compliance is a reflection on both the providers and the clients: providers must order (attempt) the drug tests and clients must comply according to the schedule. A total of 3,161 unique individuals were enrolled in the AFF program 60 days or more during SFY 2018. Clients early in treatment (1-60 and 61-120 days) had the lowest compliance rates (54.8.2% and 56.1% respectively) while those participating in treatment over 120 days had a very high rate of compliance (80.0%).

Exhibit 37. Drug Test Compliance, SFY18

Duration in services	Total Drug Tests	Compliance		Non-Compliance	
	N	n	%	n	%
Up to 60 days ¹	953	522	54.8%	431	45.2%
61-120 days ²	888	498	56.1%	390	43.9%
More than 120 days ³	1,320	1,056	80.0%	264	20.0%

Referral Closure

The data presented in the Referral Closures section includes all new and continuing referrals that closed during SFY 2018, including referrals that did not have an outreach attempt or acceptance of services. A total of 1,654 referrals that had possible errors with their closure status were not included in these analyses. In SFY 2018, AFF referrals stayed open for an average of 147 days.

Overall, 15.4% of referrals that closed in SFY 2018 (1,274) were reported by providers as having successfully completed AFF.

Referral Closure Reasons

Exhibit 38 shows the reported reasons that referrals closed during SFY 2018. During SFY 2018, a total of 8,298 referrals closed. The closure category “Client discontinued without completing services” represents the most commonly reported reason a client’s referral closed in SFY 2018.



Overall, 1,274 referrals (15.4%) were reported by providers as having closed after completing AFF services, either at the conclusion of substance abuse treatment or after recovery maintenance.

Closure reasons *Pre*-AFF services include individuals that were closed because:

- provider was unable to locate the client at outreach;
- the client refused services at initial referral or assessment (e.g., did not sign a Release of Information (ROI) form indicating voluntary agreement to participate in the AFF program);
- provider was unable to locate the client after outreach and before intake;
- the client completed a substance abuse assessment, which indicated no need for substance abuse treatment; or
- the provider was unable to locate the client post-intake.

Closure reasons *Post*-AFF Services include individuals that were closed because:

- client discontinued without completing services;
- client completed AFF at the conclusion of substance abuse treatment; or
- client completed AFF at the conclusion of recovery maintenance

The following closure reasons can be relevant for clients in either group: Pre- and Post-AFF Services:

- client referral was closed because the client was incarcerated by the criminal justice system (for more than 30 days);
- client died; or
- client moved out of the area where they were to receive AFF services.



Exhibit 38. Case Closure Reasons, SFY18

Reason	n*	%
Total cases closed*	8,298	100.0%
No SA problem identified	709	8.5%
Refused services at initial referral or assessment	286	3.4%
Unable to locate for initial outreach	1,531	18.5%
Unable to locate for intake	1,532	18.5%
Unable to locate (Post- intake)	661	8.0%
Client discontinued without completing services	2,032	24.5%
Moved out of area	92	1.1%
Incarcerated	116	1.4%
Death	12	0.1%
Completed AFF at the conclusion of Substance Abuse Treatment	1,169	14.1%
Completed AFF at the conclusion of Recovery Maintenance	105	1.3%
No closure reason reported	53	0.6%

* A total of 1,654 closures were not included due to errors in case closure reason reporting.

Level of Care at Closure

AFF program policy requires AFF providers to document levels of care changes for AFF clients throughout the course of their treatment. At closure, available levels of care are the same levels as those available at assessment, with the addition of Recovery Maintenance/ Aftercare. Levels of care include:

- 1) Outpatient
- 2) Intensive Outpatient
- 3) Residential Treatment-Adult
- 4) Residential Treatment-Child
- 5) Recovery Maintenance/ Aftercare

Exhibit 39 displays the levels of care at the time of closure for referrals closing in SFY 2018 and reflects the unique individuals who received AFF services in SFY 2018 and whose referral closed during SFY 2018 (N=2,326). The frequencies may include duplicated individuals. Outpatient (57.9%) and Intensive Outpatient (27.5%) are the more commonly-reported levels of care among individuals who received AFF services and closed in SFY 2018.



Exhibit 39. AFF Level of Care at Closure, SFY 2018*

Level of Care	n	%
Outpatient	1,554	57.9%
Intensive Outpatient	738	27.5%
Residential Treatment – Adult	6	0.2%
Residential Treatment – Child	0	0.0%
Recovery Maintenance	292**	10.9%
Unknown	28	1.0%
Total closed unique individuals who received AFF services in SFY18 and closed in SFY18	2,326	100.0%
Total number of referrals closed in SFY18	8,298	N/A

*A total of 53 closures with no reason reported by providers were not included in this analysis. In addition, a total of 1,654 closures were not included due to errors in case closure reason reporting.

**This statistic represents the number of referrals that *closed* in FY18 with a *Recovery Maintenance* level of care, whereas the statistic in the text box below represents the *total* number of clients who were enrolled in Recovery Maintenance during FY18.

As the text box on the next page illustrates, a small percentage of clients received Recovery Maintenance in SFY 2018. The average duration of Recovery Maintenance enrollment in SFY 2018 was approximately four months. In addition, providers documented that some AFF clients received AFF Incentives during the fiscal year.

