

Arizona Families F.I.R.S.T. Program

State Fiscal Year 2022

July 1, 2021- June 30, 2022

Annual Evaluation Report

April 2023



LeCroy & Milligan
ASSOCIATES, INC.

Arizona Families F.I.R.S.T. Program Annual Evaluation Report State Fiscal Year 2022 April 2023

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INTRODUCTION

Program Overview

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

The focus of the Arizona Families F.I.R.S.T. (AFF) program is to support parents to overcome problems with substance use and abuse, and to improve their ability to successfully parent their children. Tragically, research continues to show that parental substance abuse has a negative impact on the well-being of children throughout their lifespans (McGovern et al., 2020). It is estimated that in the United States in 2021, 600,000 children were victims of child abuse or neglect, and nearly 40% of the children who were placed in out-of-home care was due to parental alcohol or substance abuse (U.S. Department of Health & Human Services, 2023 [DHHS]), (U.S. DHHS, 2029).

The Child Maltreatment (2023) report finds that 35 states reported 23% of child fatalities had a caregiver with a risk factor of drug abuse and 29 states reported 8% had a caregiver with a risk factor of alcohol abuse. The Child Maltreatment Report (2022) also states in Arizona 45% of child maltreatment cases had a caregiver with a risk factor of drug abuse and 13% had a caregiver with a risk factor of alcohol abuse. The Arizona Department of Health Services (2022) also states, “Of the 128 children who died in 2021 from abuse/neglect, substance use was a contributing factor in 59% of the deaths, and the child’s families had prior involvement with a CPS agency in 46% of the deaths”.

A systematic review of 25 studies found negative long-term effects on children who were abused and neglected. Physical effects include developing chronic health conditions like diabetes, obesity, and heart disease. Adults who experienced child abuse and neglect are also at a higher risk of developing depression, anxiety, and post-traumatic stress disorder. Social and emotional effects include having difficulty forming healthy relationships. Childhood abuse and neglect indicate an increased risk of revictimization, particularly interpersonal traumas or physical and sexual intimate partner violence (Zajac & Ralston, 2019). Households with parental substance abuse concerns are often unsafe environments and place the children at an increased risk for child abuse, which in turn increases risk factors in those children for mental health, substance use, suicide attempts, and risky sexual behaviors (Goldberg & Blaauw, 2019). Parental substance use also increases the likelihood of children re-entering the child welfare system. Kelleher and Chaffin (2012) found 30% of children who are reunified with their parents after a removal due to substance use re-enter the child welfare system within three years.

In Arizona, the Department of Child Safety’s (DCS) SFY22 Hotline data shows a total of 42,256 reports for SFY22, with 5,222 (12%) of them involving a Substance Exposed Newborn (SEN). The prevalence of substance abuse in Arizona child welfare-involved families continues to be a significant reason for DCS involvement with families.



The Arizona Families F.I.R.S.T. (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. 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. A parent, guardian or custodian of a child named in a DCS Hotline report as a victim of abuse or neglect; or the parent, guardian or custodian of another child residing in the household of alleged maltreatment; whose substance abuse is a significant barrier to maintaining, preserving, or reunifying the family.
2. Other adults in the home of the parent, guardian, or custodian (as described above), whose substance abuse is a significant barrier to maintaining, preserving or reunifying the family.
3. A child in out-of-home care who is in temporary custody of the Department, adjudicated dependent, or the subject of a Voluntary Placement Agreement, and whose behavior indicates a need for substance use assessment, treatment, or recovery.
4. A child in a family that is receiving in-home case management services from DCS, and whose behavior indicates a need for substance use assessment, treatment, or recovery to prevent entry or re-entry into out-of-home care.

The adults and children described above are eligible for AFF services when served by the Department with an out-of-home or in-home dependency, in-home intervention, in-home service case with DCs oversight, or following case closure at investigation with no DCS oversight (for adults described above).

Family members and significant people in the client's life are eligible for AFF services and shall be included in substance use awareness, treatment, case coordination, and recovery maintenance services as indicated in the client's service plan.

In addition, an individual served by the DES/JOB Program is eligible for AFF services when substance abuse is a significant barrier to maintaining or obtaining employment and the individual is receiving cash assistance pursuant to Title 46, Chapter 2, Article 5.



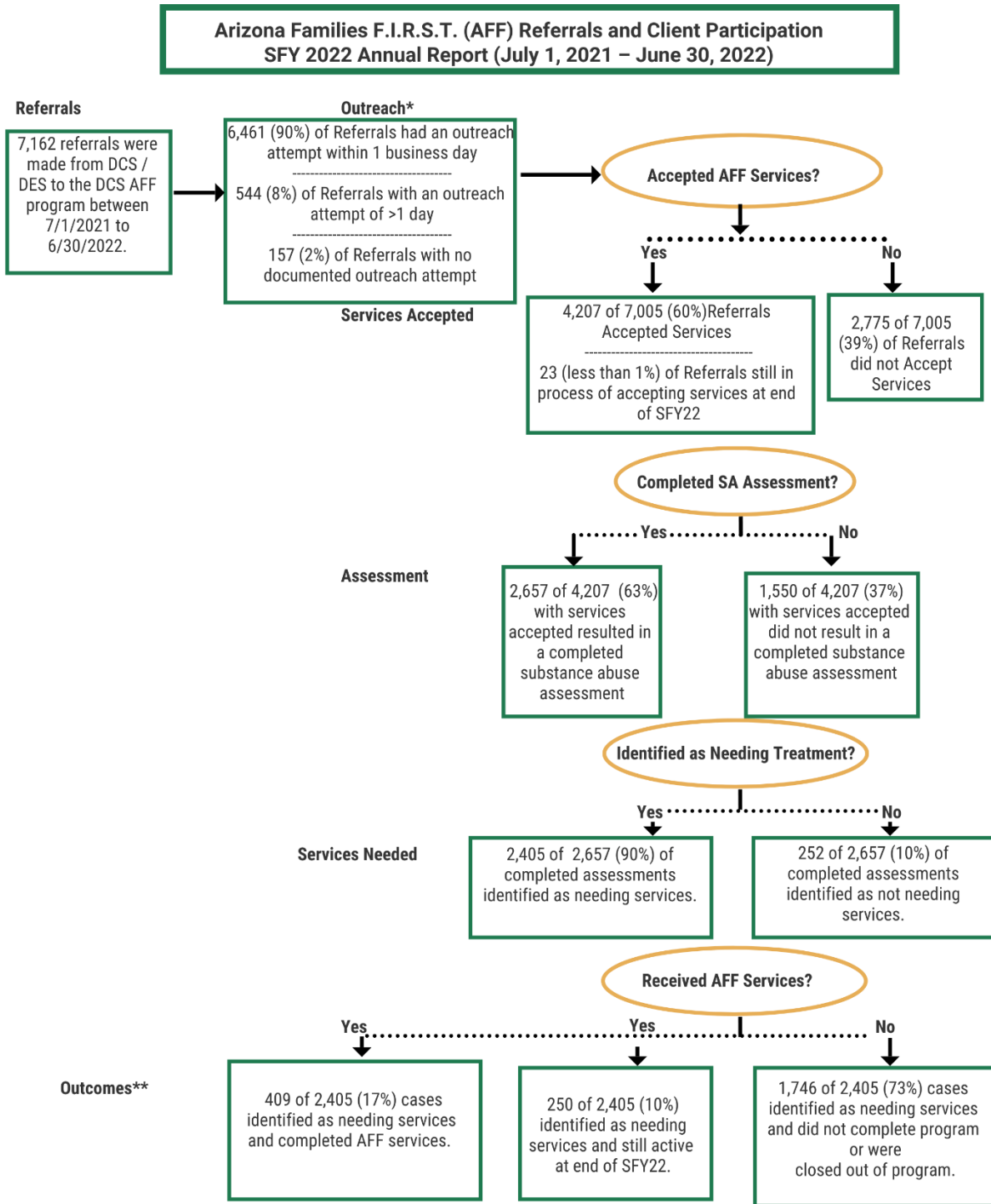
The Arizona Revised Statutes 8-882, 8-883 and 8-884, which established the AFF program as a partnership between the Arizona Department of Health Services (now the Arizona Health Care Cost Containment System [AHCCCS]) and DCS, state that the AFF program goals are to:

- Increase the availability, timeliness, and accessibility of substance abuse treatment.
- Improve child safety and family stability, and increase the number of children in out-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.

Exhibit 1 shows AFF client participation and referrals for SFY 2022.



Exhibit 1. AFF Client Participation and Referrals for SFY22



* Of those 7,162 new referrals for SFY22, 157 (2%) did not have a documented outreach attempt after referral therefore were not served during SFY 2022.
 **Outcomes: Results are based on SFY22 referrals only.



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. 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 2022 (July 1, 2021, to June 30, 2022). Information about the methods used for both the process and outcome evaluations are included in Appendix A.

Data Notes and Limitations

This report contains data from the AFF Data Portal that is used by AFF providers to submit their enrollment and services data on a monthly basis. The quality of that data is monitored for data errors on a monthly basis. The overall error rate for the AFF Portal, SFY2022 data used in this report was 2%. This low rate is due to the diligence of many working for the AFF providers and DCS staff; to all those we say – Thank you! For this report, client demographic data on ethnicity and race is not reported due to concerns with the missingness and accuracy of those data elements. An addendum to this report will be published once those data elements are more complete. The second source of data are files received from DCS that are used for reporting on child maltreatment and removal and permanency outcomes in the last section of this report. Those results are based on matching unique cases in the AFF Portal data set to the DCS child welfare data set. Please note that for some results the total percentages will not be exactly 100% due to rounding. Finally, due to missing data issues some total amounts may be slightly different across exhibits. This is noted for each exhibit.

Funding Sources

Funding for substance abuse treatment for participants in the AFF program comes from various sources including the DCS, 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. The total amount of program funding for SFY 2022 was \$6, 631, 932 of which \$552, 780 was state matching funds (DCS) with the rest from federal TANF funding (Exhibit 2). This is an increase from SFY2021 and below SFY2020 levels.

Exhibit 2. AFF Program Funding for SFYs 2020 - 2022

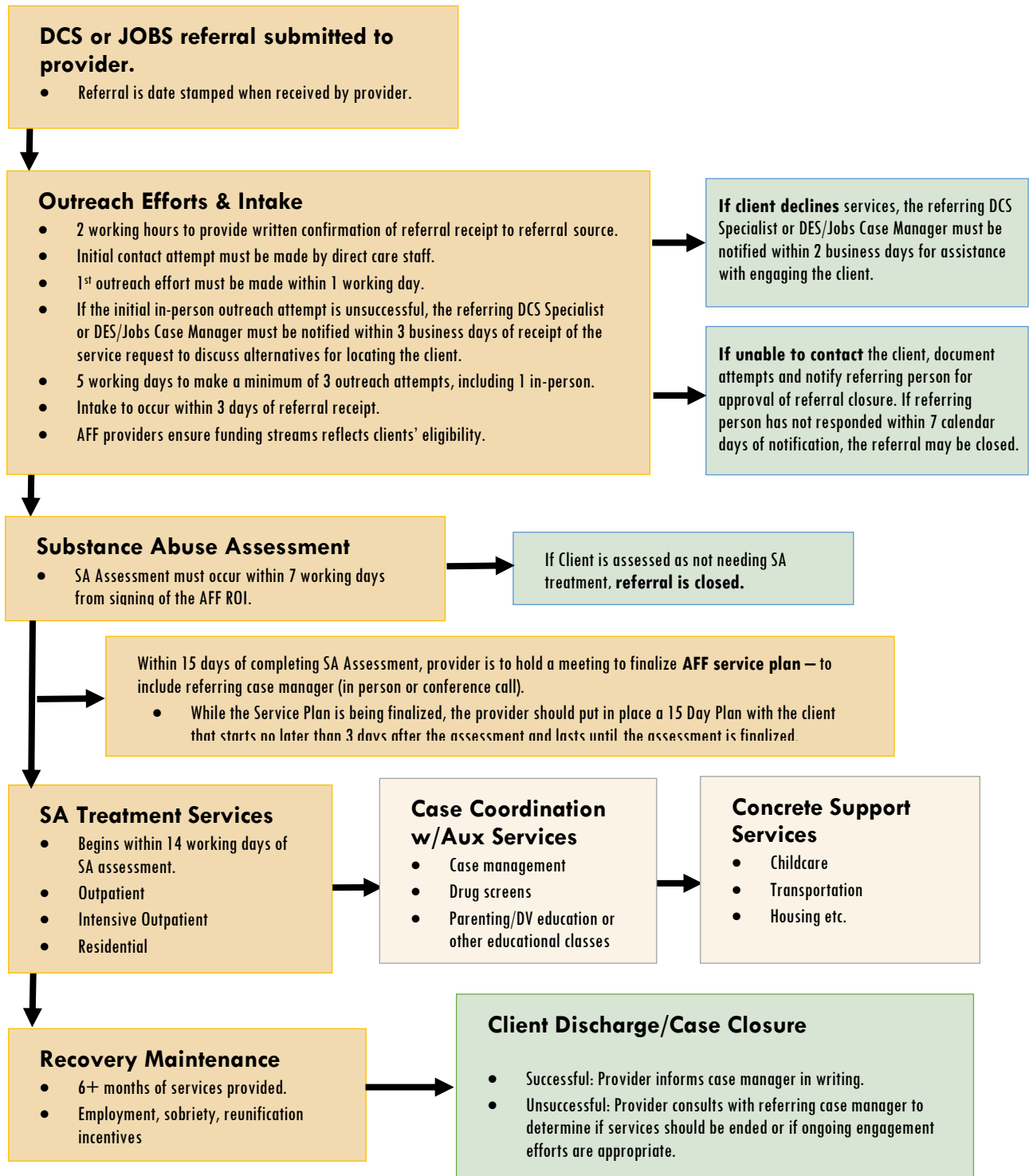
	2020	2021	2022
State Matching Funds (DCS)	\$2,767,820	\$17,807	\$552, 780
Federal Funds	\$4,727,377	\$5,956,288	\$6, 079, 152
TOTALS	\$7,495,197	\$5,974,096	\$6, 631, 932



AFF Program Phases

Clients who are referred to the AFF program progress through several program phases as outlined in Exhibit 3.

