

Arizona Families F.I.R.S.T. Program Annual Evaluation Report State Fiscal Year 2019 July 1, 2018 - June 30, 2019 November 2019



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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

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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.

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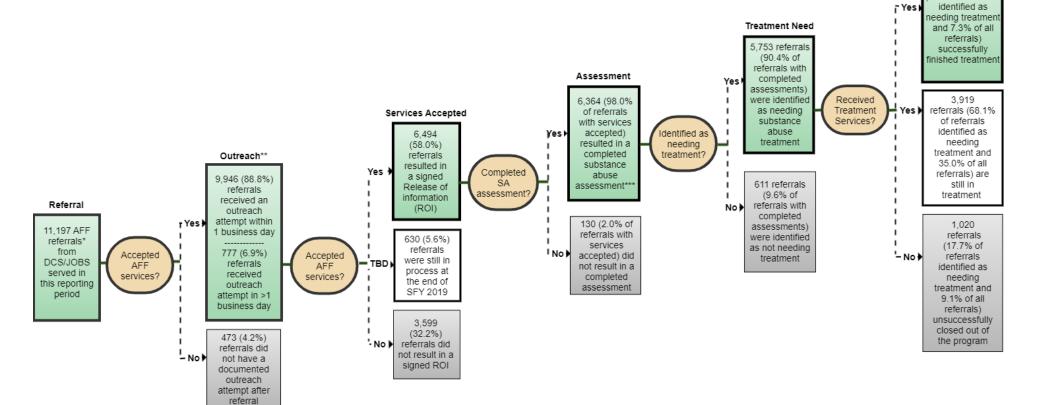


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Arizona Families F.I.R.S.T. (AFF) Referrals and Client Participation SFY 2019 Annual Report

(July 1, 2018 - June 30, 2019)



*8,346 (74.5%) of AFF referrals from DCS/JOBS served in this reporting period had referral dates during SFY 2019.

2,851 (25.5%) of referrals from DCS/JOBS served in this reporting period had referral dates prior to SFY 2019.

**1 referral only had outreach attempts that preceded the referral date.

***109 (1.7%) of these referrals had an assessment date that came before the referral date.



Outcomes

814 referrals 14.1% of referrals

Introduction

Program Overview

The Need for the AZ Families F.I.R.S.T. (AFF) 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).

In Arizona, the Department of Child Safety's (DCS) FY2019 Hotline data shows a total of 47,046 reports were made in FY2019, with 12,753 (27.1%) of them involving a Substance Exposed Newborn (SEN) &/or a Substance Abuse Tracking Characteristic (an indicator in DCS' 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 reason for DCS involvement with families.

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 Temporary Aid to Needy Families' (TANF) clients recover from substance use disorder. 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 use 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 8-882, 8-883 and 8-884, which established the AFF program as a partnership between the Department of Health Services (now the Arizona Health Care Cost Containment System - AHCCCS) and DCS, state that the AFF program goals are to:

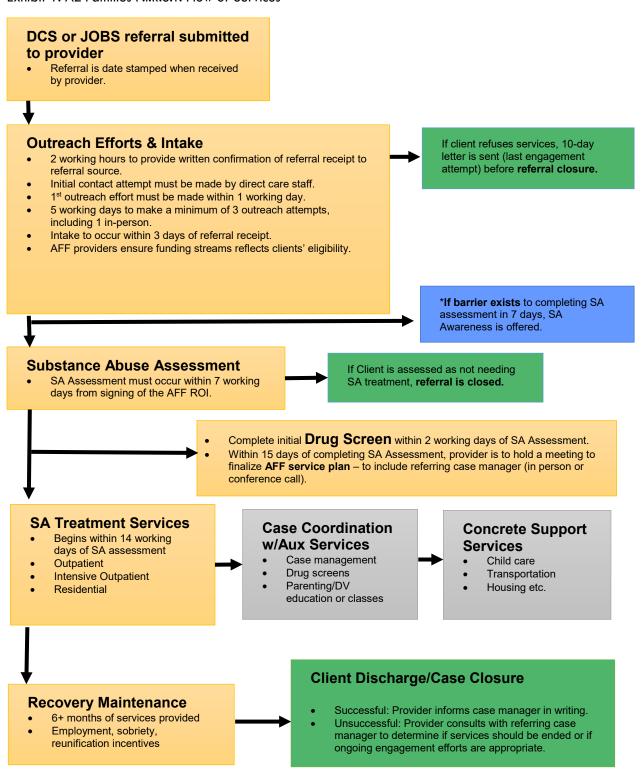
- Increase the availability, timeliness, and accessibility of substance abuse treatment;
- Improve child safety and family stability, and increase the number of children in out-ofhome care who achieve permanency, with a preference for reunification with the child's birth family;
- Increase the number 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



AFF Providers

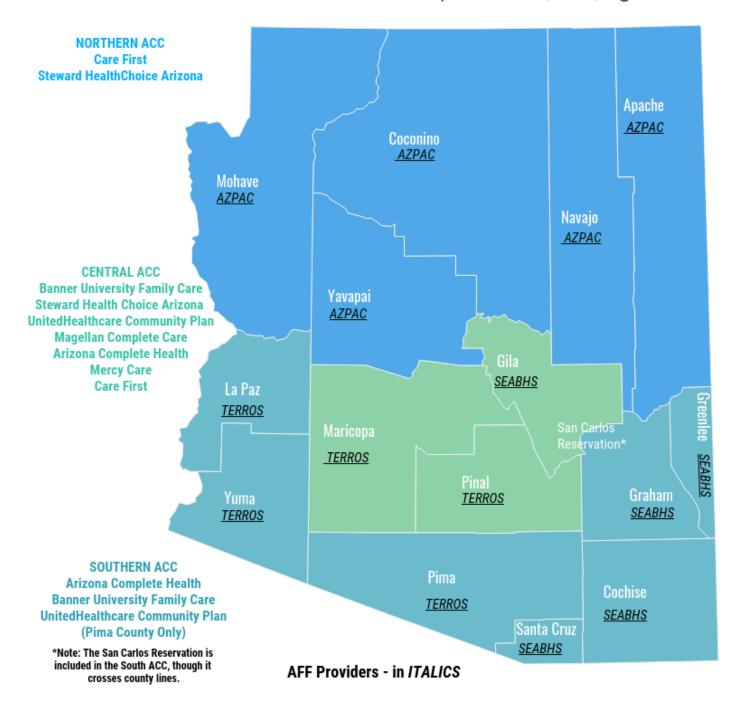
During FY2019, there were five providers contracted to deliver substance use disorder treatment services through the Arizona Families F.I.R.S.T. (AFF) program: Terros Health - Central, Terros Health - Pima, Terros Health - Southwest, Southeastern Arizona Behavioral Health Services (SEABHS) and the Arizona Partnership for Children (AzPAC). Exhibit 2 shows the AFF provider for each county, and the associated Medicaid health plan in each region. On October 1, 2018, Arizona's Medicaid program (AHCCCS) launched a new integrated system called AHCCCS Complete Care (ACC). Individuals on AHCCCS with a Serious Mental Illness (SMI) continued to receive care through their Regional Behavioral Health Authority (RBHA), while all other members transitioned to one of the ACC health plans. An Arizona map displaying AFF providers, counties, and ACCs follows on the next page (Exhibit 3).