- **511 clients were enrolled in the Recovery Maintenance level of care in SFY 2018. This represents 4.0% of all clients served in SFY 2018.**
- **Clients' enrollment in the Recovery Maintenance level of care ranged from 2 to 460 days, with an average of 121.3 days**
- **14 clients received Employment Incentives
19 clients received Reunification Incentives
35 clients received Sobriety Incentives**



Employment Status at Intake and Closure

Employment status was collected at assessment and at discharge/closure (if available) for 4,026 individuals with closures in SFY 2018. Exhibit 40 shows employment status at intake and at discharge for individuals who successfully completed the AFF program and those who exited the AFF program before completion during SFY 2018. Where individuals had more than one referral with closure, only the last instance was included in the analysis. Individuals with a closure reason of “Not in Need of Substance Abuse Treatment” were excluded.

Exhibit 40 suggests that employment status at referral may be associated with successful completion of AFF. More AFF completers were employed full time at referral than non-completers (39.7% and 27.2% respectively) and fewer AFF completers were unemployed at referral than non-completers (43.7% and 55.8% respectively). By closure, AFF completers were even more likely to be employed full time (44.3%) and even less likely to be unemployed than at referral (31.9%). Non-completers were slightly less likely to be employed full time at closure (23.0%) and less likely to be unemployed at closure (45.0%) than they had been at referral. Part-time employment rates were similar for AFF completers and non-completers at referral (11.1% and 12.0%, respectively), while AFF completers were slightly more likely than non-completers to be employed part time at closure (12.3% and 9.8%, respectively). Additionally, the number of disabled individuals increased between referral and closure for both completers (from 1.6% to 2.4%) and non-completers (from 0.7% to 1.8%), indicating that these AFF clients were perhaps approved for Social Security benefits monthly income through AFF Case Management assistance and perhaps more economically stable.



Exhibit 40. Employment Status Distribution at Intake and Closure for Those with a Referral Closed in SFY 2018**

	Assessment Employment Status (Program Completers)		Assessment Employment Status (Program Non-Completers)		Closure Employment Status (Program Completers)		Closure Employment Status (Program Non-Completers)	
	n	%	N	%	n	%	n	%
Employed Full-Time	572	39.7%	683	27.2%	642	44.3%	583	23.0%
Employed Part-Time	160	11.1%	301	12.0%	178	12.3%	249	9.8%
Unemployed	629	43.7%	1401	55.8%	462	31.9%	1141	45.0%
Volunteer	1	0.1%	5	0.2%	2	0.1%	5	0.2%
Vocational Rehabilitation	20	1.4%	35	1.4%	9	0.6%	27	1.1%
Homemaker	12	0.8%	18	0.7%	53	3.7%	59	2.3%
Student	8	0.6%	8	0.3%	19	1.3%	17	0.7%
Retired	3	0.2%	0	0.0%	0	0.0%	2	0.1%
Disabled	23	1.6%	17	0.7%	35	2.4%	46	1.8%
Inmate of Institution	0	0.0%	2	0.1%	4	0.3%	14	0.6%
Work Adjustment Training	11	0.8%	42	1.7%	0	0.0%	6	0.2%
Transitional Employment Placement	0	0.0%	1	0.0%	3	0.2%	4	0.2%
Unknown*	N/A	N/A	N/A	N/A	43	3.0%	381	15.0%
Total	1,439	100%	2,513	100%	1,450	100%	2,534	100%

*Unknown was not a valid response option at intake; everyone was supposed to have an employment status code in order to start the program. However, 74 cases (1.8% of total intakes) were missing employment status codes and were not included above.

**Employment status data is not always available at closure for referrals that do not close with successful AFF completion. In addition to the cases with unknown employment status codes at closure included above, 42 cases (1.0% of total closures) were missing employment data and excluded from the analysis.



Outcome Evaluation Results

To explore the impact of the AFF program results on the rate of subsequent maltreatment reports and substantiations, the evaluation team analyzed CHILDS historical maltreatment report data for all unique individuals who were referred to the AFF program between July 1, 2014 and June 30, 2018, and subsequently closed during SFY2018. The evaluation team first provided DCS CHILDS staff with a list of all clients referred to the AFF program by DCS during this time period (N = 22,741 unique individuals). These clients were then matched to the data in the CHILDS database to identify the maltreatment report findings associated with each individual just prior to the AFF referral, during AFF services, and after AFF services closed, for those with at least one record in the CHILDS database. A total of nine individuals from the AFF portal could not be matched in the CHILDS database despite data cleaning efforts, resulting in N=22,732 of unique individuals referred to the AFF program who also had CHILDS data and were included in the outcome analysis.

Maltreatment Outcomes for Completers and Non-Completers

The results were then divided between those that completed AFF services (completers) and those that did not (non-completers). As mentioned earlier, a unique individual may receive multiple referrals to the AFF program, so individuals with a referral that had not closed by June 30, 2018, (regardless of having a previous referral that *had* closed), were not included in the maltreatment outcomes analysis. For example, an individual who received a referral on June 1, 2015, and closed on October 30, 2015, and then had a second referral on September 1, 2017, which did not close by June 30, 2018, would not be included in the analysis.