Exhibit 3. AZ Families F.I.R.S.T. Flow of Services



AFF Providers

During FY2022 three providers were contracted to deliver substance use disorder treatment services through the AFF program: Terros Health, Catholic Community Services of Southern Arizona (CCS), and Catholic Charities Community Services (CCCS). Exhibit 4 shows the AFF provider for each county.

Exhibit 4. SFY 2022 AFF Providers

County	Catholic Community Services of Southern Arizona	Catholic Charities Community Services	Terros Health
Maricopa West			X
Maricopa East			X
Pima	X		X
Yuma	X		X
Cochise	X		X
Santa Cruz	X		X
Pinal	X		X
Gila	X		X
Graham	X		X
Greenlee	X		X
Navajo	X		X
Apache	X		X
Coconino		X	X
Mohave		X	X
Yavapai		X	X
La Paz		X	X



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 DCS; or 2) a Case Manager from the TANF/JOBS program operated by the Arizona DES. Individuals can be referred more than once but cannot have more than one open referral at a time. Exhibit 5 illustrates that for SFY 2022, 7,162 new referrals were made during the year, including 1,805 referrals continuing from SFY21, for a total of 8,967 referrals managed during SFY22. AFF providers had contact with a total of 6,218 unique individuals at some time during SFY22. A total of 7, 540 referrals from SFY21 and SFY22 were closed during the year.

Exhibit 5. Counts of Types of Referrals, Clients Served and Closures by Quarter SFY22

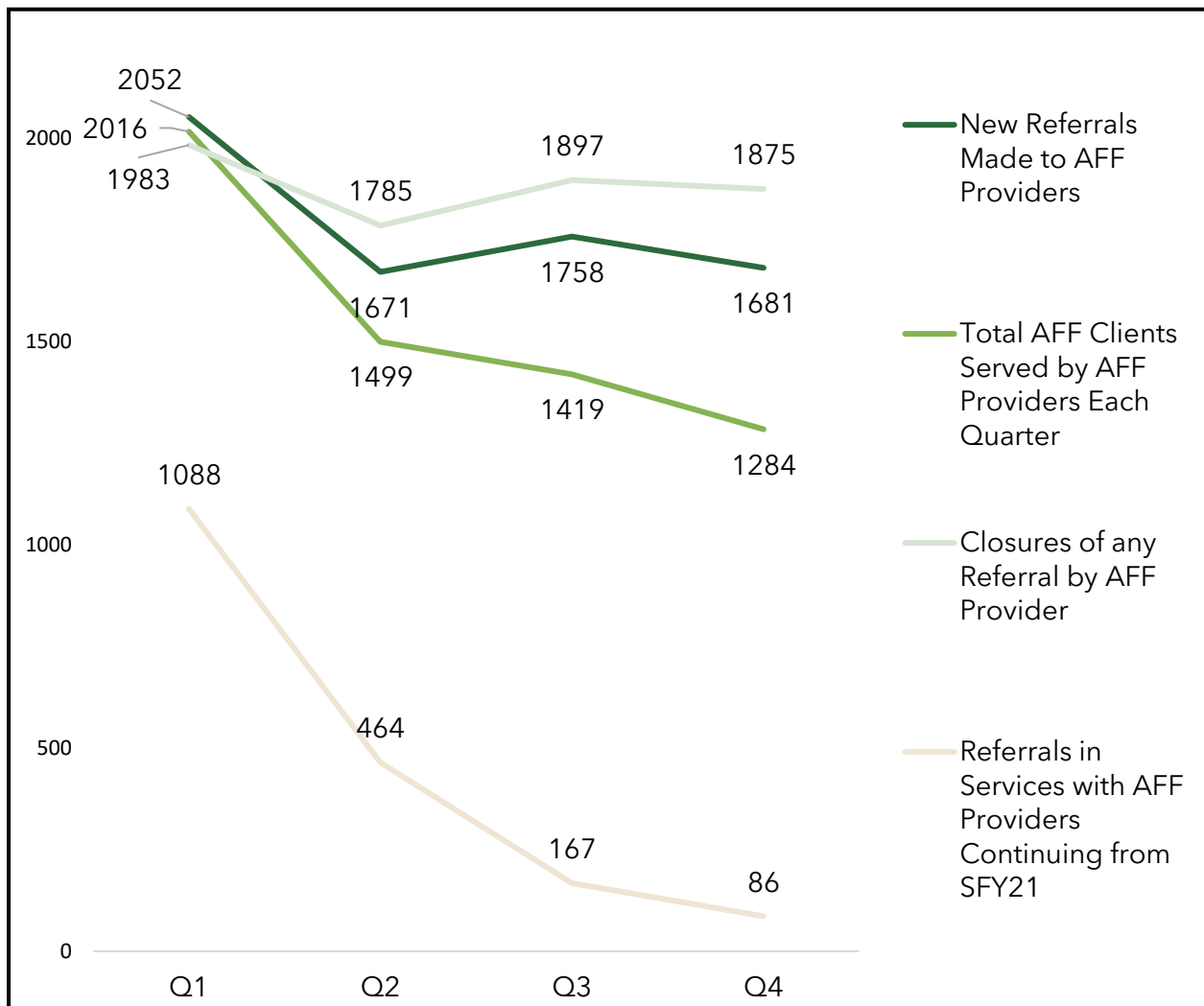


Exhibit 6 illustrates the referral sources for SFY 2022 and as in the two previous years illustrates that DCS is by far the largest referral source.

Exhibit 6. Referral Sources for SFY 2020 to 2022

Referral Source	Referrals 2020		Referrals 2021		Referrals 2022	
	n	%	n	%	n	%
DCS	8,665	99.9%	7,518	99.9%	7,121	99.4%
TANF/JOBS Program	6	<1%	1	<1%	11	<1%
Missing	0	0%	0	0%	30	<1%
Total Referrals	8,671	100%	7,519	100%	7,162	100%

Exhibit 7 shows the number of new referrals received has declined for the past three years, FY 2020 to FY 2022. Over a three-year period, the total average number of new referrals per year is 7,784 per year. Exhibit 8 presents the proportion of referrals per quarter and in the past two years significantly more referrals were made in Q1 and Q2 than in previous years.

Exhibit 7. New Referrals by SFY 2020 to 2022

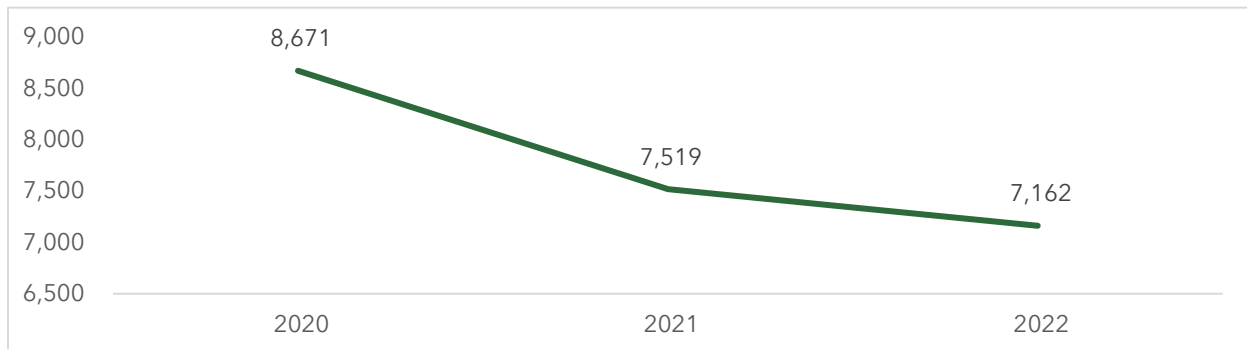
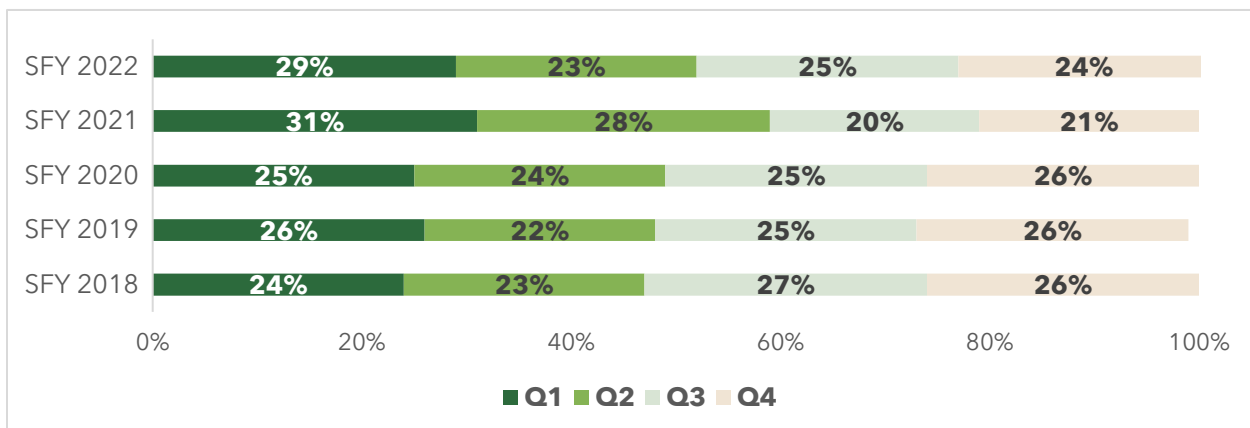


Exhibit 8. Proportion of Referrals by Quarter SFY 2018 thru SFY 2022



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 two additional outreach attempts within five business days, in-person whenever possible, must be made before outreach efforts by the provider cease. Exhibit 9a. and 9b. illustrates outreach attempts from SFY 2020 to SFY 2022 by model standards and Exhibit 10 presents the average number of business days between referral and first outreach activity.

In SFY 2022, data indicates that there is an improvement in the speed in which providers are reaching out to parents / caregivers after receiving the referral from DCS. Outreach attempts are happening in a quicker manner and fewer referrals are noted as having no outreach compared to SFY20 and SFY21. For SFY22, 90% of outreach occurs within one business day of receipt of the referral.