Exhibit 2. SFY 2019 AFF Providers by Region

County	FF Providers by Region ACC	AFF Provider
Apache		
Coconino	NORTHERN REGION	
Mohave	Care First Steward Health	Arizona Partnership for Children (AzPaC)
Navajo	Choice Arizona	
Yavapai		
Gila	CENTRAL REGION Banner University Family Care	Terros Health (TERROS)
Maricopa	Steward Health Choice Arizona United Healthcare Community Plan Magellan Complete Care	Terros Health (TERROS)
Pinal	Arizona Complete Health Mercy Care Care First	Southeastern Arizona Behavioral Health Services (SEABHS)
La Paz		
Yuma		Terros Health (TERROS)
Pima		
Santa Cruz	SOUTHERN REGION	
Cochise	Arizona Complete Health Banner University Family Care United Healthcare Community Plan	
Greenlee		Southeastern Arizona Behavioral Health
Graham		Services (SEABHS)
San Carlos Reservation		



AZ Families F.I.R.S.T & AHCCCS Complete Care (ACC) Agencies





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 a RBHA or an ACC health plan, and all costs for non-Title XIX clients), the total amount of program funding for SFY2019 was \$7,013,220 of which \$944,320 was DCS funding (State matching funds) with the rest from federal TANF funding. This is in addition to the funding provided by the ACC health plans, 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; and 3) 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 2019 (July 1, 2018 to June 30, 2019), 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, and removals from the home. Despite great improvements in data quality that were made for the current report, some limitations remain. Information about the methods used for both the process and outcome evaluations and the limitations of the findings are included in Appendix A.



Process Evaluation Results

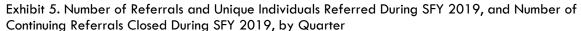
Referrals to AFF

Clients are referred to the AFF program by one of the following: 1) a Child Safety Specialist 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 2019.

Exhibit 4. New SFY 2019 Referrals by Quarter

	Q1	Q2	Q3	Q4
	n	n	n	n
Total SFY 2019 Referrals	2,174	1,960	2,085	2,127

Exhibit 5 shows the number of referrals and unique individuals referred during the four quarters of SFY 2019. Exhibit 5 also shows continuing referrals that opened prior to SFY 2019, remained open for part of SFY 2019, and closed during SFY 2019. By the end of SFY 2019, a total of 514 continuing referrals were still open; these referrals are not included in the exhibit below.



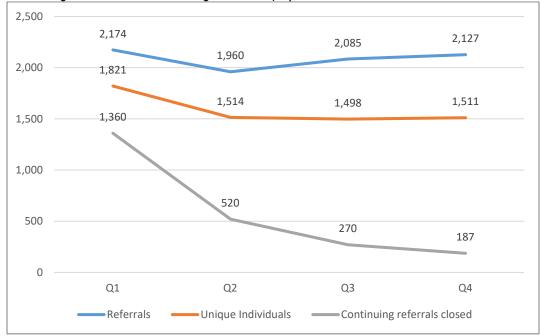


Exhibit 6 illustrates the referral sources in SFY 2019 and shows DCS is by far the largest referral source.

Exhibit 6. New Referral Sources SFY 2019

	Referrals		
Referral Source	n	%	
Department of Child Safety	11,117	99.2%	
TANF/JOBS Program	28	0.3%	
Missing	52	0.5%	
Total Referrals	11,197	100%	

Outreach Efforts

Once referred, an AFF provider staff member attempts to reach the referred individual, educate the client about the AFF program and the treatment agency, 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 2019 and the degree to which they were made according to the model, and 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 Served, SFY 2019

SFY 2019		2019
	Total	%
Total referrals served during SFY 2019	11,197	100%
Referrals with at least one Outreach Attempt	10,724*	95.8%
Referrals with a first Outreach Attempt within one business day** after referral	9,946	88.8%
Referrals with a first Outreach Attempt greater than one business day but within five business days after referral	598	5.3%
Referrals with a first Outreach Attempt greater than five business days after referral	179	1.6%
Referrals with no documented Outreach Attempt after referral	473	4.2%

^{*}One referral only had outreach dates that preceded the referral date.



^{**}Excluding Saturdays, Sundays, and state holidays.

Exhibit 8. Average Days between Referral and First Outreach Attempt for New and Continuing Clients, SFY 2019

Average Days Between Referral and First Outreach Attempt*

0.8

Intake and Acceptance of Services

After initial contact is made, the potential client is given an intake appointment. During the intake process, 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 illustrates the total number of referrals that resulted in acceptance of services. 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 Served for New and Continuing Clients, SFY 2019

	n	% *
Accepted services (signed ROI)	6,494	58.0%
Refused services (no ROI)	3,599	32.2%
Referrals in process at the end of SFY 2019	630	5.6%
Referrals closed before intake	474	4.2%
Total Referrals	11,197	100%

^{*}Percentage of total referrals

Exhibit 10. Average Days between Referral and Acceptance Date, SFY 2019

Average Days Between Referral and Acceptance*
20.1

^{*} Referrals with durations above the 99th percentile were not included in the analysis, so as not to skew the average.



^{*}Outreach prior to referral was not included in analyses. Referrals with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

Exhibit 11. Average Days between First Outreach and Acceptance Date, SFY 2019

Average Days Between First Outreach Attempt
and Acceptance*
19.1

^{*}Referrals with outreach dates prior to referral dates were excluded as were 2 referrals with negative outreach-to acceptance dates. In addition, referrals with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

Client Demographics

The demographic data presented in this section refers to unique, new and continuing AFF clients who were engaged in the AFF program during all or part of SFY 2019 and who received an assessment.

Client Age

Exhibit 12 illustrates the age ranges of AFF clients served in SFY 2019 who had an assessment. Most clients were between 18 and 45 years of age (94.6%). This age range is reflective of the parenting sector of the population.