The evaluation team then reviewed the 22,732 unique individuals' AFF data to determine their closure reasons. A total of 4,744 unique individuals had a closure reason of "Completed AFF at conclusion of Substance Abuse Treatment" or "Completed AFF at conclusion of Recovery Maintenance." A total of 15,319 unique individuals had a closure reason that did not indicate successful completion of the AFF program. A total of 2,669 unique individuals closed from the program with the determination of "Does Not Need Substance Abuse Treatment," which were excluded from the analyses that follow. When a unique individual had multiple maltreatment reports resulting in different maltreatment findings on or before the AFF referral date, the highest finding level ("Substantiated" being the highest level and "No Report" being the lowest level) was reported in the Pre-Referral section. For example, if a unique individual had three maltreatment reports prior to being referred to AFF that resulted in two unsubstantiated findings and one substantiated finding, this individual was included in the "Substantiated" row (i.e., the highest level) in the Pre-Referral section. In situations where a unique individual had multiple maltreatment reports that resulted in different maltreatment findings *after* the AFF referral date, the highest finding level was also reported in the Post-Referral Section. Subsequent maltreatment reports received up to the date of data extraction were included in this analysis.



Exhibits 41 and 42 categorize pre-referral and post-referral maltreatment findings into five groups: “Substantiated,” “Proposed,” “No Report,” “Unable to Locate,” and “Unsubstantiated.” The “Substantiated” category includes unique individuals who received finalized maltreatment findings of:

- 1) Substantiated; and
- 2) Substantiated Dependency Adjudication.

The “Proposed” category includes unique individuals who received pending maltreatment findings of:

- 1) Proposed Substantiated - Perpetrator Deceased;
- 2) Proposed Substantiated Pending Dependency Adjudication;
- 3) Proposed Substantiated;
- 4) Proposed Substantiated - Perpetrator Unknown;
- 5) Request Proposed Substantiated; and
- 6) Request Proposed Substantiated Pending Dependency Adjudication.

Exhibit 41 shows that of those who successfully completed the AFF program (n=4,744), either at the conclusion of Substance Abuse Treatment or Recovery Maintenance, 78.2% (n=3,711) had one or more reports with a “Substantiated” finding prior to receiving a referral to the AFF program. Of the 3,711 individuals with a prior substantiated report, 59.3% (n=2,199) had no subsequent DCS reports, 24.4% (n=904) had an unsubstantiated report, 13.4% (n=498) had a substantiated report and 2.0% (n=76) had a proposed report after completing the program. The “No Report” category includes data on AFF-referred unique individuals who were not specifically named as an alleged perpetrator in a report of abuse, neglect, or maltreatment to the Department of Child Safety. “Unable to Locate” describes situations in which the child victim could not be located to complete an investigation of abuse, neglect, or maltreatment. “Unsubstantiated” describes when the information gathered during the investigation does not support that an incident of abuse or neglect occurred based upon a probable cause standard, as stated in the glossary of the DCS policy manual.

Exhibit 41 displays the maltreatment outcomes for the 4,744 Completers of the AFF program, either at the conclusion of Substance Abuse Treatment or Recovery Maintenance. Those who “Did Not Need Substance Abuse Treatment” were excluded. After completing the AFF program, 60.7% (n=2,877) received no subsequent report of child maltreatment; 23.4% (n=1108) received a subsequent report that was unsubstantiated; 12.9% (n=616) received a subsequent substantiated report; and 2.2% (n=104) were proposed for substantiation. A low percentage, 0.8% (n=39), were cases where the child victim could not be located to complete an investigation of abuse, neglect, or maltreatment.



Exhibit 41. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Those Who Completed the AFF Program, SFY18

	Post-Referral Finding										Total	
	Substantiated		Proposed		Unsubstantiated		No Report		Unable to Locate			
Pre-Referral Findings	n	%	n	%	n	%	n	%	n	%	n	%
Substantiated (N=3711) (78.2% of 4,744 individuals)	498	13.4%	76	2.0%	904	24.4%	2199	59.3%	34	0.9%	3711	100%
Proposed(N=72) (1.5% of 4,744 individuals)	6	8.3%	2	2.8%	8	11.1%	56	77.8%	0	0.0%	72	100%
Unsubstantiated (N=696) (14.7% of 4,744 individuals)	79	11.4%	20	2.9%	174	25.0%	419	60.2%	4	0.6%	696	100%
No Report (N=263) 5.5% of 4,744 individuals)	33	12.5%	5	1.9%	22	8.4%	202	76.8%	1	0.4%	263	100%
Unable to Locate (N=2) (0.0% of 4,744 individuals)	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	2	100%
Pre-Referral Total (N=4,744) (100% of 4,744 Unique Individuals)	616	12.9%	104	2.2%	1108	23.4%	2877	60.7%	39	0.8%	4,744	100%

*Post-referral data includes the maltreatment reports made after the unique individual was referred to the AFF program and includes reports made while the unique individual was receiving AFF services, those made after AFF services closed, or as of 6/30/2018.