Exhibit 9a. Total Number of AFF Referrals with at Least One Outreach Attempt, SFY 2020 to 2022

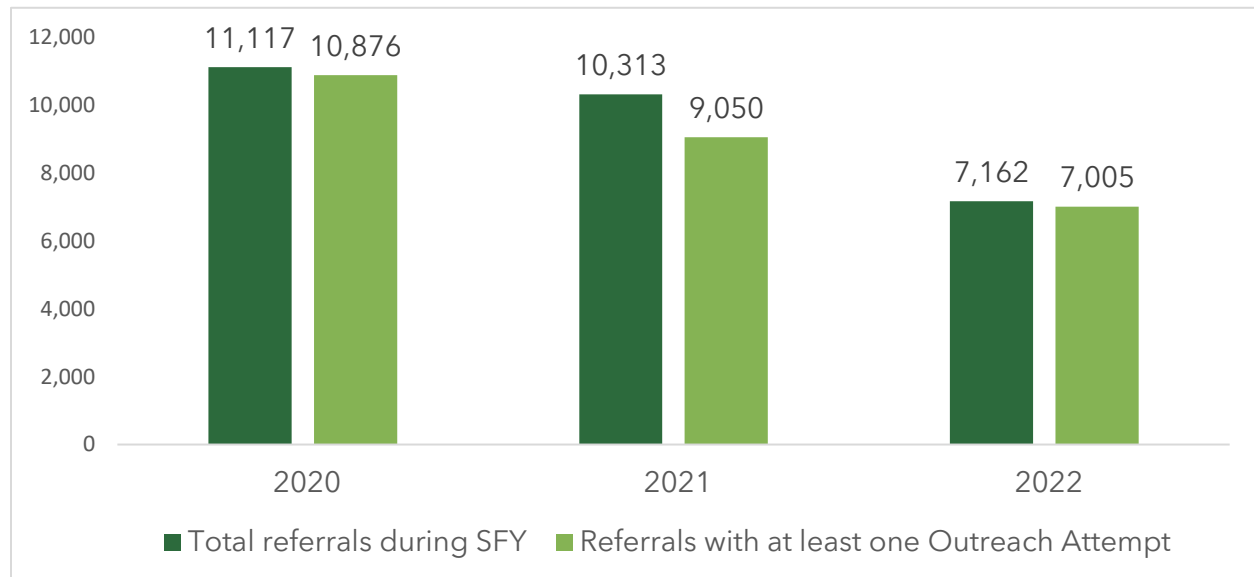


Exhibit 9b. Percentage of AFF Outreach Attempts, SFY 2020 to 2022

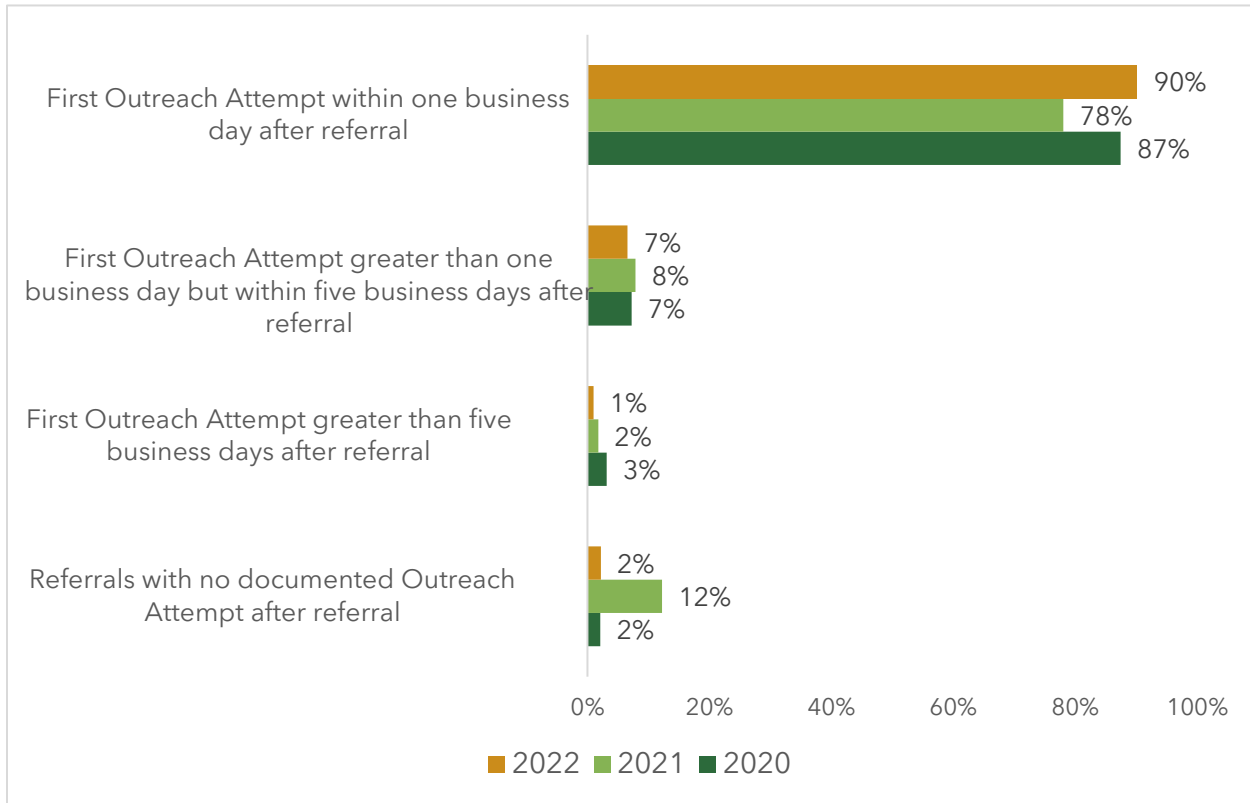
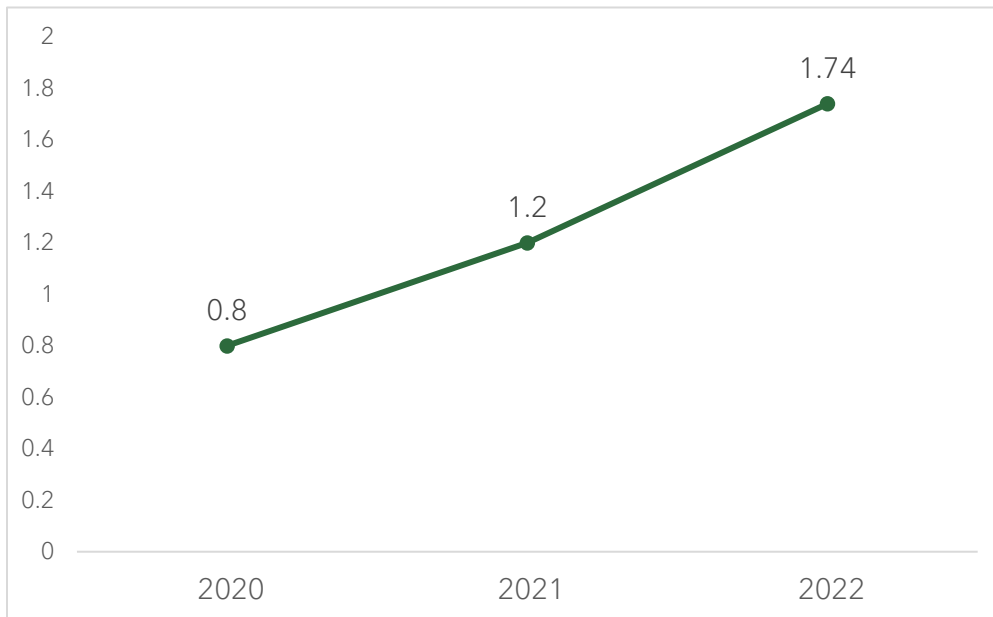


Exhibit 10. Average Business Days between Referral and First Outreach Attempt, SFY 2020 to 2022



*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.



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 11 illustrates what happened to referrals where contact was made with a potential AFF client. The trend for the past three years indicates that fewer individuals are accepting services. For SFY 2022, 60% of all clients contacted (n=7,005) accepted services within 5 calendar days of the date of referral, approximately 40% did not accept services and ≤ 1% of referrals were still in process at the end of the fiscal year.

Exhibit 11. Referrals and Acceptance of Services for New and Continuing Clients, SFYs 2020 - 2022

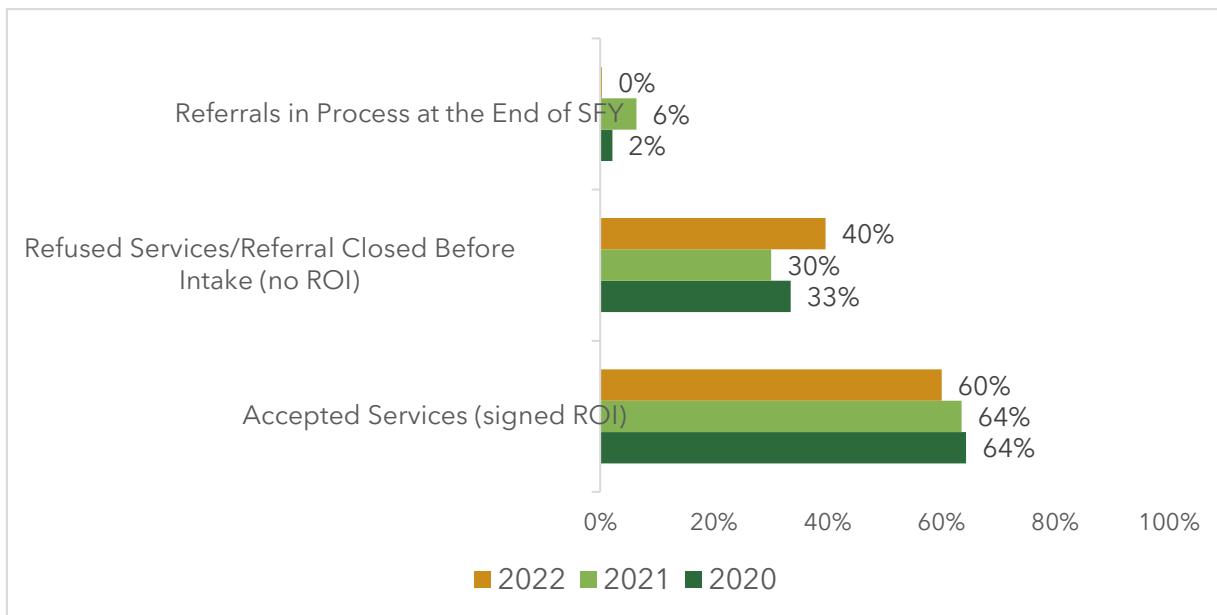
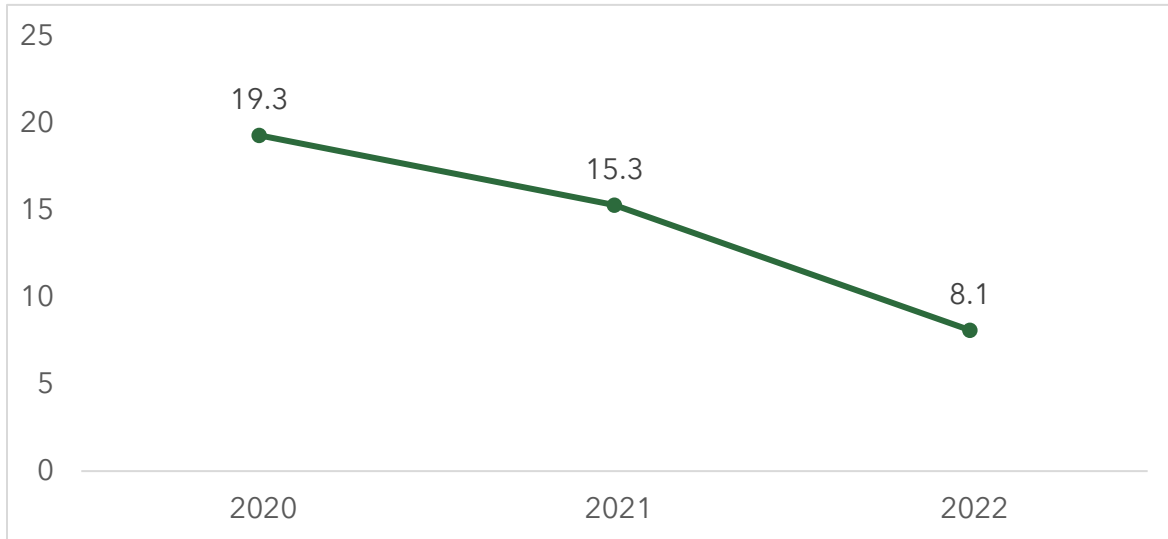


Exhibit 12 shows the average number of calendar days between referral and acceptance of services for SFY22 is approximately 8 days, representing a 47% decrease from 2021’s average of 15 days and 58% decrease from 2020’s average of 19 days.