Exhibit 12 Age of Client at Referral, SFY 2019

	Total		
Age	n	%	
<18	28	0.5%	
18-24	1,196	19.7%	
25-30	1,929	31.8%	
31-35	1,426	23.5%	
36-45	1,187	19.6%	
46-55	244	4.0%	
> 55	54	0.9%	
Total	6,064	100%	



Client Gender

Exhibit 13 displays the distribution of gender for AFF clients served in SFY 2019 who had an assessment.

Exhibit 13. Gender of Client SFY 2019

	Total		
Gender*	N	%	
Male	2,063	34.0%	
Female	4,000	66.0%	
Missing	1	0.0%	
Total	6,064	100%	

Client Race and Ethnicity

Exhibits 14 displays the distribution of race/ethnicity for AFF clients served in SFY 2019 who had an assessment.

Exhibit 14. Race/Ethnicity of Client, SFY 2019

	Total	
Race	N	%
Hispanic/Latino	2,055	33.9%
American Indian/Alaska Native	207	3.4%
Asian	22	0.4%
Black/African American	495	8.2%
Caucasian/White	2,964	48.9%
Native Hawaiian/Pacific Islander	10	0.2%
More than one race	300	4.9%
Missing	11	0.2%
Total	6,064	100%

Client County of Residence

Exhibit 15 illustrates the county of residence for all clients served in SFY 2019 who had an assessment.

Exhibit 15. Client County of Residence, SFY 2019

	Total		
County*	n	%	
Apache	13	0.2%	
Cochise	91	1.5%	
Coconino	32	0.5%	
Gila	24	0.4%	
Graham	22	0.4%	
Greenlee	3	0.0%	
La Paz	13	0.2%	
Maricopa	3,840	63.3%	
Mohave	241	4.0%	
Navajo	55	0.9%	
Pima	960	15.8%	
Pinal	408	6.7%	
Santa Cruz	22	0.4%	
Yavapai	190	3.1%	
Yuma	150	2.5%	
Total	6,064	100%	

Client Education Level

Exhibit 16 illustrates the education level that was reported at assessment for clients served in SFY 2019.

Exhibit 16. Education Level of Client at Initial Assessment, SFY 2019

	Total	
Education Level	n	%
<1 year of formal education	1	0.0%
1st -11th Grade	1,063	17.5%
High School Graduate or GED	2,950	48.6%
Some College, No Degree	1,153	19.0%
Vocational/Technical School	349	5.8%
College AA/BA Degree	245	4.0%
Graduate or Post Graduate Degree	26	0.4%
Missing	277	4.6%
Total # of Clients with Assessment	6,064	100%

Client Employment Status

Exhibit 17 illustrates the employment status reported at assessment for clients served in SFY 2019.

Exhibit 17. Employment Status of Client at Initial Assessment, SFY 2019

	Total	
Employment Status	n	%
Employed Full-Time (30 or more hours per week)	2,326	38.4%
Employed Part-Time (less than 30 hours per week)	651	10.7%
Unemployed	2,244	37.0%
Volunteer	9	0.2%
Vocational Rehabilitation	580	9.6%
Homemaker	75	1.2%
Student	50	0.8%
Retired	7	0.1%
Disabled	57	0.9%
Inmate of Institution	1	0.0%
Work Adjustment Training	36	0.6%
Transitional Employment Placement	0	0.0%
Missing	28	0.5%
Total # of Clients with Assessment	6,064	100%



Self-Reported Domestic Violence

Exhibit 18 illustrates client reports of domestic violence issues in their relationships at assessment. Nearly half (43.7%) of the individuals reported domestic violence.

Exhibit 18. Domestic Violence Reported* at Initial Assessment, SFY 2019

	Total	
Report of Domestic Violence	n	%
Yes	2,650	43.7%
No	3,396	56%
Missing	18	0.3%
Total	6,064	100%

^{*} 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 19 illustrates the degree to which this model component was met for all referrals in which the client accepted services during the fiscal year. Exhibit 20 illustrates the average number of days between acceptance and assessment. If the assessment determines there is not a substance abuse treatment need, the AFF referral is closed. Exhibit 21 illustrates assessment results and Exhibit 22 illustrates the funding source for assessments documented in Exhibit 19.

In SFY 2019, a total of 6,364 referrals (98.0% of referrals with an acceptance date) received an assessment.

Exhibit 19. Disposition of Total Acceptances, SFY 2019

SFY2019	n	% *
Assessment within 7 working days of Acceptance	6,026	92.8%
Assessment greater than 7 working days of Acceptance	229	3.5%
Not Assessed	130	2.0%
Assessment preceding Referral Date and/or Acceptance Date	109	1.7%
Total Acceptances	6,494	100%

^{*}Percent of total Acceptances

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.



Exhibit 20. Average Days between Acceptance Date and Assessment, SFY 2019

Average Days Between Acceptance and Assessment*

Exhibit 21. Assessment Outcomes as of August 30, 2019 for clients served during SFY 2019

	n	%
Closed referrals assessed as needing substance abuse treatment	4,082	64.1%
Open referrals assessed as needing substance abuse treatment	1,671	26.3%
Assessed as <u>not</u> needing substance abuse treatment	611	9.6%
Total substance abuse assessments	6,364	100%

Exhibit 22. Referrals with Assessment by Funding Source for New and Continuing Clients, SFY 2019

	n	%
DCS/AFF	2,487	39.1%
AHCCCS	3,631	57.1%
Medicare	40	0.6%
Private Insurance	137	2.2%
Tribal Funded	57	0.9%
Veteran	0	0.0%
Missing	12	0.2%
Total Assessments	6,364	100%

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

80 Unique Clients received Substance Abuse Awareness services in SFY 2019

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).



^{*109} referrals were excluded from this analysis because their assessment preceded their referral date and/or acceptance date. Referrals with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

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 23 illustrates the frequency with which each level of care was initially assessed for those who received services.

Exhibit 23. Level of Care Identified at Initial Assessment for Referrals Served in SFY 2019 that Received Treatment Services

Level of Care at Assessment	n*	%
Outpatient	1,825	66.0%
Intensive Outpatient	873	31.6%
Residential Treatment – Adult	4	0.1%
Residential Treatment – Child with Adult	0	0.0%
Referrals without Level of Care at Assessment**	64	2.3%
Total	2,766	100%

^{*20} referrals were assessed with Recovery Maintenance as a level of care in error and are not included in analysis

Level of Care and Duration

Exhibit 24 shows the average duration individuals remained in each level of care as well as the total number reported to have been assigned to each level of care. It is common for individuals to move between levels of care several times during their treatment.