**Pre-referral data includes all maltreatment reports identified prior to the unique individual receiving a referral to the AFF program.



Exhibit 42 illustrates findings for the 15,319 unique individuals who were referred to the AFF program and exited the AFF program before successful program completion during SFY 2018. The individuals who did not complete the AFF program closed for one of the following reasons:

- 1) At the time of referral or assessment, the client refused to take part in AFF services.
- 2) The client was incarcerated by the criminal justice system for more than 30 days.
- 3) The client died.
- 4) The client moved out of the area where they were to receive AFF services.
- 5) Providers were unable to locate the client at outreach.
- 6) Providers were unable to locate the client at intake.
- 7) Providers were unable to locate the client post-intake.
- 8) The client discontinued without completing services.

Comparing outcomes of substantiated reports by program completion or not, a slightly greater percentage of Non-completers' subsequent reports were substantiated (13.2%, n=2,017) compared to Completers (12.9%, n=611) and a higher percentage of Non-completers had a report that was proposed to be substantiated (2.6%, n=405) compared to Completers (2.2%, n=104). However, a higher percentage of Non-completers (69.2%, n=10,595) had no DCS reports after leaving the program compared to Completers (60.7%, n=2,877).



Exhibit 42. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Those Who Did Not Complete the AFF Program, SFY18

	Post-Referral Finding										Total	
	Substantiated		Proposed		Unsubstantiated		No Report		Unable to Locate			
Pre-Referral Findings	n	%	n	%	n	%	n	%	n	%	n	%
Substantiated (N=11,478) (74.9% of 15,319 individuals)	1,614	14.1%	323	2.8%	1,553	13.5%	7,912	68.9%	76	0.7%	11,478	100%
Proposed(N=237) (1.5% of 15,319 individuals)	8	3.4%	9	3.8%	18	7.6%	200	84.4%	2	0.8%	237	100%
Unsubstantiated (N=2,442) (15.9% of 15,319 individuals)	280	11.5%	51	2.1%	513	21.0%	1,583	64.8%	15	0.6%	2,442	100%
No Report (N=1,152) (7.5% of 15,319 individuals)	112	9.7%	22	1.9%	116	10.1%	895	77.7%	7	0.6%	1,152	100%
Unable to Locate (N=10) (0.1% of 15,319 individuals)	3	30.0%	0	0.0%	2	20.0%	5	50.0%	0	0.0%	10	100%
Pre-Referral Total (N=15,319) (100% of 15,319 Unique Individuals)	2,017	13.2%	405	2.6%	2,202	14.4%	10,595	69.2%	100	0.7%	15,319	100%



Maltreatment Findings: AFF Teen Parents

A sub-analysis was conducted for the 254 teen parents referred to the AFF program. Exhibit 43 shows that a total of 18.9% (n=48) completed the program while 81.1% (206) did not. Prior to referral to the AFF program, 66.7% (n=32) of teen parents had a substantiated report, 29.2% (n=14) had an unsubstantiated report, and 4.2% (n=2) had no report prior to AFF referral. After completing the AFF program, 18.8% (n=9) received a substantiated maltreatment report (of which n=8 had a prior substantiated report), 2.1% (n=1) had a proposed report, 22.9% (n=11) had an unsubstantiated report, and 56.3% (n=27) had no report post program completion. These findings should be interpreted with caution due to the low number of teens who participated in AFF and completed the program.

Exhibit 43. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Teen Parents Who Completed the AFF Program, SFY18

	Post-Referral Finding								Total	
	Substantiated		Proposed		Unsubstantiated		No Report			
Pre-Referral Findings	n	%	n	%	n	%	n	%	n	%
Substantiated (N=32) (66.7% of 48 individuals)	8	25.0%	1	3.1%	9	28.1%	14	43.8%	32	100%
Unsubstantiated (N=14) (29.2% of 48 individuals)	1	7.1%	0	0.0%	1	7.1%	12	85.7%	14	100%
No Report (N=2) 4.2% of 48 individuals)	0	0.0%	0	0.0%	1	50.0%	1	50.0%	2	100%
Pre-Referral Total (N=48) (100% of 48 Unique Individuals)	9	18.8%	1	2.1%	11	22.9%	27	56.3%	48	100%

Looking at teen parents who did not complete the AFF program, prior to referral to the AFF program, Exhibit 44 shows that 70.4% (n=145) had a substantiated report, 1.0% (n=2) had a proposed report, 21.8% (n=45) had an unsubstantiated report, and 6.8% (n=14) had no report prior to AFF referral. After exiting the AFF program without successful completion, 14.1% (n=29) received a substantiated maltreatment report (of which n=21 had a prior substantiated report), 2.4% (n=5) had a proposed report, 12.1% (n=25) had an unsubstantiated report, 68.9% (n=142) had no report, and 2.4% (n=5) had a report where the child victim could not be located. These findings should be interpreted with caution due to the low number of teens who participated in AFF and did not complete the program.