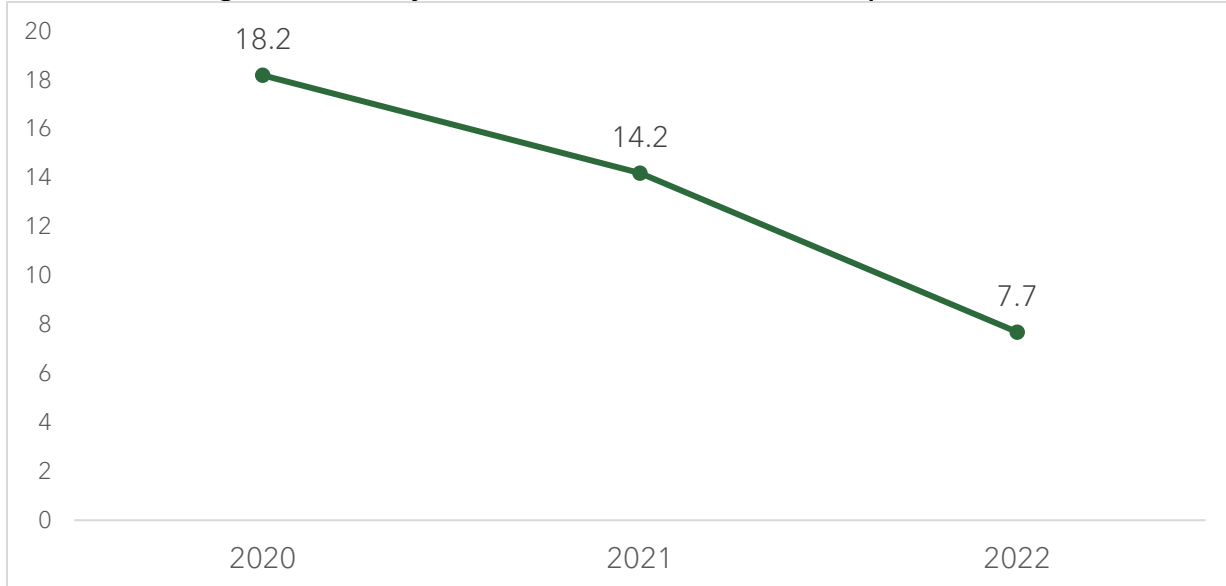
Exhibit 12. Average Calendar Days* between Referral and Acceptance Date, SFYs 2020 - 2022



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

Exhibit 13 presents the average number of calendar days between first outreach and acceptance of services is just under 8 days, representing a 43% decrease from 2021’s average of 14 days and 56% decrease from 2020’s average of 18 days. For SFY22 AFF providers are engaging clients to accept services much more quickly after referral to the AFF program compared to SFY20 and SFY21.

Exhibit 13. Average Calendar Days* between First Outreach and Acceptance Date, SFYs 2020 - 2022



*Referrals with outreach dates prior to referral dates were excluded and 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 2020 to 2022 and who received an assessment. Please note that for each exhibit, total counts will vary due to missing data in some client demographic categories (i.e., information on a client demographic was not recorded).

Client Age

Exhibit 14 illustrates the age ranges of AFF clients served in SFY 2020 to 2022 who had an assessment that state fiscal year. Most clients served are between 25 and 45 years of age; and despite an overall decrease in referrals, there is an increase in the number of young people ages 0-17 assessed for services from AFF.

Exhibit 14. Age of Client at Referral by SFY 2020 to 2022

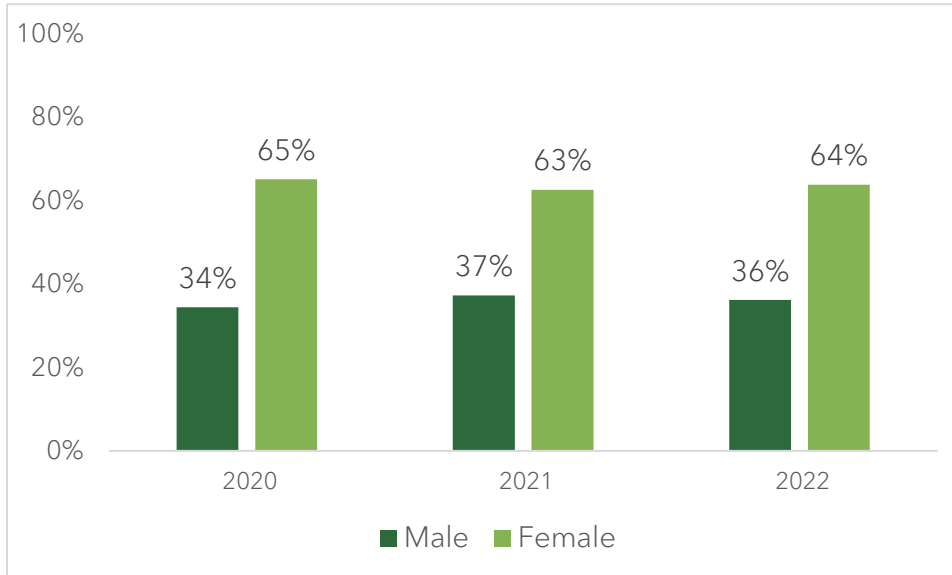
Age	SFY 2020		SFY 2021		SFY 2022	
	n	%	n	%	n	%
0 - 11 Children	---	---	---	---	---	---
12 - 17 Adolescents	---	---	---	---	---	---
0-17	28	<1%	24	<1%	44	2%
18-24	1,196	20%	1,075	19%	412	15%
25-30	1,929	32%	1,843	33%	762	29%
31-35	1,426	24%	1,332	24%	682	26%
36-45	1,187	20%	1,128	20%	645	24%
46 years and older	298	5%	255	5%	127	5%
Total	6,064	100%	5,657	100%	2,672	100%



Client Gender

Exhibit 15 displays the distribution of gender for AFF clients served in SFYs 2020 to 2022 who had an assessment. There is very little variation in this characteristic of clients over time.

Exhibit 15. Gender of Client at Referral by SFYs 2020 to 2022



Client County of Residence

Exhibit 16 illustrates the county of residence for all clients and a consistent trend is that over half of the AFF clients reside in Maricopa County.

Exhibit 16. Client County of Residence, SFYs 2020 to 2022

County	SFY 2020		SFY 2021		SFY 2022	
	n	%	n	%	n	%
Apache	19	<1%	6	<1%	5	<1%
Cochise	38	<1%	27	<1%	52	2%
Coconino	47	<1%	10	<1%	23	<1%
Gila	12	<1%	40	1%	36	1%
Graham	7	<1%	9	<1%	2	<1%
Greenlee	2	<1%	1	<1%	---	---
La Paz	21	<1%	14	<1%	4	<1%



	SFY 2020		SFY 2021		SFY 2022	
Maricopa	3,615	64%	2,200	59%	1,510	57%
Mohave	267	5%	159	4%	119	5%
Navajo	66	1%	36	1%	29	1%
Pima	846	15%	718	19%	531	20%
Pinal	359	6%	304	8%	187	7%
Santa Cruz	13	<1%	10	<1%	12	<1%
Yavapai	163	3%	117	3%	87	3%
Yuma	142	3%	98	3%	75	3%
Total	5,617	100%	3,749	100%	2,672	100%

Client Education Level

Exhibit 17 illustrates the education level for clients from SFY 2020 to 2022. A trend that appears is that 47% or more of AFF clients report at least a high school level education or GED.

Exhibit 17. Education Level of Client at Initial Assessment, SFYs 2020 to 2022

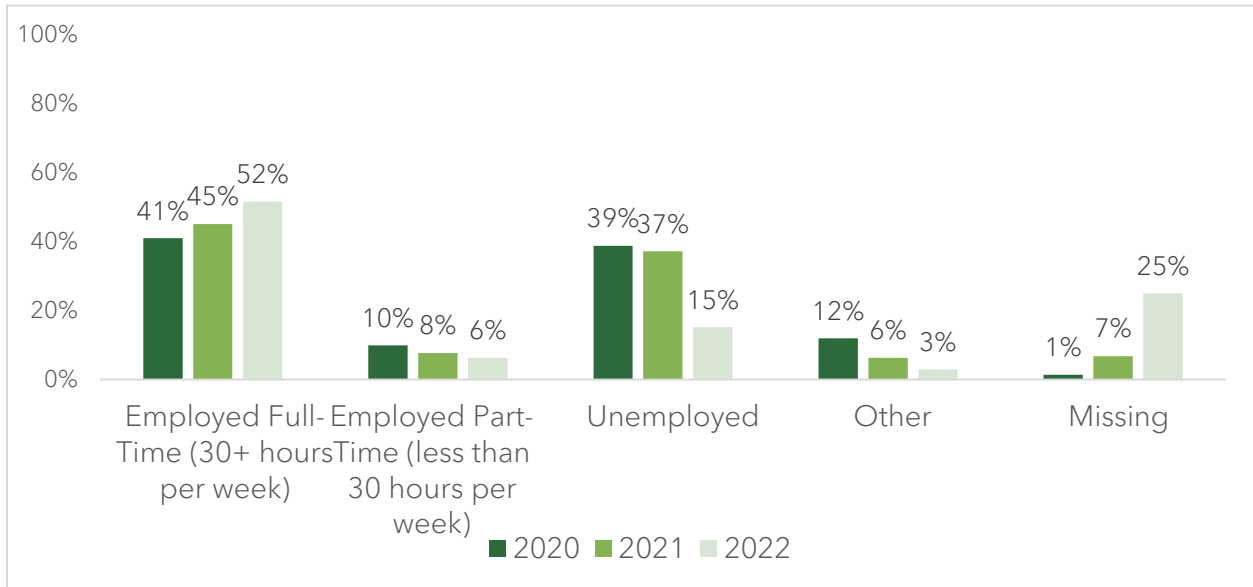
	SFY 2020		SFY 2021		SFY 2022	
Education Level	n	%	n	%	n	%
1 st -11 th Grade	691	12%	534	14%	482	18%
High School Graduate or GED	3,149	56%	1,993	53%	1,254	47%
Some College, No Degree	291	5%	793	21%	582	22%
Vocational/Technical School	1,133	20%	205	6%	127	5%
College AA/BA Degree	269	5%	164	4%	117	4%
Graduate or Post Graduate Degree	34	<1%	18	<1%	7	<1%
Missing	94	2%	48	1%	104	4%
Total	5,661	100%	3,755	100%	2,673	100%



Client Employment Status at Assessment

Exhibit 18 illustrates the employment status for clients and there is variation in this characteristic of clients over time. Some of the variation for SFY22 may be explained by the large amount of missing data for this characteristic.

Exhibit 18. Employment Status of Client at Initial Assessment, SFYs 2020 to 2022

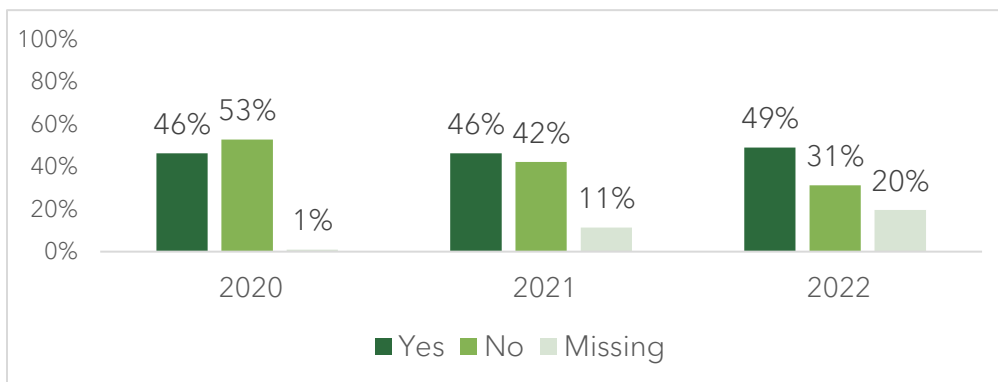


Note: The Other category includes activities such as volunteer and retired that are not understood as types of employment.

Self-Reported Domestic Violence

Exhibit 19 illustrates client reports of domestic violence and a consistent trend is that over 46% of clients are reporting experiencing domestic violence at assessment. For SFY 2022 there is an increase in missing data for this characteristic.

Exhibit 19. Domestic Violence Reported at Initial Assessment, SFYs 2020 to 2022



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 business days of the date of acceptance. Exhibit 20 illustrates the degree to which this model component was met for all referrals in which the client accepted services during the fiscal year. For SFY 2022 there is a significant decrease in the percentage of clients who had an assessment completed within seven working days of accepting AFF services. Decreasing from approximately 76% in SFY 2021 to 26% in SFY 2022. The overall number of clients not receiving an assessment after accepting services has increased from 11% in SFY21 to 37% in SFY22.