^{** 64} referrals did not have a level of care date within two weeks of the assessment date, and therefore could not be analyzed.

Exhibit 24. Average Duration of Each Level of Care for Unique Clients Receiving Services, SFY 2019*

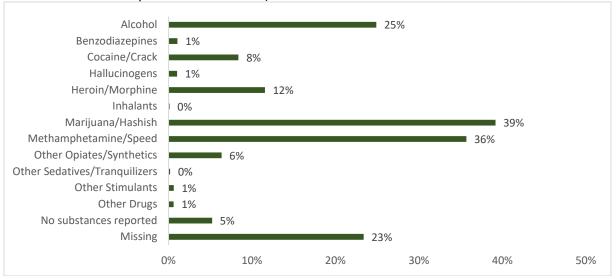
Level(s) of Care	Average number of days in treatment**	Range (days)
Outpatient (N=1,970)	169.3	1-709
Intensive Outpatient (N=861)	139.1	1-661
Residential Treatment – Adult (N=16)	94.8	13-444
Residential Treatment – Child (N=0)	0.0	N/A

^{*} 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. 2 referrals were excluded where the analysis produced a negative duration. Lastly, 108 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. Exhibit 25 displays the past 30-day self-reported substance use for clients that received an assessment.

Exhibit 25. AFF Self-Reported Substance Use, SFY 2019*



^{*}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.



^{**} 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, 2019) for unique individuals who did not exit from the AFF program in SFY 2019.

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 counseling session (individual, group, family, or couples counseling).

Exhibit 26 illustrates the number of unique individuals who received AFF services in SFY 2019, including a breakdown to show new and continuing clients.

Exhibit 26. AFF Clients Receiving Treatment Services in SFY 2019

State Fiscal Year 2019	n*	%
Total New and Continuing Unique Individuals Receiving AFF Services	2,153	100%
New Unique Individuals Served	1,043	48.4%
Continuing Unique Individuals Served	1,087	50.5%
Unique Individuals with Both New and Continuing Referrals Served**	23	1.1%

^{*&}quot;Unique individuals" refers to individuals with an active referral in the AFF program during SFY 2019. For those with more than one referral, referrals were deduplicated for analysis.

Exhibit 27 breaks down the number of unique individuals who received treatment services in SFY 2019 by types of counseling services provided.



^{**}These individuals have at least one continuing referral that was made prior to SFY 2019, their referral closed, and then they received one or more new referral(s) in SFY 2019.

Exhibit 27. AFF Clients Receiving Individual, Group, Family and Couples Counseling in SFY 2019

State Fiscal Year 2019	n	% *
Individual Counseling	756	35.1%
Group Counseling	1,358	63.1%
Family Counseling	719	33.4%
Couples Counseling	2	0.1%
Total Unique Clients Receiving Treatment Services in SFY 2019**	2,153	N/A

^{*}Percentage of the total number of unique clients receiving treatment services in SFY 2019.

Exhibit 28 shows the number of unique clients that received auxiliary and concrete supportive services in SFY 2019.

Exhibit 28. AFF Clients Receiving Auxiliary and Concrete Supportive Services in SFY 2019

State Fiscal Year 2019	N	%*
Parenting	2,492	50.5%
Job Readiness/Employment	141	2.9%
Mental Health Services	849	17.2%
Medical Services	157	3.2%
Domestic Violence Services	3	0.1%
Crisis Services	3,373	68.4%
Basic Life Needs	602	12.2%
Other	3,870	78.5%
Total Unique Clients Receiving Auxiliary or Concrete Services in SFY 2019**	4,930	N/A

^{*}Percent of the total number of unique clients receiving auxiliary or concrete services in SFY 2019.



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

^{**} 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.

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 during treatment according to the following schedule:

Exhibit 29. Drug Testing Schedule

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

Exhibit 30 displays the outcomes of drug test attempts during SFY 2019. Exhibit 31 illustrates the results of the drug tests completed.

Exhibit 30. Drug Test Attempts, SFY 2019

	n*	% of drug tests attempted
No call/no show for testing	42,098	42.0%
Client refused	24	0.0%
Cancelled for reason beyond client control	173	0.2%
Drug tests completed of those attempted	57,857	57.8%
Total	100,152	100%

^{*} Includes new and continuing clients. Where more than one drug screen was performed in a single day, duplicates were removed. A total of 483 referrals (0.5% of all drug test attempts in SFY 2019) had more than one drug test completed in a single day with different results. 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 31. Drug Test Results, SFY 2019

	n	% of drug tests completed
Positive (one or more substances detected on a single day)	15,327	26.5%
Negative (no substance detected)	42,197	72.9%
Awaiting results	267	0.5%
Altered specimen/sample	17	0.0%
Test indicates allowable substance	49	0.1%
Total	57,857	100%

Referral Closure

The data presented in the Referral Closures section includes all new and continuing referrals that closed during SFY 2019, including referrals that did not have an outreach attempt or acceptance of services.

Referral Closure Reasons

Exhibit 32 shows the reported reasons that referrals closed during SFY 2019.

- Overall, 12.7% of referrals that closed in SFY 2019 (814) were reported by providers as having successfully completed AFF.
- In SFY 2019, AFF referrals stayed open for an average of 146 days.



Exhibit 32. Case Closure Reasons, SFY19

Reason		
	n*	%
Total cases closed*	6,419	100%
No SA problem identified	587	9.1%
Refused services at initial referral or assessment	621	9.7%
Unable to locate for initial outreach	1,213	18.9%
Unable to locate for intake	1,620	25.2%
Unable to locate (Post- intake)	190	3.0%
Client discontinued without completing services	1,020	15.9%
Moved out of area	91	1.4%
Incarcerated	92	1.4%
Death	9	0.1%
Completed AFF at the conclusion of Substance Abuse Treatment	649	10.1%
Completed AFF at the conclusion of Recovery Maintenance	165	2.6%
No closure reason reported	162	2.5%

^{*} A total of 1,350 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.

Exhibit 32 displays the level of care at the time of closure for referrals closing in SFY 2019 and reflects the unique individuals who received AFF services in SFY 2019 and whose referral closed during SFY 2019. The frequencies may include duplicated individuals.



Exhibit 32. AFF Level of Care at Closure, SFY 2019

Level of Care	n*	%
Outpatient	830	58.2%
Intensive Outpatient	381	26.7%
Residential Treatment – Adult	4	0.3%
Residential Treatment – Child with an adult	0	0.0%
Recovery Maintenance	211**	14.8%
Total closed referrals for individuals who received AFF services in SFY19 and closed in SFY19	1,426	100%
Total number of referrals closed in SFY19	6,419	N/A

^{*} A total of 1,350 closures were not included due to errors in case closure reason reporting.