Exhibit 44. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Teen Parents Who *did not* Complete the AFF Program, SFY18

	Post-Referral Finding										Total	
	Substantiated		Proposed		Unsubstantiated		No Report		Unable to Locate			
Pre-Referral Findings	n	%	n	%	n	%	n	%	n	%	n	%
Substantiated (N=145) (70.4% of 206 individuals)	21	14.5%	4	2.8%	19	13.1%	97	66.9%	4	2.8%	145	100%
Proposed (N=2) (1.0% of 206 individuals)	0	0.0%	0	0.0%	0	0.0%	2	100%	0	0.0%	2	100%
Unsubstantiated (N=45) (21.8% of 206 individuals)	5	11.1%	0	0.0%	6	13.3%	33	73.3%	1	2.2%	45	100%
No Report (N=14) 6.8% of 206 individuals)	3	21.4%	1	0.0%	0	0.0%	10	71.4%	0	0.0%	14	100%
Pre-Referral Total (N=206) (100% of 206 individuals)	29	14.1%	5	2.4%	25	12.1%	142	68.9%	5	2.4%	206	100%

Maltreatment Findings Six Months or More after Successful AFF Program Completion

To examine the number of individuals who successfully completed the AFF program and had maltreatment findings six months or more after program completion, the evaluation team analyzed unique individuals who were referred after July 1, 2014, and who closed by December 31, 2017.

Individuals with a referral that had not been closed by December 31, 2017 (regardless of having a previous referral that *had* closed) were not included in this analysis. For example, an individual who received a referral on June 1, 2015, and closed on October 30, 2015, but then had a second referral on September 1, 2016, that did *not* close by December 31, 2017, would not be included in this section. Individuals who had a closure reason of “Completed AFF at conclusion of Substance Abuse Treatment,” “Completed AFF at conclusion of Recovery Maintenance” or “Did Not Need Substance Abuse Treatment” were included in the analysis. A total of 2,797 unique individuals met these criteria and were matched with information in the Department of Child Safety’s CHILDS database.



Similar to the previous section, when a unique individual had multiple maltreatment allegations that resulted in different maltreatment findings on or before the AFF referral date, the highest finding level (“Substantiated” being the highest level and “No Report” being the lowest level) was reported in the Pre-Referral section. In situations where a unique individual had multiple maltreatment reports that resulted in different maltreatment findings after the AFF referral date, the highest finding level was also reported in the Post-Referral Section. As with the previous maltreatment outcome analysis, the 6+-month maltreatment outcome analysis used the categories of “Substantiated,” “Proposed,” “Unsubstantiated,” “No Report,” and “Unable to Locate.”

Of the total of 2,797 individuals who successfully completed the AFF program by December 31, 2017, 77.3% (n=2,163) had one or more reports with a “Substantiated” finding prior to AFF referral. Exhibit 45 indicates that among the 2,163 individuals with a “Substantiated” report prior to the AFF program, 71.8% (n=1,552) had no reports to DCS six months or more after closing from the AFF program and 17.9% (n=339) had an “Unsubstantiated” maltreatment report six months or more after closing out of the program. Only 7.4% (n=159) of individuals with a “Substantiated” finding prior to AFF referral had a subsequent “Substantiated” report six months or more after closing out of the program.



Exhibit 45. Maltreatment Findings: Maltreatment Findings 6 Months or More after Successful AFF Program Completion (SFY18)

	Post-Referral Finding										Total	
	Substantiated		Proposed		Unsubstantiated		No Report		Unable to Locate			
Pre-Referral Findings	n	%	n	%	n	%	n	%	n	%	n	%
Substantiated (N=2,163) (77.3% of 2,797 individuals)	159	7.4%	38	1.8%	388	17.9%	1552	71.8%	26	1.2%	2,163	100%
Proposed (N=36) (1.3% of 2,797 individuals)	0	0.0%	0	0.0%	2	5.6%	34	94.4%	0	0%	36	100%
Unsubstantiated (N=426) (15.2% of 2,797 individuals)	23	5.4%	8	1.9%	75	17.6%	317	74.4%	3	0.7%	426	100%
No Report (N=171) 6.1% of 2,797 individuals)	12	7.0%	4	2.3%	9	5.3%	145	84.8%	1	0.6%	171	100%
Unable to Locate (N=1) (0.0% of 2,797 individuals)	0	0.0%	0	0.0%	0	0.0%	1	100%	0	0.0%	1	100%
Pre-Referral Finding (N=2,797) (100% of 2,797 individuals)	194	6.9%	50	1.8%	474	16.9%	2049	73.3%	30	1.1%	2,797	100%



Maltreatment Findings: Other Pertinent Information

Exhibit 46 displays the numbers and percentages of child maltreatment findings from reports received before and after the AFF referral for all unique individuals who participated in the AFF program between July 1, 2014, and June 30, 2018 regardless of their closure status (N=26,025). Approximately a third (29.5%, n=7,678) of these individuals received one or more additional reports of child maltreatment after being referred to the AFF program. Over a third (37.3%, n=2,864) of individuals who received a subsequent report after their AFF case was closed were re-referred to the AFF program.