Exhibit 20. Disposition of Total Acceptances, SFYs 2020 to 2022

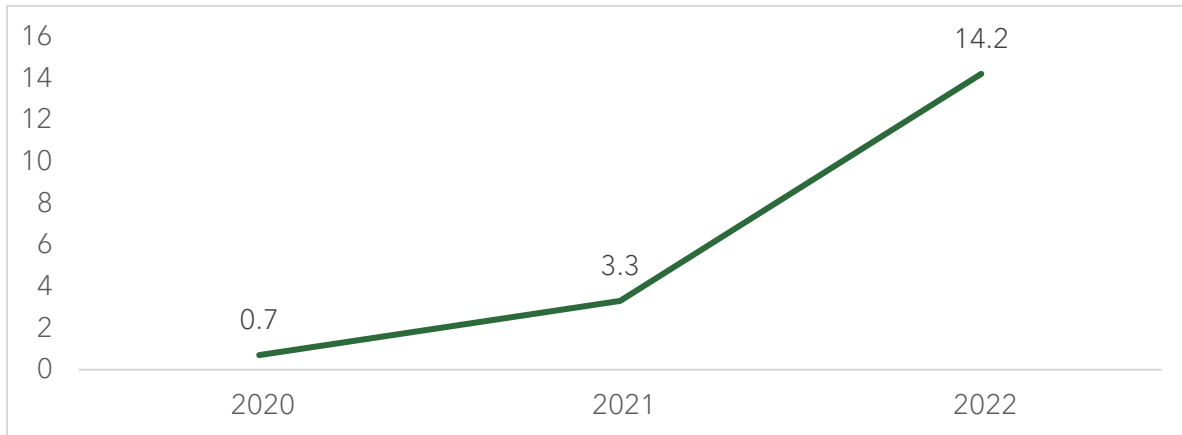
	SFY 2020		SFY 2021		SFY 2022	
	n	%*	n	%*	n	%*
Assessment within 7 business days of Acceptance	6,524	91%	3,408	76%	660	26%
Assessment greater than 7 business days of Acceptance	327	5%	536	12%	1,933	46%
Not Assessed	159	2%	512	11%	1,550	37%
Assessment preceding Referral Date and/or Acceptance Date	147	2%	53	1%	64	2%
Total Acceptances	7,157	100%	4,509	100%	4,207	100%

*Percent of total Acceptances for those within SFY.

Exhibit 21 illustrates the average number of business days between acceptance and assessment. The average (mean) amount of time between acceptance and assessment has increased again in SFY 2022 to approximately 14 days with a range in days from 1 to 64 days.



Exhibit 21. Average Number of Business Days from Acceptance to Assessment Date, SFYs 2020 to 2022



*Cases excluded from this analysis are those for which the assessment preceded their referral date and/or acceptance date. Cases with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

Exhibit 22 illustrates the results of assessments that occurred during SFY 2020 to SFY 2022. For the three-year period on average only 11% of AFF clients were assessed as not needing substance abuse treatment services.

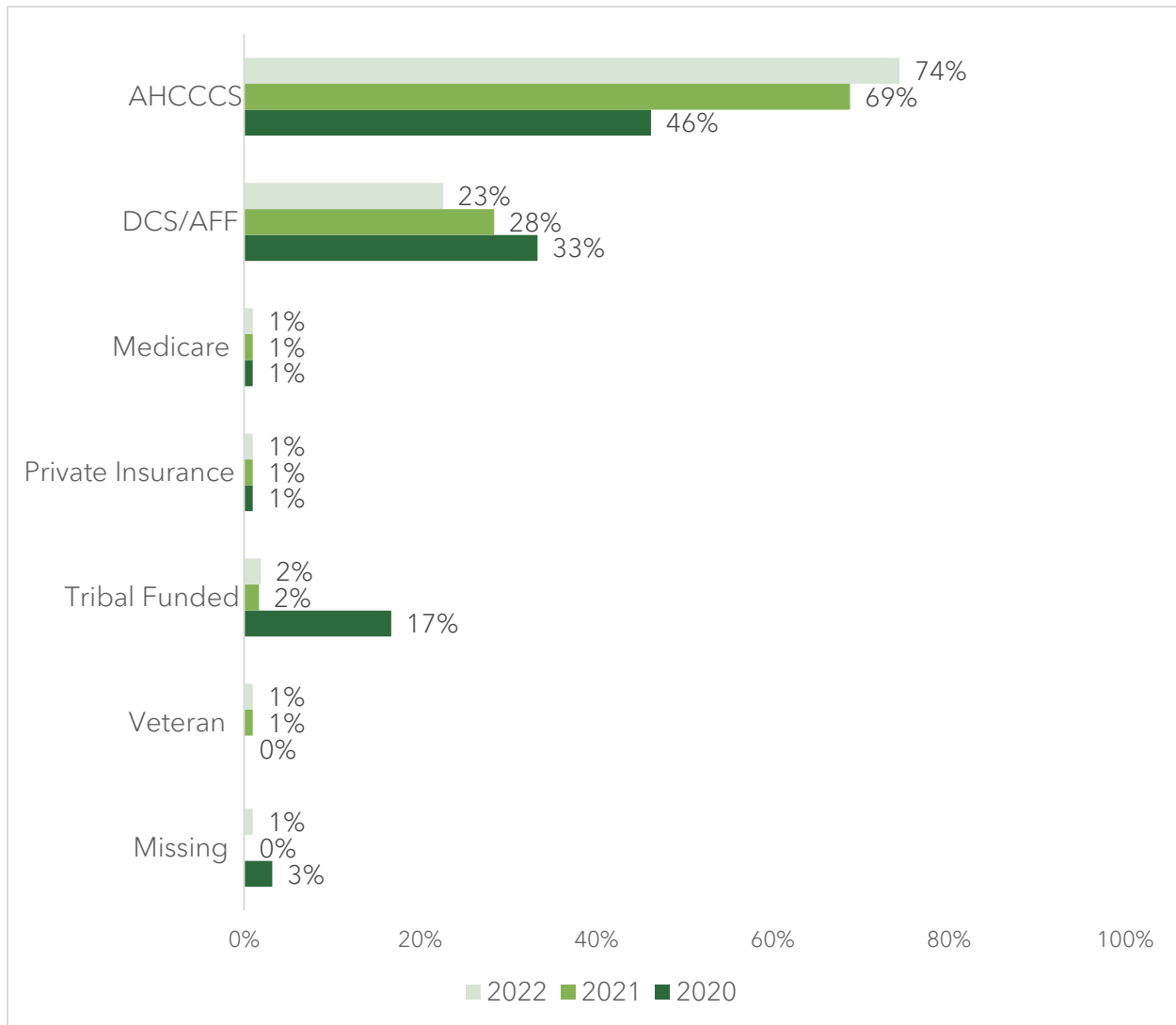
Exhibit 22. Assessment Outcomes for SFYs 2020 to 2022

	SFY 2020		SFY 2021		SF 2022	
	n	%	n	%	n	%
Assessed as needing substance abuse treatment	6,844	89%	3,448	87%	2,405	91%
Assessed as not needing substance abuse treatment	837	11%	508	13%	252	9%
Total substance abuse assessments	7,681	100%	3,956	100%	2,657	100%



For Exhibit 23, over a three-year period, the funding sources most often used for AFF services noted at assessment are AHCCCS (Arizona Health Care Cost Containment System) and DCS/AFF funding sources. AHCCCS funding has grown from 46% to 74% of clients in the past 3 years, while DCS/AFF funding has decreased by 10% over the same time period.

Exhibit 23. Percentage of Clients by Funding Source at Assessment, SFYs 2020 to 2022



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 also allows for children to accompany their parents or caregivers to residential treatment to keep the family intact. Of note for SFY22 is an increase in assignment to Substance Use Awareness services.

Substance Use Awareness Services are offered to clients who are recommended this level of treatment due to risk of developing a substance abuse disorder, clients who have a barrier to completing their substance abuse assessment within seven days, or clients who are unwilling to engage in the assessment or treatment but are willing to engage in Substance Use Awareness. These services are also offered to family members and significant others of clients who are receiving treatment. Substance Use 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). The number of clients accessing this service is increasing from just 163 clients in SFY 2020 to 402 clients in SFY 2022; see Exhibit 24 below. Exhibit 24 also illustrates the frequency with which each level of care was initially assessed for each referral that received services. Assignment to either Outpatient or Intensive Outpatient levels of care occurs most often over the three-year period.

Clients receiving Substance Use Awareness Services:

- 402 clients in SFY 2022
 - 260 clients in SFY 2021
 - 163 clients in SFY 2020
-



Exhibit 24. Level of Care Identified at Initial Assessment* for SFYs 2020 to 2022

Level of Care at Assessment	SFY 2020		SFY 2021		SFY 2022	
	n	%	n	%	n	%
Outpatient	3,746	66%	1,869	62%	640	43%
Intensive Outpatient	1,939	34%	958	32%	402	27%
Substance Use Awareness Assigned at Assessment	---	---	118	<1%	415	28%
Recovery Maintenance	---	---	10	<1%	26	2%
Medium Intensity Residential Treatment - Adult	---	---	24	<1%	--	<1%
High Intensity Residential Treatment - Adult	---	---	--	<1%	--	<1%
Partial Hospitalization	---	---	--	<1%	--	<1%
Residential Treatment - Adult	19	<1%	26	<1%	0	0%
Low Intensity Residential Treatment - Adult	---	---	--	<1%	0	0%
Total	5,704	100%	3,005	100%	1,500	100%

* Referrals that do not have a level of care date recorded within two weeks of the assessment date are not included in the analysis. For the exhibit, some smaller counts (n) are not reported in order to protect the confidentiality of AFF participants.

Level of Care and Duration

Exhibit 25 presents the average duration individuals remained in each level of care for treatment services for SFY22. It is common for individuals to move between levels of care several times during their treatment. SFY20 and SFY21 data are not reported due to such a wide range of days of duration for type of care making it difficult to identify any kind of three-year average as a trend. The results for SFY22 are only those cases with an initial treatment level of care assigned during SFY22. Similar to the results above, most treatment level of care durations are for outpatient and intensive outpatient treatment services. Since SFY20, there continues to be no residential treatment services provided for children.



Exhibit 25. Average Duration* of Level of Care for Treatment Services, SFY 2022

SFY 2022		
Level(s) of Care	Average (mean) number of days in treatment	Range (days)
Outpatient	115	1 - 338
Intensive Outpatient	93	1 - 286
Medium Intensity Residential Treatment - Adult*	---	---
Residential Treatment - Adult Total	0	0
Low Intensity Residential Treatment - Adult	0	0
High Intensity Residential Treatment - Adult	0	0

*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 the State Fiscal Year for unique individuals who did not exit from the AFF program. In the exhibit some smaller counts are not reported to protect client confidentiality.

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 26 displays the past 30-day self-reported substance use for clients that received an assessment. Similar to the previous two years, for SFY22, the four types of substances reported that are used most often at assessment are: marijuana/hashish; methamphetamine/speed; alcohol; and other opiates / synthetics.



Exhibit 26. AFF Self-Reported Substance Use, SFY 2022

	SFY 2020	SFY 2021	SFY 2022
Categories of Substances	%	%	%
Marijuana / Hashish	%	%	30%
Methamphetamine / Speed	39%	54%	24%
Alcohol	36%	48%	23%
Other Opiates / Synthetics	25%	36%	12%
Cocaine / Crack	12%	15%	6%
Heroin / Morphine	8%	13%	4%
Benzodiazepines (CNS depressants)	6%	11%	<1%
Other stimulants (i.e., a stimulant other than methamphetamine/speed or cocaine/crack)	1%	2%	<1%
Other Drugs (i.e., a drug not included in the other categories provided)	1%	<1%	<1%
Other sedatives/ tranquilizers (CNS depressants) (i.e., a sedative/tranquilizer not represented in the other provided categories)	1%	<1%	<1%
Inhalants	<1%	<1%	<1%
Hallucinogens	<1%	<1%	<1%

Service Delivery

Receipt of Services

All 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 service session.

Exhibit 27 illustrates the number of unique individuals who received AFF services in SFYs 2020 to 2022. These counts represent a single AFF client who received a service in one year and could have been referred to the program in a previous year. Total unique clients receiving services each year were: SFY 2020 n=3,435 unique clients; SFY 2021 n=4,108 unique clients and SFY 2022 n=4,117 unique clients.