- 517 clients were enrolled in the Recovery Maintenance level of care in SFY 2019. This represents 4.6% of all clients served in SFY 2019.
- Clients' enrollment in the Recovery Maintenance level of care ranged from 1 to 539 days, with an average of 139.1 days

Employment Status at Assessment and Closure

Exhibit 33 shows employment status at assessment and at discharge for individuals who successfully completed the AFF program and those who exited the AFF program before completion during SFY 2019. 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.

There was a significant amount of 'unknown' employment data at closure, especially for non-completers, as it is challenging to collect data on clients who drop out of the program and do not maintain contact. As a result, it is difficult to identify employment trends from the current data.



^{**}This statistic represents the number of referrals that *closed* in FY19 *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 FY19.

Exhibit 33. Employment Status Distribution at Intake and Closure for Those with a Referral Closed in SFY 2019

	Assess Employme (Program Co	nt Status			Employm	sure lent Status Completers)	Closure Employment Status (Program Non-Completers)		
	n	%	n	%	n	%	n	%	
Employed Full-Time	400	41.3%	649	33.2%	385	39.7%	480	24.5%	
Employed Part-Time	98	10.1%	215	11.0%	106	10.9%	186	9.5%	
Unemployed	389	40.1%	847	43.3%	309	31.9%	639	32.7%	
Volunteer	2	0.2%	4	0.2%	1	0.1%	3	0.2%	
Vocational Rehabilitation	34	3.5%	172	8.8%	37	3.8%	160	8.2%	
Homemaker	16	1.7%	19	1.0%	10	1.0%	14	0.7%	
Student	4	0.4%	15	0.8%	4	0.4%	12	0.6%	
Retired	2	0.2%	0	0.0%	2	0.2%	0	0.0%	
Disabled	11	1.1%	11	0.6%	7	0.7%	12	0.6%	
Inmate of Institution	0	0.0%	1	0.1%	0	0.0%	7	0.4%	
Work Adjustment Training	8	0.8%	14	0.7%	7	0.7%	9	0.5%	
Transitional Employment Placement	0	0.0%	0	0.0%	0	0.0%	1	0.1%	
Unknown*	5	0.5%	10	0.6%	101	10.4%	434	22.2%	
Total	969	100%	1,957	100%	969	100%	1,957	100%	

^{*}The "unknown" category includes referrals where providers coded the employment status as "unknown", referrals where clients refused to provide their employment status, and referrals that had missing employment status data in the portal.



Outcome Evaluation Results

In this section, the evaluation team describes maltreatment, permanency, and removal outcomes for AFF program completers and non-completers.

To determine if there were significant demographic differences between these two groups, the evaluation team compared the demographic characteristics of completers and non-completers who were assessed in SFY 2019. SFY 2019 data was used for baseline testing because it had the most complete demographic data available compared to previous years.²

There were no significant differences between completers and non-completers for the characteristics of gender, race/ethnicity, and age. However, program completers were significantly more likely to have a higher level of education and to be employed than non-completers.

The following outcomes should therefore be interpreted with caution, as the differences in outcomes between parents who completed and did not complete the AFF program could be due to between-group differences in education, employment, and other unmeasured characteristics, rather than a result of completing the program.

Maltreatment Outcomes

To describe the differences between completers' and non-completers' rates 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, 2015 and June 30, 2019, and subsequently closed by the end of SFY2019 (n=18,803). An individual with a referral that had not been closed by June 30, 2019, regardless of having a previous referral that had closed, was not included in this section. Maltreatment report data was collected up to at least three months after parents' final AFF closure date and for a maximum of four years after parents' final AFF closure date.

Exhibits 34 and 35 categorize pre-referral and post-referral maltreatment findings into five groups. The "Substantiated" category includes unique individuals who received finalized maltreatment findings of:

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

² The baseline demographic analysis used data for AFF clients served during SFY 2019, while the findings in the outcome section of this report used data for clients served from SFY 2016 - SFY 2019.



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.

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 DCS. "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.

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. Similarly, 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 reported in the Post-Referral Section.

Maltreatment Outcomes for AFF Program Completers

Exhibit 34 displays the maltreatment outcomes for AFF program completers, either at the conclusion of Substance Abuse Treatment or Recovery Maintenance. Those who "Did Not Need Substance Abuse Treatment" were excluded from the analysis.

Prior to program referral, approximately three out of four program completers had a substantiated maltreatment report. After program completion, only one in eight program completers received a subsequent maltreatment report and two-thirds had no additional DCS reports.



Exhibit 34. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Those Who Completed the AFF Program (SFY 2016 to 2019)

	Post-Referral* Finding											
	Subst	antiated	Proposed Unsub			bstantiated No Report		Unable to Locate		Total		
Pre-Referral** Finding	n	%	n	%	n	%	n	%	n	%	n	%
Substantiated (n=3,264) (78.3% of 4,170 individuals)	392	12.0%	60	1.8%	672	20.6%	2,110	64.6%	30	0.9%	3,264	100%
Proposed (n=23) (0.6% of 4,170 individuals)	1	4.3%	1	4.3%	1	4.3%	20	87.0%	0	0.0%	23	100%
Unsubstantiated (n=652) (15.6% of 4,170 individuals)	83	12.7%	6	0.9%	146	22.4%	416	63.8%	1	0.2%	652	100%
No Report (n=230) 5.5% of 4,170 individuals)	44	19.1%	3	1.3%	30	13.0%	153	66.5%	0	0.0%	230	100%
Unable to Locate (n=1) (0.0% of 4,170 individuals)	0	0.0%	1	100%	0	0.0%	0	0.0%	0	0.0%	1	100%
Pre-Referral Total (n=4,170) (100% of 4,170 unique individuals)	520	12.5%	71	1.7%	849	20.4%	2,699	64.7%	31	0.7%	4,170	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 6/30/2019.



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

Maltreatment Outcomes for AFF Non-Completers

Exhibit 35 shows the maltreatment findings for individuals who were referred to the AFF program and exited the program by the end of SFY2019 before successful program completion. 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.

Similar to the outcomes for program completers, approximately three out of four non-completers had a substantiated maltreatment report prior to AFF referral. After program closure, one in eight non-completers received a subsequent maltreatment report and almost three-quarters had no additional DCS reports.