Exhibit 46. Number of Child Maltreatment Reports Before and After AFF Referral, SFY18

Total		
State Fiscal Year 2018 Report Count	n	%
Individuals with one or more (≥ 1) reports of child maltreatment at the time of referral to the AFF Program (N=26,025)	24,481	94.1%
Individuals with one or more (≥ 1) Substantiated Reports of child maltreatment at the time of referral to the AFF Program (N=26,025)	19,511	74.9%
Individuals with one or more (≥ 1) Unsubstantiated Reports of child maltreatment at the time of referral to the AFF Program (N=26,025)	4,324	17.7%
Individuals with one or more (≥ 1) subsequent reports of child maltreatment after the AFF referral date (N=26,025)	7,678	29.5%
Individuals with one or more (≥ 1) subsequent reports of child maltreatment after AFF case closure who received a subsequent referral to the AFF Program (N=7,678)	2,864	37.3%

Permanency Outcomes

Achieving permanency means that a child who has been removed from the home has been able to obtain a permanent living situation, either by being reunified with a parent, by becoming the subject of a guardianship, or by being adopted. A child who has been removed from the home who has not achieved permanency would be either: 1) still under DCS custody or 2) in “non-permanency” status. “Non-Permanency” refers to children who either: 1) are living with other relatives; 2) ran away; 3) transferred to another agency; 4) died; or 5) left DCS custody on their 18th birthday.

The Permanency Outcome section presents data on the children of individuals who were referred to the AFF program on or after July 1, 2014, and who closed by June 30, 2018. Similar to the Maltreatment Outcomes section, an individual with a referral that had not been closed by June 30, 2018, regardless of having a previous referral that *had* closed, was not counted in this section.



The evaluator provided the DCS CHILDS staff a list of 22,741 unique individuals referred to the AFF program between July 1, 2014, and June 30, 2018, and these individuals were matched to the data in the CHILDS database to identify permanency data on the children of these clients. A total of nine individuals from the AFF portal could not be matched in the CHILDS database despite data cleaning efforts, resulting in N=22,732 of unique individuals referred to the AFF program who also had CHILDS data and were included in the outcome analysis. A total of 43,197 children in the CHILDS database were matched to these unique individuals and are included in the discussion of the permanency data. The 4,744 unique individuals who had a closure reason of “Completed AFF at conclusion of Substance Abuse Treatment” or “Completed AFF at conclusion of Recovery Maintenance,” were coded as “Completers” and were the parents of 12,143 children. The 15,319 unique individuals who had a closure reason that did not indicate successful completion of the AFF program were coded as “Non-Completers” and were the parents of 31,054 children. Of the 43,197 children of parents in the program, 41.9% (n=18,112) were not removed from their home and 58.1% (n=25,085) were removed from their home. The permanency status of children the 25,085 children removed from their home was compared by Completers and Non-Completers, and the results are presented in Exhibit 47.

Children of parents who completed the AFF program were significantly *more* likely to have achieved permanency (82.1%, n=6,069) compared to children of parents who did not complete the AFF program (71.0%, n=12,567) by the end of SFY 2018 ($\chi^2=338.076$, p=.000). In addition, children of parents who completed AFF were significantly *less* likely to still be in care of DCS (15.5%, n=1,145) compared to children of parents who did not complete AFF, of whom 25.4% (n=4,496) remained in DCS care by the end of SFY 2018.

Exhibit 47. Permanency Status of Children of AFF Clients (2014 to 2018)

	Completed AFF Program		Did Not Complete AFF Program		Total	
	n	%	n	%	N	%
Still in Care	1,145	15.5%	4,496	25.4%	5,641	22.5%
Permanency	6,069	82.1%	12,567	71.0%	18,636	74.3%
Non-Permanency	175	2.4%	633	3.6%	808	3.2%
Total	7,389	100%	17,696	100%	25,085	100%

($\chi^2=338.076$, p=.000)

Exhibit 48 breaks down the outcomes for children who were in out-of-home care and achieved permanency. Children of parents who completed the AFF program were significantly *more* likely to have achieved permanency through reunification with their biological parent(s) (77.7%, n=4,717) compared to children of parents who did not complete the AFF program (35.8%, n=4,495) by the end of SFY 2018 ($\chi^2=2918.866$, p=.000). Subsequently, children of parents who completed AFF were significantly *less* likely to achieve permanency through adoption (by a relative, foster parent, or non-relative) (17.5%, n=1,065) or guardianship (by a relative, foster



parent, or non-relative) (4.7%, n=287) compared to children of parents who did not complete AFF, of whom 55.9% (n=7,030) achieved permanency through adoptions and 8.3% achieved permanency through guardianship (n=1,042).

Exhibit 48. Children in Out of Home Care: AFF Program Completion and Permanency Outcomes (2014-2018)

	Completed AFF Program		Did Not Complete AFF Program		Total	
	n	%	n	%	N	%
Reunification	4,717	77.7%	4,495	35.8%	9,212	49.4%
Guardianship	287	4.7%	1,042	8.3%	1,329	7.1%
Adoption	1065	17.5%	7,030	55.9%	8,095	43.4%
Total	6,069	100%	12,567	100%	18,636	100%

($\chi^2=2918.866$, $p=.000$)

Removal Outcomes

Similar to the previous outcome sections, the removal outcomes represent children of individuals who were referred to the AFF program on or after July 1, 2014, and who closed by June 30, 2018. An individual with a referral that had not been closed by June 30, 2018, regardless of having a previous referral that had closed, was not counted in this section.