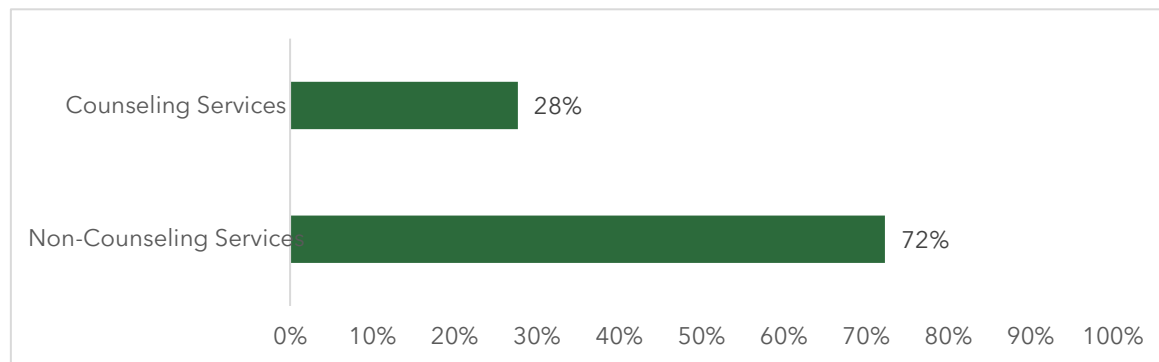
Exhibit 27. AFF Clients Receiving Treatment Services in SFYs 2020 to 2022

	SFY 2020		SFY 2021		SFY 2022	
	n*	%	n*	%	n*	%
Total New and Continuing Unique Individuals Receiving AFF Services	3,435	100%	4,108	100%	4,117	100%

*" Unique individuals" refers to individuals with an active referral in the AFF program during the relevant fiscal year. For those with more than one referral, referrals were deduplicated for analysis.

Exhibit 28 presents the relative proportion of counseling and non-counseling services provided to these clients during SFY22. Clients can be provided with more than one type of service during the fiscal year. Among counseling services provided, group counseling was documented most often at 87%, while case management/case coordination (74%) was documented most often among non-counseling services.

Exhibit 28. Proportion of Services Provided Categorized as Counseling and Non-Counseling, SFY2022



Drug Test Referral Outcomes

As described in the first Exhibit, AFF 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):

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	1x/Month



Exhibit 30 displays the outcomes of drug test attempts during SFYs 2020 to 2022. Exhibit 33 illustrates the results of the drug tests completed. For SFY22, a higher proportion of drug tests attempted were completed at 68%.

Exhibit 30. Drug Test Attempts, SFYs 2020 to 2022

Fiscal Year	SFY 2020		SFY 2021		SFY 2022	
	n*	% of drug tests attempted	n*	% of drug tests attempted	n*	% of drug tests attempted
No call/no show for testing	38,001	39%	37,099	47%	19,169	31%
Client refused	43	<1%	407	<1%	680	1%
Cancelled for reason beyond client control	371	<1%	333	<1%	185	<1%
Drug tests completed of those attempted	59,277	61%	40,881	52%	42,248	68%
Total	97,692	100%	78,720	100%	62,282	100%

*Includes new and continuing clients. Where more than one drug screen was performed in a single day, duplicates were removed.

As illustrated in Exhibit 31 below, over the past three years for those drug tests completed, the proportion found to be negative ranges from 62% to 76%. For SFY22, there were fewer positive results at 19% compared to 37% for SFY21.



Exhibit 31. Drug Test Results for SFYs 2019 to 2021

	SFY 2020		SFY 2021		SFY 2022	
	n	% of drug tests completed	n	% of drug tests completed	n	% of drug tests completed
Positive (one or more substances detected on a single day)	15,542	26%	15,166	37%	8,183	19%
Negative (no substance detected)	43,663	74%	25,454	62%	32,428	76%
Awaiting results	0	0%	62	<1%	209	<1%
Altered specimen/sample	8	<1%	23	<1%	67	<1%
Test indicates allowable substance	64	<1%	176	<1%	1,361	3%
Total	59,277	100%	40,881	100%	42,248	100%

Referral Closures

The data presented in this section includes all new and continuing referrals that closed during each fiscal year, including referrals that did not have an outreach attempt or acceptance of services.

Referrals closed during each fiscal year successfully completing AFF Treatment, AFF Recovery Maintenance and or AFF Substance Use Awareness Services:

- For SFY 2020: 23% (n=2,089)
- For SFY 2021: 14% (n=1,130)
- For SFY 2022: 12% (N=962)

Time that an AFF referral is open - actively enrolled in program:

- SFY 2020: 119 days on average for the year
- SFY 2021: 119 days on average for the year
- SFY 2022: 100 days on average for the year

Referral Closure Reasons

Exhibit 32 shows the reported reasons that referrals closed during SFYs 2020 to 2022. Any case closure counts identified as an error are not included in the closure reason reporting. New closure reasons were added for SFY 2022. Consistently over the three-year period most closures occur



due to providers not locating clients and or clients discontinuing services before program completion. For SFY22 there were 174 missing cases with no closure reason reported.

Exhibit 32. Referral Closure Reasons for SFYs 2020 to 2022

Closure Reason	SFY 2020		SFY 2021		SFY 2022	
	n	%	n	%	n	%
Unable to locate for initial outreach	1,291	15%	1,125	11%	2,200	28%
Client discontinued without completing services	3,234	37%	2,512	25%	1,543	20%
Unable to locate (post-intake)	168	2%	311	3%	1,299	17%
Unable to locate for Intake	1,411	16%	881	9%	493	7%
Completed AFF at the conclusion of Substance Abuse Treatment	1,330	15%	725	7%	459	6%
Completed Substance Use Awareness Services	---	---	10	<1%	271	4%
Completed AFF at the conclusion of Recovery Maintenance	759	9%	395	4%	232	3%
Refused services at initial referral or assessment	25	<1%	527	5%	232	3%
No longer parent in case / Client Discontinued Services After DCS Involvement Ended / Case Closed Due to No 6-month Services Authorization	---	---	23	<1%	232	3%
No SA problem identified	373	4%	661	6%	202	3%
No closure reason reported	154	2%	454	4%	174	2%
Client Refused Service after Intake but before Assessment	---	---	56	<1%	172	2%
Moved out of area / Incarcerated / Passed Away	30	<1%	84	<1%	152	2%
Client Refused Service after Assessment but before Treatment	---	---	25	<1%	60	≤1%
Referred to Substance Use Awareness Services and did not complete services	---	---	7	<1%	55	≤1%
Total Cases Closed	8,829	100%	7,956	100%	7,776	100%



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 33 displays the level of care at the time of closure for referrals closing in each state fiscal year and reflects the unique individuals who received AFF services in that same fiscal year and whose referral closed at the end of that same fiscal year. The frequencies may include duplicated individuals within each fiscal year. Over the three-year period, most often at closure clients are receiving either outpatient or intensive outpatient level of care type services. For SFY22, there is an increase in clients receiving Early Intervention / Substance Use Awareness services at closure.

Exhibit 33. AFF Level of Care at Time of Closure for SFYs 2020 to 2022

Level of Care	SFY 2020		SFY 2021		SFY 2022	
	n	%	n	%	n	%
Outpatient	1,960	57%	2,107	55%	508	36%
Intensive Outpatient	1,072	31%	1,176	31%	357	25%
Early Intervention / Substance Use Awareness	---	---	79	2%	322	23%
Recovery Maintenance	361	11%	443	12%	223	16%
Partial Hospitalization	---	---	---	---	---	≤1%
Residential Treatment - Adult	39	<1%	39	1%	---	≤1%
Total closed referrals for individuals who received AFF services in each SFY and closed in each SFY	3,432	100%	3,844	100%	1,427	100%

The following Exhibit 34 describes how long clients are enrolled in just the Recovery Maintenance level of care during the fiscal year.

Exhibit 34. Recovery Maintenance Level of Care Enrollments and Length of Time in Care for each SFY 2020 to 2022.

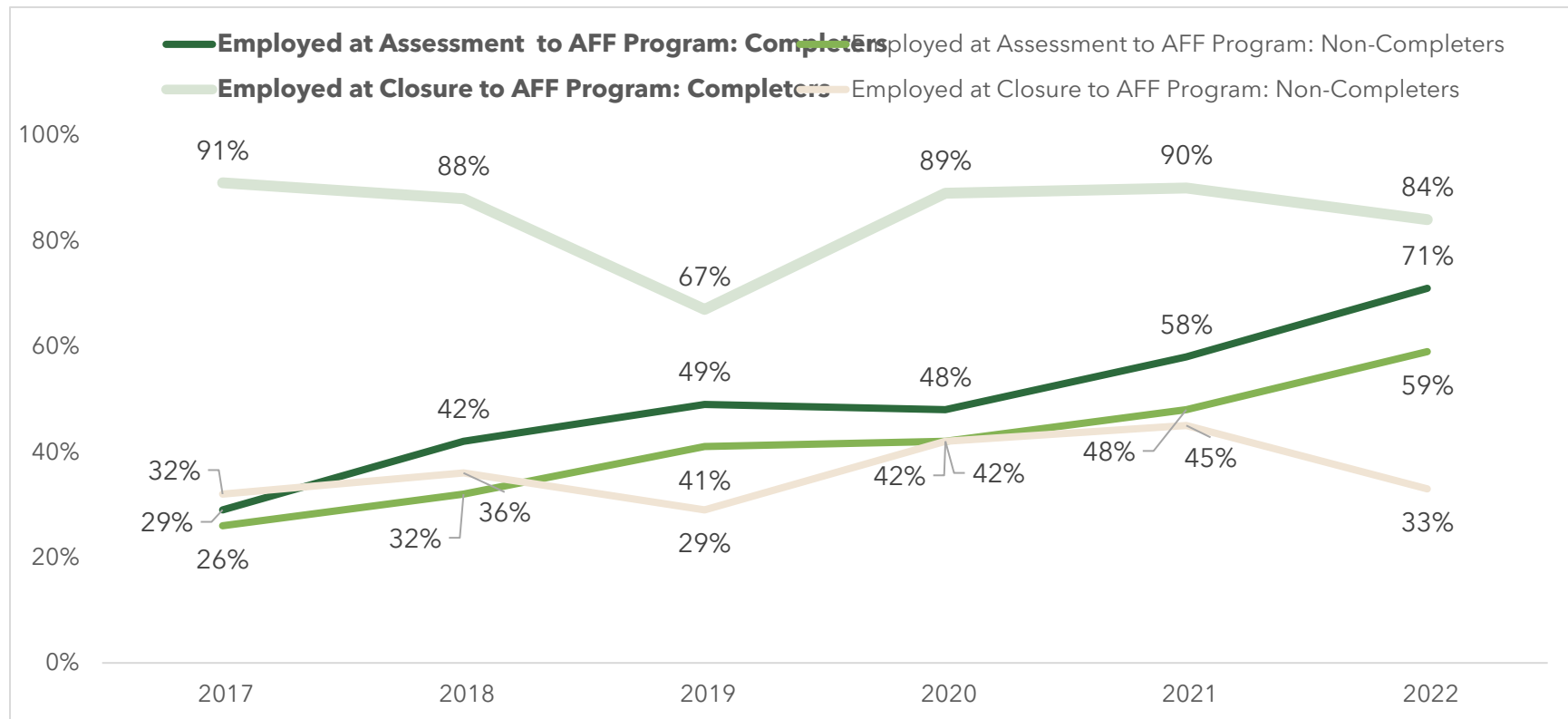
2020 Recovery Maintenance Enrollments and Average Days in Recovery Maintenance	2021 Recovery Maintenance Enrollments and Average Days in Recovery Maintenance	2022 Recovery Maintenance Enrollments and Average Days in Recovery Maintenance
n=764	n=663	n=230
Average time in Recovery Maintenance =162.9 days	Average time in Recovery Maintenance =147.8 days	Average time in Recovery Maintenance = 75.70 days



Employment Status at Assessment and Closure

Exhibit 35 shows full-time/part-time 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 each state fiscal year, 2017 to 2022. 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. Overall (n=8,141), people that complete AFF services (84%) are more likely to be employed than those who do not complete services (37%) at the closure period (chi square=2476.608, df=1, p=.000).

Exhibit 35. Employment Status Distribution at Intake and Closure for Those with a Referral Closed in SFY



OUTCOME EVALUATION RESULTS

In this section, the evaluation team describes maltreatment outcomes for AFF program completers and non-completers. For this report, the results include analysis of AFF portal and DCS child welfare data files from 7/1/2016 to 12/31/2022. These results are of unique AFF clients located in the AFF portal data file and then matched to DCS files based on DCS assigned identifiers¹. The matching process was deterministic and based on exact matches to an identifier in each data set. This type of matching is a basic approach and can result in some cases not matched due to errors in how identifiers were entered and or recorded in the data systems. For this process approximately 92% of all AFF client records from SFY 2017 to SFY 2022 were matched. The following Exhibit 36 outlines the results of the data cleaning and matching procedures.

Exhibit 36. Results of Data Cleaning and Matching Procedures for Outcome Results

Client Records from SFY 2017 to SFY 2022	
	n
Total AFF Clients from the AFF Portal Data	39,488*
Total Matches from DCS Intake File to AFF Portal Data by DCS Identifier	39,399
Total Unique AFF Clients with DCS Identifier Matches Used in Analyses	36,208

*Note: A total of n=843 cases had missing closure status information and were not used in the outcomes analyses.