Exhibit 35. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Those Who Did Not Complete the AFF Program (SFY 2016 to 2019)

	Post-Referral Finding										·	
	Substantiated		Proposed		Unsuk	Unsubstantiated		No Report		Unable to Locate		otal
Pre-Referral** Findings	n	%	n	%	n	%	n	%	n	%	N	%
Substantiated (n=10,907) (74.5% of 14,633 individuals)	1,428	13.1%	160	1.5%	1,151	10.6%	8,120	74.4%	48	0.4%	10,907	100%
Proposed (n=155) (1.1% of 14,633 individuals)	11	7.1%	5	3.2%	13	8.4%	126	81.3%	0	0.0%	155	100%
Unsubstantiated (n=2,430) (16.6% of 14,633 individuals)	244	10.0%	52	2.1%	454	18.7%	1,662	68.4%	18	0.7%	2,430	100%
No Report (n=1,132) 7.7% of 14,633 individuals)	163	14.4%	17	1.5%	102	9.0%	842	74.4%	8	0.7%	1,132	100%
Unable to Locate (n=9) (0.1% of 14,633 individuals)	1	11.1%	0	0.0%	3	33.3%	5	55.6%	0	0.0%	9	100%
Pre-Referral Total (n=14,633) (100% of 14,633 Unique Individuals)	1,847	12.6%	234	1.6%	1,723	11.8%	10,755	73.5%	74	0.5%	14,633	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 6/30/2019.



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

Maltreatment Outcomes for AFF Teen Parents

To explore child maltreatment outcomes of teen parents, a sub-analysis was conducted for the teen parents referred to the AFF program. As above, an individual with a referral that had not been closed by June 30, 2019, regardless of having a previous referral that had closed, was not included in this section. In addition, those who "Did Not Need Substance Abuse Treatment" were excluded from the analysis.

A total of 37 teen parents completed the AFF program and 188 teen parents' AFF cases were closed before they completed the program. Due to the low number of teens who participated in AFF, the variance in size between completers and non-completers, and the possible differences in characteristics of these groups (e.g., demographics, motivation, personal circumstances), the findings below should be interpreted with caution.

Maltreatment Outcomes for AFF Teen Parent Completers

Exhibit 36 displays the maltreatment outcomes for teen parents who completed the program. Of the teen program completers, 64.9% received a substantiated maltreatment report prior to referral to AFF. After program completion, one in five teen program completers received a subsequent maltreatment report and over half had no additional DCS reports.



Exhibit 36. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Teen Parents Who Completed the AFF Program (SFY 2016 to 2019)

ne AFF Program (SFT 2016 to 2019)												
	Subs	tantiated	Post-Referral Finding Unable to d Proposed Unsubstantiated No Report Locate							Total		
Pre-Referral Finding	N	%	n	%	n	%	n	%	n	%	n	%
Substantiated (n=24) (64.9% of 37 individuals)	5	20.8%	2	8.3%	7	29.2%	10	41.7%	0	0.0%	24	100%
Proposed (n=1) (2.7% of 37 individuals)	0	0.0%	0	0.0%	0	0.0%	1	100%	0	0.0%	1	100%
Unsubstantiated (n=11) (29.7% of 37 individuals)	2	18.2%	0	0.0%	1	9.1%	8	72.7%	0	0.0%	11	100%
No Report (n=1) (2.7% of 37 individuals)	0	0.0%	0	0.0%	0	0.0%	1	100%	0	0.0%	1	100%
Unable to Locate (n=0) (0.0% of 37 individuals)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	100%
Pre-Referral Total (n=37) (100% of 37 unique individuals)	7	18.9%	2	5.4%	8	21.6%	20	54.1%	0	0.0%	37	100%

Maltreatment Outcomes for AFF Teen Parent Non-Completers

Exhibit 37 shows the maltreatment outcomes for teen parents who did not complete the program. Of the teens who did not complete the program, 61.2% received a substantiated maltreatment report prior to referral to AFF. After program closure, approximately one in seven teen non-completers received a subsequent maltreatment report and almost three-quarters had no additional DCS reports.



Exhibit 37. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Teen Parents Who did not Complete the AFF Program (SFY 2016 to 2019)

		Post-Referral Finding										
	Subst	tantiated	l Proposed Unsubstantiated No Report		Report	Unable to Locate		Total				
Pre-Referral Finding	N	%	n	%	n	%	n	%	n	%	n	%
Substantiated (n=115) (61.2% of 188 individuals)	14	12.2%	1	0.9%	11	9.6%	86	74.8%	3	2.6%	115	100%
Proposed (n=0) (0.0% of 188 individuals)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unsubstantiated (n=45) (23.9% of 188 individuals)	6	13.3%	2	4.4%	9	20.0%	27	60.0%	1	2.2%	45	100%
No Report (n=28) 14.9% of 188 individuals)	6	21.4%	0	0.0%	3	10.7%	19	67.9%	0	0.0%	28	100%
Unable to Locate (n=0) (0.0% of 188 individuals)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Pre-Referral Total (n=188) (100% of 188 individuals)	26	13.8%	3	1.6%	23	12.2%	132	70.2%	4	2.1%	188	100%

Maltreatment Outcomes Six Months or More after Successful AFF Program Completion

The evaluation team analyzed CHILDS data of unique individuals who were referred after July 1, 2015, and who closed by December 31, 2018, to examine child maltreatment outcomes six months or more after successful program completion. Maltreatment report data was collected at least six months after parents' final AFF closure date and for a maximum of four years after parents' final AFF closure date. Exhibit 38 shows that, of the individuals who met the criterion above, 6.7% had a substantiated maltreatment report six months or more after program completion and three quarters had no subsequent DCS reports six months or more after successful program completion.



Exhibit 38. Maltreatment Findings 6 Months or More after Successful AFF Program Completion (SFY 2016 to 2019)

		6 Months or More Post-Closure Finding										
	Substa	ıntiated	Pr	oposed	Unsub	stantiated	No	Report	Unable to Locate		Total	
Pre-Referral Finding	n	%	n	%	n	%	n	%	n	%	n	%
Substantiated (n=2,155) (77.8% of 2,768 individuals)	145	6.7%	35	1.6%	330	15.3%	1,619	75.1%	26	1.2%	2,155	100%
Proposed (n=16) (0.6% of 2,768 individuals)	0	0.0%	1	6.3%	0	0.0%	15	93.8%	0	0.0%	16	100%
Unsubstantiated (n=448) (16.2% of 2,768 individuals)	25	5.6%	6	1.3%	70	15.6%	346	77.2%	1	0.2%	448	100%
No Report (n=149) (5.4% of 2,768 individuals)	12	8.1%	1	0.7%	15	10.1%	121	81.2%	0	0.0%	149	100%
Unable to Locate (n=0) (0.0% of 2,768 individuals)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Pre-Referral Finding (n=2,768) (100% of 2,768 individuals)	182	6.6%	43	1.6%	415	15.0%	2,101	75.9%	27	1.0%	2,768	100%



Maltreatment Outcomes: Other Pertinent Information

Exhibit 39 displays the 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, 2015, and June 30, 2019, regardless of their closure status, and who were matched in the CHILDS data system. Nearly three-quarters of all individuals referred to AFF received one or more substantiated report of child maltreatment prior to referral. After being referred to the AFF program, more than one out of four individuals received one or more additional reports of child maltreatment. Approximately two out of five individuals who received a subsequent maltreatment report after their AFF closure were re-referred to the AFF program.