In Exhibit 49, the evaluation team calculated the percentage of children of AFF-referred parents who remained in the home (i.e., were never removed before, during or after an open AFF referral). Close to half of children of AFF-referred parents were never removed (41.9%, n=18,112).

Exhibit 49. Removal Rates of Children of AFF-Referred Parents, SFY18

	Total	
	N	%
Remained In-Home	18,112	41.9%
Removed	25,085	58.1%
Total	43,197	100.0%



In addition, the evaluation team analyzed children of AFF-referred parents to determine the percentage of children removed during open AFF referral(s), removed after AFF closure, removed during *and* after open AFF referral(s), and *only* before open AFF referral(s), and the mean number of days of the removal. All of the removals for each child who had at least one removal were included in the analysis. The data below shows when removal start dates occurred in relation to open AFF referrals and does not specify where removal end dates fell in relation to open AFF referrals. Exhibit 50 shows the percentage of children *only* removed prior to their parent’s AFF referral(s) varied little between Completers (71.2%, n=5,261) and Non-Completers (72.8%, n=12,876). Across categories, the mean number of days of removal was less for Completers (average of 426 days) than Non-Completers (average of 527 days).

Exhibit 50. Number of Children of AFF-Referred Parents Removed Before, During, After, or During and After Open AFF Referral(s), SFY18

	Completed AFF Program			Did Not Complete AFF Program			Total		
	<i>n</i>	%	Mean number of days of removal*	<i>n</i>	%	Mean number of days of removal*	<i>N</i>	%	Mean number of days of removal*
Only removed before any AFF referral	5,261	71.2%	460	12,876	72.8%	566	18,137	72.3%	533
Removed during open AFF referrals	869	11.8%	330	1,937	10.9%	451	2,806	11.2%	408
Removed after AFF closure	921	12.5%	350	2,355	13.3%	374	3,276	13.1%	367
Removed during AFF and after AFF closure	338	4.6%	314	528	3.0%	395	866	3.5%	361
Total	7,389	100%	426	17,695	100%	527	25,085	100%	495

* Children who were still in care were not included in the analyses, as the duration of their removal was unknown at the time of analysis.



Conclusions

Conclusions

Arizona Families F.I.R.S.T. mainly addresses substance abuse among child welfare-involved families in which allegations of child maltreatment are associated with parental substance abuse. Nearly all potential participants are referred by DCS, although referrals can also come from DES for individuals receiving TANF for whom a substance abuse problem is a barrier to employment.

In State Fiscal Year 2018, most individuals who received an assessment through the AFF program were found to need substance abuse treatment. While many clients did ultimately complete services, a large percentage discontinued without completing services. High attrition rates are the norm in substance abuse treatment (Allen & Olson, 2016). This suggests that there is room for improving AFF program completion rates and a need to improve client engagement in treatment and remove barriers to participation. However, the findings from this evaluation report show positive outcomes related to child safety, permanency, and well-being.



References

- Allen, R. S., & Olson, B. D. (2016). Predicting attrition in the treatment of substance use disorders. *International Journal of Mental Health and Addiction*, 14(5), 728-742.
- Badel & Greaney (2013). Exploring the link between drug use and job status in the U.S. *Regional Economist*, July 2013; Henkel (2011). Unemployment and substance abuse: A review of the literature (190-2010). *Current Drug Abuse Review*, 4(1).
- Boden, Joseph M., Jungeun Olivia Lee, L. John Horwood, Carolina Villamil Grest, and Geraldine FH McLeod. Modeling possible causality in the associations between unemployment, cannabis use, and alcohol misuse. *Social Science & Medicine*, 175 (2017): 127-134.
- Brown, D. & De Cao, E. (2017). The Impact of Unemployment on Child Maltreatment in the United States (No. 2018-04). Institute for Social and Economic Research.
- Famularo, R., Kinscherff, R., & Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. *Child Abuse & Neglect*, 16(4), 475-483.
- Garner, B. R., Hunter, B. D., Smith, D. C., Smith, J. E., & Godley, M. D. (2014). The relationship between child maltreatment and substance abuse treatment outcomes among emerging adults and adolescents. *Child Maltreatment*, 19, 261-269. doi:10.1177/1077559514547264.
- Lloyd, M. H. & Akin, B. A. (2014). The disparate impact of alcohol, methamphetamine, and other drugs on family reunification. *Children and Youth Services Review*, 44, 72-81.
- Smith, D., Johnson, A., Pears, K., Fisher, P., & DeGarmo, D. (2007). Child maltreatment and foster care: Unpacking the effects of prenatal and postnatal parental substance use. *Child Maltreatment*, 12(2), 150-160.
- Testa, M. F., & Smith. (2009). Prevention and drug treatment. *The Future of Children*, 19(2), 147-168.
- U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Selected Characteristics of the Total and Native Populations in The United States (2017). Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S0601&prodType=table (2-14-19)
- Wasserman, D., & Leventhal, J. (1993). Maltreatment of children born to cocaine-dependent mothers. *American Journal of Diseases of Children*, 147(12), 1324-1328.