The outcome results that are presented are descriptive results only, just reporting on number and percentage for each select outcome indicator. The following outcomes should be interpreted with caution, as the differences in outcomes between parents who completed and did not complete the AFF program could be due to many factors, such as between-group differences in education, race, ethnicity, service provider type, employment, and other unmeasured characteristics, rather than a result of completing the program. The total sample of AFF program completers and non-completers for this analysis is n=23,194 matched parent / caregiver cases referred to the AFF program for services from July 1, 2016 through June 30, 2022. The following Exhibit 37 describes the final completion status of the sample for this outcome study. Service completion can be completion of substance abuse treatment services with or without recovery maintenance services,

¹ The identifiers used were the CHILDS person identifier and the newer, Guardian person identifier. These are assigned to the caregiver upon engagement with DCS.



and or completion of substance use awareness services. Overall, 20% (n=4,583) of all clients (n=23, 194) referred to AFF since July 1, 2017 have completed services as of June 30, 2022.

Exhibit 37. AFF Program Completion by SFYs 2017 to 2022

	Completed AFF		Did Not Complete AFF		Totals	
	n	%	n	%	N	%
SFY 2017	837	25%	2,539	75%	3,376	100%
SFY 2018	875	27%	2,400	73%	3,275	100%
SFY 2019	819	24%	2,561	76%	3,380	100%
SFY 2020	906	21%	3,511	79%	4,417	100%
SFY 2021	707	16%	3,622	84%	4,329	100%
SFY 2022	439	10%	3,978	90%	4,417	100%
Totals	4,583	20%	18,611	80%	23,194	100%

Maltreatment Outcomes

To describe the differences between completers and non-completers' rates of subsequent maltreatment reports and substantiations, the evaluation team analyzes CHILDS and Guardian historical maltreatment report data for all unique individuals who were referred to the AFF program. The total time period for the data pull is 7/1/2016 through 12/31/2022. An individual with a referral that had not been closed by June 30, 2022, regardless of having a previous referral that had closed, was not included in this section. When DCS investigates whether or not abuse and or neglect has occurred, different types of findings are reported:

- 1) Unsubstantiated
- 2) Substantiated
- 3) Proposed Substantiated
- 4) Unable to Locate
- 5) Request Proposed

For this analysis, only findings of *substantiated* are reported; when the information gathered during the investigation supports that an incident of abuse or neglect occurred based upon a probable cause standard. For the purposes of this analysis, the finding date, when the finding was recorded, is used to identify when an investigation yielded a finding. For cases with multiple findings, the first date of a substantiated finding is selected. In addition, only findings with a



closed or completed assessment are included in the analyses. Any findings still under investigation with open, pending approval and or a pending case are not included in the analysis. Clients with no substance abuse problem per AFF assessment were removed from the analysis.

Maltreatment Outcomes for AFF Program Completers and Non-Completers

Exhibit 38 displays the overall maltreatment outcomes for AFF program completers (n=1,055) and non-completers (n=5,129). For this analysis, clients referred to AFF who subsequently did not complete the program for any reason are considered program non-completers. Overall, prior to program referral, approximately 13% (n=213) program completers had a substantiated or proposed maltreatment report. After program referral, just 19% (n=842) of program completers had a substantiated or proposed maltreatment report. Approximately 87% (n=1,448) of non-completers had a substantiated or proposed maltreatment report prior to AFF referral. After AFF referral, 81% (n=3,681) of the program non-completers had a substantiated or proposed maltreatment report. Overall, it appears that those who complete the AFF program have less recorded counts of substantiated maltreatment reports before and after referral to AFF than those who do not complete the program (chi square=28.807, df=1, p=.000).

Exhibit 38. Percentage of Substantiated Reports by Program Completers and Non-Completers from SFY2017 to SFY2022 (n=6,184)

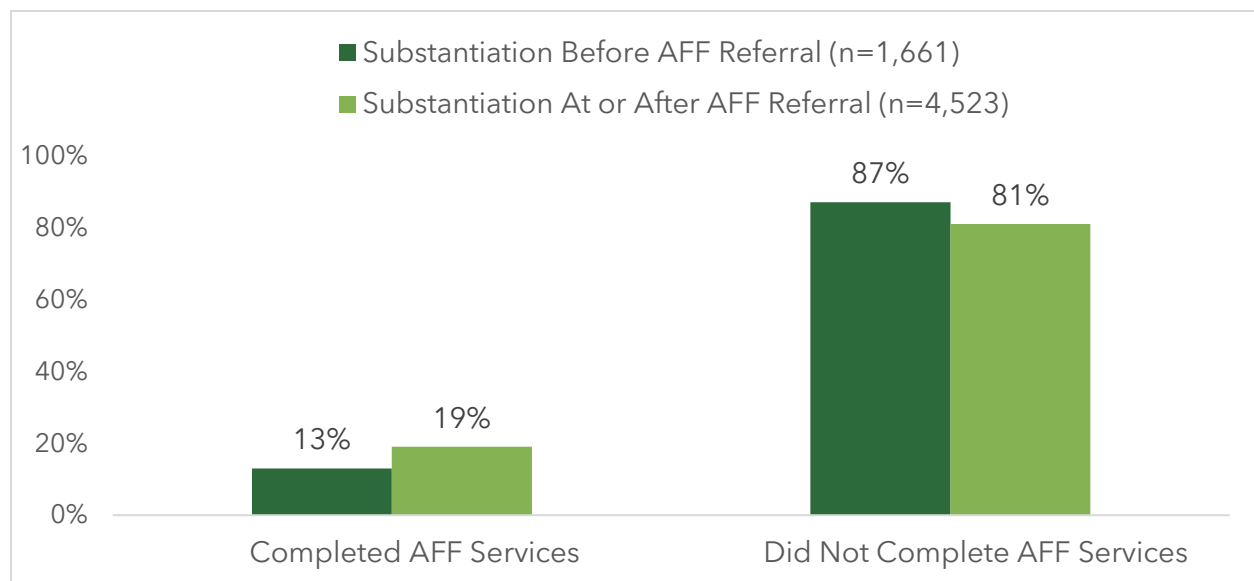


Exhibit 39.a and 39.b that follow presents this same information by state fiscal year.



Exhibit 39a. Substantiated Findings Before and At/After Referral by Completion Status

		Completed AFF		Did Not Complete AFF		Totals	
		n	%	n	%	n	%
SFY 2017	Finding Before Referral	2	<1%	7	2%	9	2%
	Finding At or After Referral	140	26%	400	73%	540	98%
	Total	142	26%	407	74%	549	100%
SFY 2018	Finding Before Referral	13	2%	38	6%	51	8%
	Finding At or After Referral	151	23%	445	68%	596	92%
	Total	164	25%	483	75%	647	100%
SFY 2019	Finding Before Referral	44	6%	130	18%	174	24%
	Finding At or After Referral	139	19%	417	57%	556	76%
	Total	183	25%	547	75%	730	100%



Exhibit 39b. Substantiated Findings Before and At/After Referral by Completion Status

		Completed AFF		Did Not Complete AFF		Totals	
		n	%	n	%	n	%
SFY 2020	Finding Before Referral	52	6%	229	25%	281	31%
	Finding At or After Referral	141	15%	499	54%	640	69%
	Total	193	21%	728	79%	921	100%
SFY 2021	Finding Before Referral	47	3%	348	25%	395	28%
	Finding At or After Referral	143	10%	867	62%	1,010	72%
	Total	190	14%	1,215	86%	1,405	100%
SFY 2022	Finding Before Referral	51	3%	640	35%	691	38%
	Finding At or After Referral	128	7%	1,024	56%	1,152	62%
	Total	179	10%	1,664	90%	1,843	100%



Exhibit 40 shows that overall, almost half (49%) of the substantiated findings occurs within 6 months of program closure. AFF program completers have significantly fewer substantiated findings overall (chi square=22.474, df=4, p=.000).

Exhibit 40. Maltreatment Findings after Final AFF Program Closure Date by Program Completers and Non-Completers

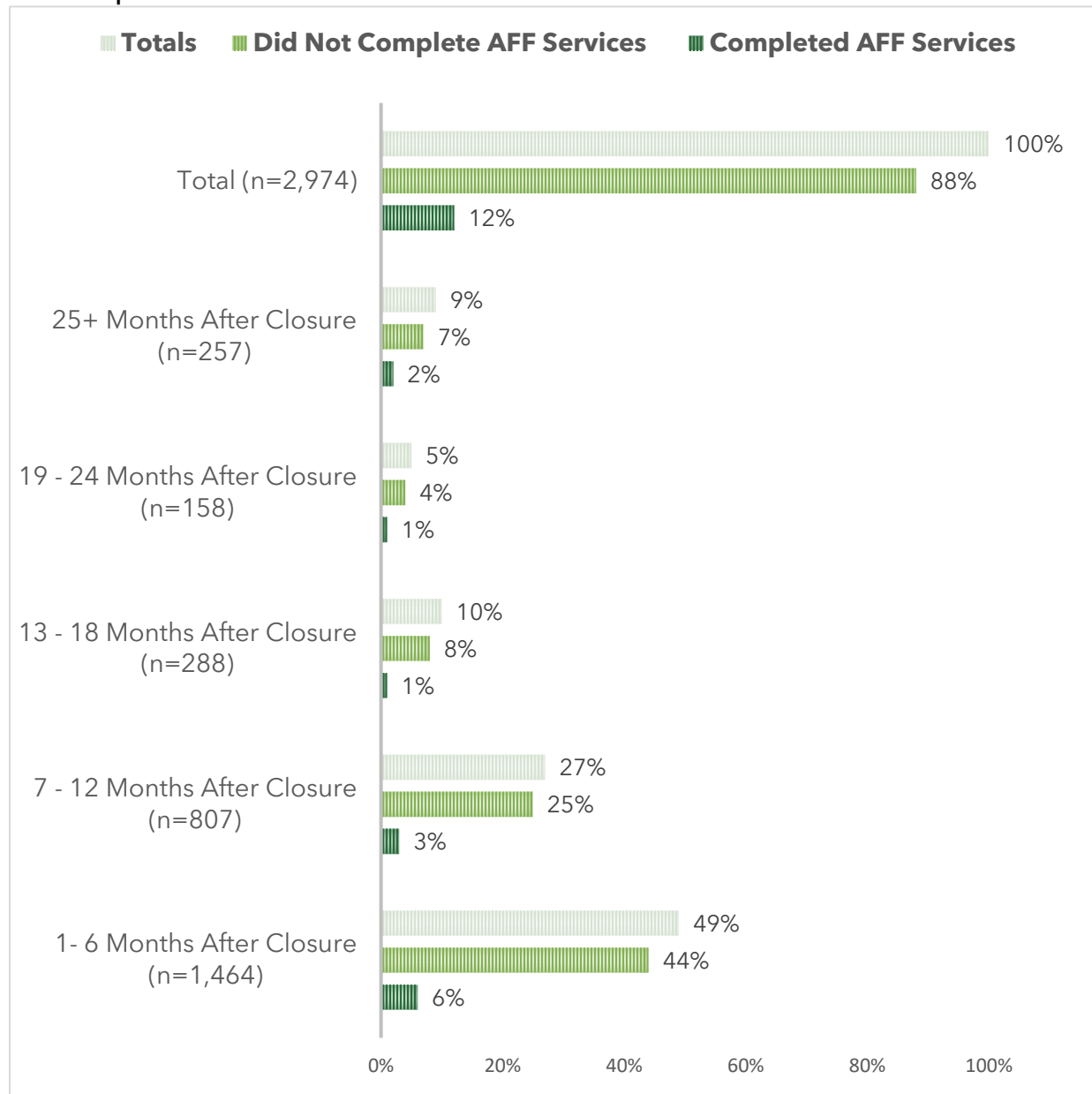
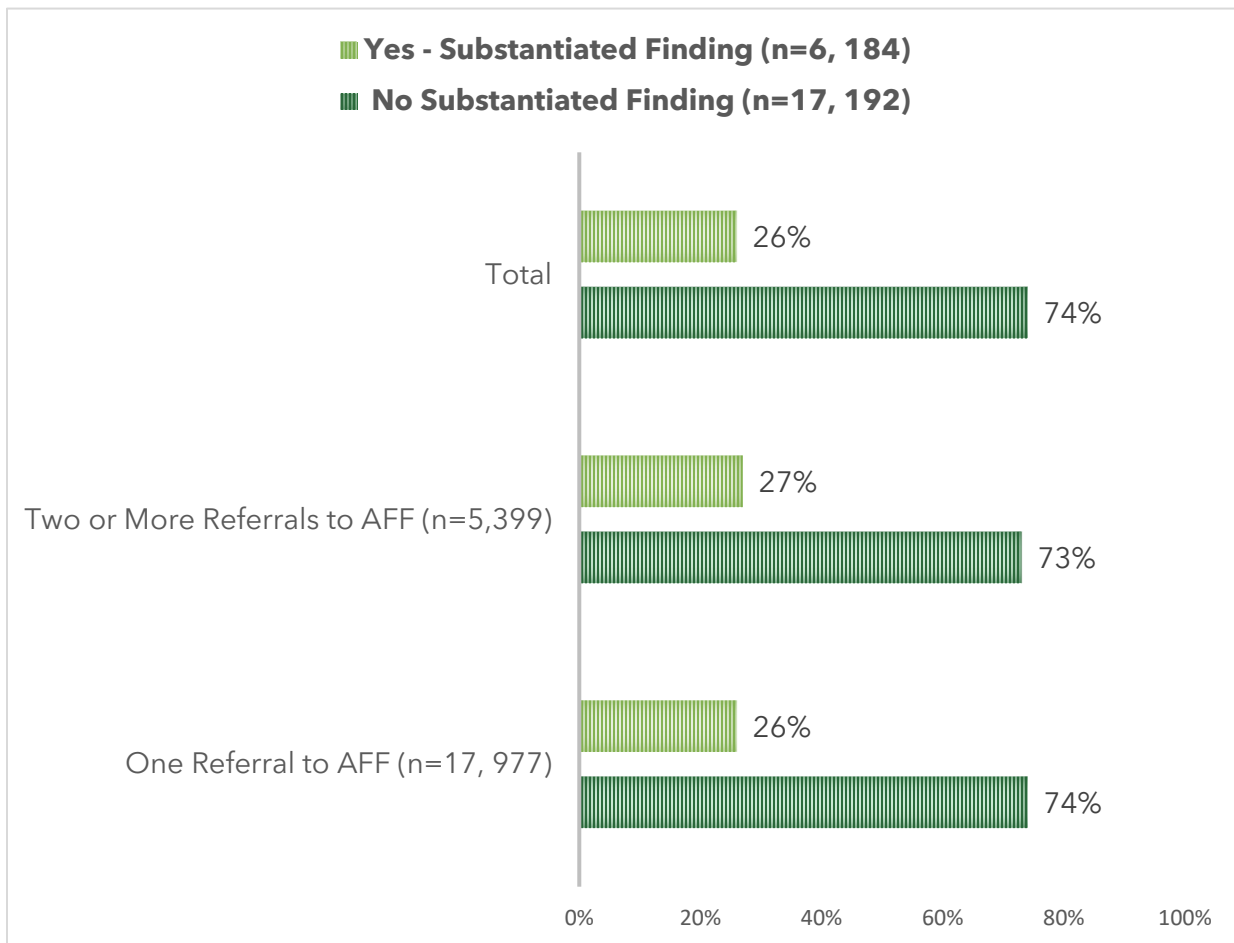