Exhibit 39. Child Maltreatment Reports Before and After AFF Referral, Regardless of Closure Status (SFY 2016 to 2019)

	Total			
Maltreatment Outcomes	n	%		
Individuals with one or more (≥ 1) reports of child maltreatment prior to referral to the AFF Program (N=24,786).	22,952	92.6%		
Individuals with one or more (≥ 1) substantiated reports of child maltreatment at the time of referral to the AFF Program (N=24,786).	18,393	74.2%		
Individuals with one or more (≥ 1) unsubstantiated reports of child maltreatment at the time of referral to the AFF Program ($N=24,786$).	4,196	16.9%		
Individuals with one or more (≥ 1) subsequent reports of child maltreatment after the AFF referral date (N=24,786).	6,765	27.3%		
Individuals with one or more (≥ 1) subsequent reports of child maltreatment after AFF closure who received a subsequent referral to the AFF Program (N=6,765).	2,873	42.5%		



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, becoming the subject of a guardianship, being adopted, or living with relatives. A child who has been removed from the home who has not achieved permanency would be either still under DCS custody or in "non-permanency" status. A status of "non-permanency" refers to children who ran away, were transferred to another agency, died, or left DCS custody on their 18th birthday.

Exhibit 40 shows the permanency outcomes of children of parents who were referred to the AFF program on or after July 1, 2015, and whose cases closed by June 30, 2019, compared by completion status. Children of parents who completed the AFF program were significantly *more* likely to have achieved permanency compared to children of parents who did not complete the AFF program ($x^2=320.572$, p=.000). While these findings are statistically significant, they may not be directly attributable to the AFF program. Further analysis would be needed to determine if differences in education, employment, and possible other unmeasured characteristics between completers and non-completers may have led to the outcomes detailed below.

Exhibit 40. Permanency Status of Children by Parents' AFF Program Completion Status (SFY 2016 to 2019)

		npleted the ogram		Did Not plete Program	Total		
Permanency Status of Children of AFF Referred Parents	n	%	n	%	n	%	
Still in Care	706	14.4%	4,345	26.0%	5,051	23.4%	
Permanency	4,097	83.7%	11,833	70.9%	15,930	73.8%	
Non-Permanency	94	1.9%	517	3.1%	611	2.8%	
Total	4,897	100%	16,695	100%	21,592	100%	

 $(x^2=320.572, p=.000)$

Exhibit 41 shows the outcomes for children who achieved permanency by their parent's AFF completion status. Of those children who achieved permanency (n=15,930), children of parents who completed the AFF program were significantly *more* likely to have achieved permanency through reunification with their biological parent(s) compared to children of parents who did not complete the AFF program (x²=2,230.14, p=.000). Similar to Exhibit 40 above, these findings are statistically significant, but may not be directly attributable to the AFF program. Further analysis is needed to determine if differences in education, employment, and possible other unmeasured characteristics between completers and non-completers may have played a role in the observed outcomes.



Exhibit 41. Outcomes of Children Who Achieved Permanency by Parents' AFF Program Completion Status (SFY 2016 to 2019)

	Parent Co	ompleted Program		Did Not plete Program	Total		
Permanency Outcomes	n	%	n	%	n	%	
Reunification	3,235	79.0%	4,319	36.5%	7,554	47.4%	
Adoption	648	15.8%	6,414	54.2%	7,062	44.3%	
Guardianship	209	5.1%	1,066	9.0%	1,275	8.0%	
Living with Relative	5	0.1%	34	0.3%	39	0.2%	
Total Children Who Achieved Permanency	4,097	100%	11,833	100%	15,930	100%	

 $(x^2=3389.719, p=.000)$

Removal Outcomes

Exhibit 42 shows 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), and the percentage who were removed. Removal data was collected up to at least three months after parents' final AFF closure date and for a maximum of four years after parents' final AFF closure date. Similar to last year's annual report, just under half of children were never removed from their parent's home and over half were removed at least once before, during, or after an open AFF referral.

Exhibit 42. Removal Rates of Children of AFF-Referred Parents (SFY 2016 to 2019)

	Total					
Removal Status of Children	N	%				
Remained In-Home	18,328	45.9%				
Removed	21,592	54.1%				
Total	39,920	100%				

In addition, the evaluation team analyzed the timing of the removal for children of AFF clients who were removed from the home at least once. Exhibit 43 shows the percentage of children who were removed *before* their parents' most recent AFF referral date and the percentage of children who were removed at least once *after* their parents' most recent AFF closure date. Over 90% of children were removed from their homes before their parent's most recent AFF referral, regardless of their parent's completion status. For both completers and non-completers, less than 10% of children were removed after their parent's last AFF closure date. Similar to last year's annual report, children of parents who did not complete the AFF program had a higher mean number of days removed than children of parents who completed the AFF program.



Exhibit 43. Children of AFF-Referred Parents Removed Before Most Recent Referral and After Most Recent Closure Date (SFY 2016 to 2019)

	Parent Completed the AFF Program				t Did Not C e AFF Prog		Total			
Removal Time Frame	n	%	Mean number of days of removal*	n	%	Mean number of days of removal*	n	%	Mean number of days of removal*	
Removed before most recent AFF referral date	4,026	91.9%	454.7	14,057	90.3%	562.7	18,083	90.7%	535.9	
Removed after most recent AFF closure date	355	8.1%	236.7	1,505	9.7%	318.3	1,860	9.3%	303.4	
Total	4,381	100%	446.2	15,562	100%	548.8	19,943	100%	523.7	

^{*} 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 and Recommendations

The Arizona Revised Statutes 8-882, 8-883 and 8-884, which established the AFF program, require an annual program evaluation that is consistent with AFF program goals. The AFF program aims to increase the availability, accessibility, and timeliness of treatment services in order to improve client recovery outcomes, employment levels, and child safety, family stability, and permanency outcomes. The following describes the key findings related to these areas for SFY 2019.