Appendix A – AFF Logic Model

Exhibit 03

LONG TERM OUTCOMES

- SAFETY**-Increase the number of children who are protected from abuse and neglect
- PERMANENCY**-Increase the number of children who have permanency and stability in their living situation and improve the continuity of family relationships and connections to children
- WELL-BEING**-Improve the family's capacity to provide for their children's needs
- RECOVERY**-Adults will maintain a substance free lifestyle and increase their resiliency
- EMPLOYMENT**-Increase self-sufficiency through employment



- ESSENTIAL ELEMENTS**
- Service Coordination
 - Child & Family Treatment and education
 - Culturally Appropriate and Faith-based Services

PROGRAM COMPONENTS								
<u>Referral/Outreach/Engagement</u>	<u>Benefits screening/pre-screen/funding coordination</u>	<u>Substance Abuse Assessment and Service Planning</u>	<u>Substance Abuse Awareness Services</u>	<u>Substance Abuse Treatment with Continuous Service Coordination</u>	<u>Case Coordination with Auxiliary Services</u>	<u>Concrete Support Services</u>	<u>Psychiatric Services</u>	<u>Recovery Maintenance</u>
OBJECTIVES	OBJECTIVES	OBJECTIVES	OBJECTIVES	OBJECTIVES	OBJECTIVES	OBJECTIVES	OBJECTIVES	OBJECTIVES
Maintain engagement throughout life of case.	Coordinate services and funding streams across systems to maximize the use of limited resources.	Develop service plans that promote sobriety and child safety.	Promote awareness of the effects of substance abuse on the individual and family.	Promote family engagement to support sobriety and well being of the entire family	a. Insure seamless service delivery. b. Coordinate family engagement in individualized life skill services	Provide access to resources, which aid in recovery, to meet the family's basic needs.	Provide resources to treat co-occurring disorders.	Increase client's access to natural family and community supports for continuing sobriety.
STRATEGIES	STRATEGIES	STRATEGIES	STRATEGIES	STRATEGIES	STRATEGIES	STRATEGIES	STRATEGIES	STRATEGIES
a. Accept and respond to all referrals received from CPS and Jobs b. Use a variety of creative methods to engage and maintain engagement of clients in services	Assist all referred clients with establishing and maintaining eligibility with any other potential funding source through collaborative relationships with key stakeholders.	a. Comprehensive assessments that identifies the clients' unique needs b. Individual service plan that incorporates identified needs, is family-centered; culturally relevant; and addresses CPS-identified safety and risk issues	a. Educate clients and family members on the effects of alcohol and other substances b. Prepare and motivate clients for entering into treatment c. Encourage collaborative relationships between the client and referring source	a. Use evidence-based or evidence-informed interventions in all levels of substance abuse treatment b. Coordinate service delivery among substance abuse providers and the referral source	a. Regular client contact consistent with needs b. Continually assess need for additional services. c. Drug screening plans consistent with best practice. d. Collaboration with team members	a. Provide concrete services, which are intended to aid in recovery, to engaged clients	a. Psychiatric evaluation, psychotropic medications, and medication monitoring when indicated	a. Provide regular recovery check-ups to the client per their identified needs b. Assist in resolving personal and environmental obstacles to recovery c. Provider relapse prevention services



Exhibit 03

LONG TERM OUTCOMES

SAFETY-Increase the number of children who are protected from abuse and neglect
PERMANENCY-Increase the number of children who have permanency and stability in their living situation and improve the continuity of family relationships and connections to children
WELL-BEING-Improve the family's capacity to provide for their children's needs
RECOVERY-Adults will maintain a substance free lifestyle and increase their resiliency
EMPLOYMENT-Increase self-sufficiency through employment



- ESSENTIAL ELEMENTS**
- Service Coordination
 - Child & Family Treatment and education
 - Culturally Appropriate and Faith-based Services

<u>Referral/Outreach/Engagement</u>	<u>Benefits screening/pre-screen/funding coordination</u>	<u>Substance Abuse Assessment and Service Planning</u>	<u>Substance Abuse Awareness Services</u>	<u>Substance Abuse Treatment with Continuous Service Coordination</u>	<u>Case Coordination with Auxiliary Services</u>	<u>Concrete Support Services</u>	<u>Psychiatric Services</u>	<u>Recovery Maintenance</u>
PROGRAM EVALUATION MEASUREMENTS								
- referrals -outreach in 24 hrs -referral to outreach -services accepted - assessment -treatment complete	- maximize federal and other funds -ratio of T19 eligible clients -benefits screening tools	service plans: -documented behavioral changes -specific and -measurable tasks -individualized -driven by assessment process	-participation in s/a awareness activities -participant satisfaction surveys -enters into treatment	-reported abstinence -pre/post test results -drug testing -sobriety vs. national data -children reunified -employment -community support groups participation -levels of service	-case coordination - needs identified from referral source and assessment addressed in the case coordination. -monthly case plan reviews	-receipt of concrete services -type of concrete services provided	-clients needing psychiatric services as identified in the assessment, who received the needed service	-clients completing treatment receive recovery maintenance -involvement in outside supports -available family and community supports to continue sobriety -incentives