Exhibit 41 displays the total number of AFF clients with a child maltreatment finding from reports received before and after the AFF referral. AFF clients are categorized by having just one or two or more referrals to AFF. Most AFF clients do not have a maltreatment report, 74%, and there is no statistical difference in proportion of reports based on how often a client is referred to AFF (chi square=1.168, df=1, p=.280).

Exhibit 41. Child Maltreatment Findings Before and After AFF Referral by AFF Client with One or More Referrals to AFF for SFYs 2017 to 2022



Permanency Outcomes

This outcome area focuses on the AFF client parent / caregiver who has had a child removed from the home and whether or not the parent / caregiver is re-unified with the child.

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 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. This analysis only included cases with a “closed” assessment status for any removal reason. The removal was tracked from before and after the first referral to AFF services until the parent / caregiver is: (1) re-unified with the child, (2) not re-unified with the child, and or (3) the child remains in DCS custody. Removals are tracked on matched AFF clients from July 1, 2016 through to December 31, 2022, 6 months after the end of SFY 2022.

Exhibit 42 shows the reunification permanency outcomes for parents / caregivers comparing those who completed the AFF program to those who did not complete the AFF program. Significantly more parents who completed AFF (77%) were reunified with their child than those who did not complete AFF (46%) (chi square=229.603, df=2, p=.000).

Exhibit 42. Reunification Status for Parent by AFF Program Completion Status (SFY 2017 to 2022)

	Parent Completed AFF Program		Parent Did Not Complete AFF Program		Total	
	n	%	n	%	n	%
Still in Care	3	<1%	94	3%	97	3%
Reunification	541	77%	1,256	46%	1,797	52%
No Reunification	155	22%	1,409	51%	1,564	45%
Total	699	100%	2,759	100%	3,458	100%

Exhibit 43. shows the percentage of AFF clients who had a removal of a child before, during and or after their initial AFF referral. Most AFF clients, 83%, do not have a child removed from their home. There is not any significant difference between those who complete AFF (16.5%) and those that do not complete AFF (17.3%) comparing the number of parents with a removal (chi square=1.740, df=1, p=.187).



Exhibit 43. Removal Rates for Parents / Caregivers (SFY 2017 to 2022)

	Parent Completed AFF Program		Parent Did Not Complete AFF Program		Total	
	n	%	n	%	n	%
Children Remained in Home	3,692	84%	14,896	83%	18,588	83%
Removal	727	16.5%	3,113	17.3%	3,840	17%
Total	4,419	100%	18,009	100%	22,428	100%



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 to improve client recovery outcomes, employment levels, child safety, family stability, and permanency outcomes.

For this year, when measures of the indicators were consistent and data quality allowed, three-year trend data was presented. As previously mentioned, all the results presented in these annual evaluation reports are descriptive, meaning that the data presented is describing a component of AFF and/or an intended outcome area of focus for the AFF program. These results are not intended for making a judgement about the effect of the AFF program on any of the process level or outcome level indicators. The three-year trend data allows program managers and staff to better understand a result within a period of performance. Consideration is given to how much variation there appears to be from one year to the next over a period of three years on any single result. While the trend data does not explain why a difference may exist, it can allow for a more comprehensive description of the results.

Referrals to AFF and Acceptance of Services

For SFY 2022, there were 5% fewer new referrals (n=7,162) to AFF compared to SFY 2021 (n=7,519). Referrals dropped from a total of 2,052 in the first quarter of SFY 2022 to 1,682 in the fourth quarter of SFY 2022. For SFY22 92% of the time a first outreach attempt was made to the client within one business day, which is an improvement from SFY21, and only 157 referrals had no outreach attempt.

Of a total of n=7,162 referrals, a total of 7,005 had a documented outreach attempt, or 98%. A total of 2,673 referrals did not accept services, a higher percentage at 40% than 30% in SFY21. The average days between referral and acceptance date, and from first outreach attempt to acceptance has also declined from SFY 2020 to SFY 2021. This finding indicates that AFF providers are more quickly engaging clients to accept services which is critical to intervening earlier if substance abuse is found to be a problem. A total of 6,218 unique individuals were served during SFY22.

Client Demographics

The demographics of clients are recorded at the time of an assessment, not at the time of referral, which results in less ability to identify significant differences in the characteristics of DCS clients referred to AFF. The assessment is done after the referral is made and so for those clients who do not receive an assessment this information is difficult to obtain. It is recommended that collecting complete and accurate client demographic information continue to be a focus of data quality efforts on behalf of DCS staff and AFF providers. Particularly at the point when a referral is made to the AFF program.



Without accurate information about AFF clients, it is difficult to identify any potential equity issues for clients. Those engaged in this work understand that it is important to identify and remove barriers that clients may have to accessing and completing treatment. A recommendation is to analyze data considering client characteristics and contextual factors such as neighborhood environments to better understand program performance.

Assessment for Services

For SFY 2022 there is a significant decrease in the percentage of clients who had an assessment completed within seven working days of accepting AFF services. Decreasing from approximately 76% in SFY 2021 to 26% in SFY 2022. The overall number of clients not receiving an assessment after accepting services has increased from 11% in SFY21 to 37% in SFY22. For SFY22, 3% of AFF referrals were assessed as not needing substance abuse treatment services and those referrals were closed. Given the significant decrease in assessments for SFY22, it is recommended to identify the root causes of this change in order to improve this part of the AFF process.

Accessibility of Services

Treatment for clients can be paid for by five different funding sources (DCS, AHCCCS, Medicare, private insurance, and tribal funding) based on eligibility. 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. Over the past three years, the majority of AFF clients have been supported by AHCCCS and DCS funding. DCS conducts annual Fidelity and Compliance Services reviews with each provider and questions providers about what kinds of barriers clients may experience in receiving or engaging with services. Examples are requested for how providers are removing these barriers. Those examples can be shared and “best practices” developed as a way to continue to support client access to services.

More clients are receiving services each year while total referrals are decreasing each year. Total unique clients receiving services each year were: SFY 2020 n=3,435 unique clients; SFY 2021 n=4,108 unique clients and SFY 2022 n= 4,117 unique clients. DCS can partner with AFF providers and conduct deeper analysis of client services data in order to identify what may be causing this trend.

Treatment Completion

For SFY 2022 referrals, a total of 2,405 AFF clients were assessed as needing services. A total of 171 AFF clients completed treatment type services and a total of 238 completed substance use awareness services; resulting in a total of 17% (n=409) of AFF clients completing services who were assessed as needing services. A total of 83% (n=1,996) AFF clients assessed as needing services did not complete services and or were closed out of service. Consistently over the three-



year period most closures occur due to providers not being able to locate clients and or clients discontinuing services before program completion. For closures occurring in SFY22, 53% of all closure reasons were attributed to AFF / DCS staff being unable to locate an AFF client at some point after initial referral. Approximately 21% of clients discontinued their treatment before completing it and 6% refused services after referral. It is recommended to identify the root causes that are driving why contact is lost with AFF referrals and or why 21% of AFF clients are discontinuing services before completion.

Employment

A clear trend is that a significantly larger portion of those who complete the AFF program are working full and or part time compared to those who do not complete the AFF program.

Child Safety

Substantiated reports of maltreatment were analyzed over time to see if there is a relationship between whether or not an AFF client completes AFF and substantiated reports of maltreatment. Overall, of all substantiated reports counted after an AFF client case closes, AFF program completers have significantly fewer substantiated findings (chi square=22.474, df=4, p=.000). In addition, counts of when an AFF client was reunified with a child removed from their home were tracked over time. Significantly more parents who completed AFF (77%) were reunified with their child than those who did not complete AFF (46%) (chi square=229.603, df=2, p=.000). These positive outcomes on their own do not establish that completing the AFF program causes fewer instances of substantiated maltreatment or more parents reunified with their child. These findings do indicate that there is a relationship between AFF program completion and these two child safety outcomes - that something greater than chance is at play. Given the relative success of the data matching to measure these outcomes, it is recommended to consider additional factors such as client characteristics to further describe how AFF program completion influences child safety outcomes.



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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.

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. Providers are required to keep total data errors to below 10% for each data table, and this goal was met for this reporting period. It is important to note that the evaluator does not independently verify the quality or accuracy of data entered by the AFF provider at the provider agency level.

Outcome Evaluation

The overall aim of the outcome evaluation component is to describe the outcomes of the AFF program at the 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. A chi square test of significance was used with the null hypothesis that there was no relationship between completing AFF services and select child safety outcomes.

Data Sources

The data on maltreatment reports was obtained through the CHILDS and new Guardian database, the Arizona DCS child welfare case management information system.

Data Quality

Data monitoring and quality assurance is ongoing, and providers are required to correct any errors monthly that are apparent based on error reports. As mentioned above, it is important to note that the evaluator does not independently verify the quality or accuracy of data entered by the AFF provider at the provider agency level. Providers are also required to attend monthly



data manager meetings to discuss data quality. Additionally, the portal continues to be assessed monthly to ensure that as few errors as possible occur after data is uploaded.

Data Analysis

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 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 2022 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 2022 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 and Guardian data was used to compare maltreatment report and allegation data prior to referral to the AFF program and data at six-months post referral closure for those closed in SFY 2022. CHILDS data was also used to compare the same data components six months after closure for those closed successfully in previous SFYs 2018 to 2022. To gather CHILDS/Guardian data for maltreatment outcomes, the evaluation team provided DCS with a list of all clients referred to the AFF program by DCS during SFY 2022. These clients were matched to the data in the CHILDS/Guardian 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 this system. The results were divided between those who completed AFF services (completers) and those who did not (non-completers). The evaluation team then reviewed unique individual AFF data to determine 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.

Limitations

Despite continuing improvements in data quality that were made for the current report, limitations remain. The accuracy of the results provided relies on the accuracy of the data entered at the provider and state agency level. The data is collected and documented by many individuals and errors can occur.