Availability of Services:

- AFF clients received services at three different levels of care in SFY 2019 (outpatient, intensive outpatient, and residential treatment), indicating that a variety of treatment options were available. Sixteen clients received residential treatment services, suggesting that providers try to meet clients' needs with the lowest possible level of care.
- AFF clients received four different types of counseling services in SFY 2019 (individual counseling, group counseling, family counseling, and couples counseling), and seven types of auxiliary services, indicating that a variety of services are available to AFF clients. According to the data providers uploaded into the portal, three clients received domestic violence services (although 43.7% of clients assessed indicated involvement with domestic violence), and two clients received couples counseling. This suggests that domestic violence services and couples counseling may be less available compared to other services, may be underutilized by providers, or that providers' data was incomplete.

Timeliness of Service Provision:

- 88.8% of referrals received a first Outreach Attempt within one business day after
 referral, indicating that the majority of clients are receiving timely outreach. However,
 11.2% of referrals did not have a documented first outreach attempt within this one
 business day timeframe, as required by the AFF program model.
- According to the program model, intake should occur within three days of receipt of
 referral, and acceptance of services is initiated at intake. In SFY 2019, the average
 duration of time between the referral date and acceptance of services was 20 days, and.
 92.8% of assessments were completed within seven working days of the client's
 acceptance to the program.
- Future evaluation should assess the duration of time between receipt of referral and acceptance of services and between receipt of referral and intake completion, as this appears to be where many clients drop out of the program due to lack of engagement. Future evaluation should also assess the duration of time between assessment and the



client's first substance use treatment to ensure clients are receiving timely services within 14 working days.

Accessibility of Services:

- Waitlists for services are not allowed by the program. Data that specifically tracks
 accessibility of services (e.g., data that shows whether clients can obtain a counseling
 appointment that fits their schedule) is not available. However, the AFF program
 appears to be accessible to Arizonans in need based on the data available. Developing
 measures that specifically track accessibility of services should be considered in the
 future.
- Treatment for clients was paid for by approximately five different funding sources (DCS, AHCCCS, Medicare, private insurance, and tribal funding), based on eligibility. This indicates that access to the AFF program is enabled through different funding sources, adhering to the statutory requirement that other available behavioral health coverage be used prior to AFF state funding and that AFF be payer of last resort.

Recovery and Employment:

- **Recovery** Out of all the referrals that were identified as needing treatment, 14.1% of the referred clients met their treatment goals and successfully finished treatment; 17.7% received treatment services but exited the program before they successfully met their treatment goals; and 68.1% were still in treatment.
- Employment The large percentage of "unknown" employment data at closure, especially for non-completers, makes it difficult to draw conclusions about how successful the AFF program is in supporting clients to obtain and maintain employment.
 DCS continues to communicate with provider agencies to address the completeness of data.

Child Safety, Family Stability, and Permanency:

- Safety 6.6% of program completers received a maltreatment report six months or more after program completion and 75.9% had no subsequent DCS reports six months or more after successful program completion. Both program completers and non-completers showed lower percentages of subsequent substantiated maltreatment reports after case closure. However, some clients who did not complete the AFF program still received some level of services.
- Family Stability –Of all children who were removed, over 90% were removed from their homes before their parent's most recent AFF referral and less than 10% of these children were removed after their parent's last AFF closure date, regardless of completion status.



- **Permanency** 83.7% of children whose parents completed the AFF program have achieved permanency compared to 70.9% of children whose parents did not complete the AFF program. Furthermore, 79.0% of children whose parents completed the program have been reunified with their biological parents compared to 36.5% of children whose parents who did not complete the AFF program.
- Between-group differences in education, employment, and other unmeasured baseline characteristics may have directly influenced the outcomes listed above. Without further analysis, it is not known whether the outcomes described above are directly attributable to the AFF program or other factors.



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Appendix A. Methodology

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 2019, the demographic data presented is based on unique individuals who were referred to AFF in FY2019, as well as those that were referred prior to SFY 2019 but continued to receive services in SFY 2019.

Data Sources

The data used for the process evaluation comes from the AFF Web Portal, an 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 web portal allows for the generation of comprehensive data error reports linked with provider unique identifiers that enable the providers to correct identified issues. In SFY 2019, providers were required to keep data errors to below 10% for each data table, and they met this goal.

Outcome Evaluation

The overall aim of the outcome evaluation component is to describe the outcomes 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 those who did not. 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.



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 portal continues 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 2019, and clients who were referred to AFF prior and continued to receive AFF services in SFY 2019.

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 2019 were evaluated. 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 2019 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 2019. CHILDS data was also used to compare the same data components six months after closure for those closed successfully in SFY 2019. The outcome evaluation also describes permanency outcomes for children based on CHILDS data.

Maltreatment Outcomes Analysis

To gather the CHILDS data for the maltreatment outcomes, 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=24,800 unique individuals). These clients were then matched to the data in the CHILDS database to identify maltreatment reports 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 14 individuals from the AFF portal could not be matched in the CHILDS database despite data cleaning efforts, resulting in N=24,786 of unique



individuals referred to the AFF program who also had CHILDS data and were included in the outcome analysis.

The results were divided between those that completed AFF services (completers) and those that did not (non-completers). The evaluation team then reviewed the unique individuals' AFF data to determine their closure reasons. As described in the Outcome section, when a unique individual had multiple maltreatment reports resulting in different maltreatment findings, the highest finding level was reported. 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. Subsequent maltreatment reports received up to the date of data extraction were included in this analysis.

Permanency and Removals Outcomes Analysis

The list of unique individuals referred to the AFF program between July 1, 2015, and June 30, 2019 that was presented to DCS CHILDS staff was also used to identify permanency data for children of these clients. A total of 52,285 children in the CHILDS database were matched to these unique individuals and are included in the discussion of the permanency data. A total of N=39,920 children had a parent that either completed or did not complete the program by the end of SFY 2019. The permanency and removal outcomes of these children are described.

Limitations

Despite great improvements in data quality that were made for the current report, 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. For example, the number of clients reported to receive Crisis Services in SFY 2019 was much greater than in SFY 2018, possibly due to provider data entry errors. In addition, during SFY 2019, one of the AFF providers transitioned to a new electronic health record system and had difficulty matching records in their old system with records in their new system. This resulted in fewer records being uploaded to the AFF portal. Where possible, missing data was documented in a separate row in data tables, to aid in interpretation of the data.

