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

State Fiscal Year 2023

July 1, 2022- June 30, 2023

Annual Evaluation Report

December 2023

LeCroy & Milligan
ASSOCIATES, INC.

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

Submitted to:

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About LeCroy & Milligan Associates:

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

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INTRODUCTION

Program Overview

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

Drug and alcohol abuse continues to be a pressing public health problem in the United States (U.S). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), one sixth (16.5%) of the U.S. population age 12 and older met the DSM-5 criteria for a substance use disorder (SUD) (2023). This high rate of SUDs translated into over 106,000 people dying from a drug-involved overdose in the same year, a 13.7% increase from the previous year (National Institute on Drug Abuse, 2023). While there are a multitude of negative outcomes associated with substance abuse (e.g., motor vehicle accidents, mental and physical health problems, intimate partner violence, decreased work productivity and functioning; National Institute on Drug Abuse, 2020, Rivera et al., 2015; Slaymaker, 2012), child maltreatment is one of the most alarming outcomes (Dubowitz et al., 2011; Laslett, Room, Dietze, & Ferris, 2012; Smith et al, 2016).

Child maltreatment, defined by the Centers for Disease Control and Prevention (CDC) as abuse (i.e., physical, sexual, emotional) or neglect (i.e., failure to meet child's basic needs) of a child under age 18 by the parent, caregiver, or person in a custodial role, is associated with many negative consequences for youth, including negative health and behavioral outcomes and entry into the foster care system. A systematic review of 25 studies identified a wide swath of negative long-term effects on children who were abused and neglected, including physical (e.g. increased risk of chronic health conditions like diabetes, obesity, and heart disease), psychological (e.g., higher risk of developing depression, anxiety, and post-traumatic stress disorder), social and emotional (e.g., difficulty forming healthy relationships), and behavioral (e.g., increased risk of revictimization, interpersonal traumas or physical and sexual intimate partner violence) effects. 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. Font et al. (2012) found 16% of children who were reunified with their parents after a removal due to substance use in the state of Texas re-entered the child welfare system within five years.

According to a recent report from the U.S. Department of Health & Human Services, one fifth of the children who received Child Protective Services (CPS) support were removed from their home, threatening family permanency. The Child Maltreatment Report (2022) states that 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". Additionally, in Arizona, the Department of Child Safety's (DCS) SFY23 Hotline data shows a total of 43,806 reports for SFY23, with 4,940 (11%) of them involving a Substance Exposed Newborn (SEN). In Arizona, the prevalence of substance abuse in child welfare-involved families continues to be a significant reason for DCS involvement with families.

AFF Program

The AFF program was established through Arizona Revised Statutes 8-882, 8-883 and 8-884 in 2000 and is a partnership between the Department of Economic Security (DES) and the Department of Health Services (DHS). The AFF program provides family-centered, evidence-based, trauma-informed substance abuse and recovery support services to parents involved with the child welfare system via a child abuse and neglect report, and whose substance abuse creates barriers to maintaining children in the home or for reunification (Arizona Department of Child Safety Security, 2021b). 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. 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. 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.

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/JOBS 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.

This annual report reviews the AFF program model, assesses AFF program implementation and performance against three performance goals, and program outcomes, and includes recommendations for program improvement. The AFF Program Manual is publicly available and can be accessed here: https://dcs.az.gov/content/cso-2501-arizona-families-first-program-manual). Exhibit 1 shows AFF client participation and referrals for SFY 2023.

Exhibit 1. AFF Client Participation and Referrals for SFY 2023

**Arizona Families F.I.R.S.T. (AFF) Referrals and Client Participation
SFY 2023 Annual Report (July 1, 2022 – June 30, 2023)**

Referrals*

6,802 referrals were made from DCS / DES to the DCS AFF program between 7/1/2022 to 6/30/2023.

Outreach

6,671 (98%) of Referrals had at least one outreach attempt**

6,518 (98%) of Referrals with at least one outreach attempt had an outreach attempt within 1 business day

153 (2%) of Referrals with at least one outreach attempt had an outreach attempt of >1 business day
----
117 (2%) of Referrals had no documented outreach attempt

Accepted AFF Services?

Yes ·············· No

Services Accepted

4,063 of 6,671 (61%) Referrals Accepted Services in SFY23
----
65 (1%) of Referrals still in process of accepting services at end of SFY23 (acceptance occurred after SFY23)

2,506 of 6,671 (38%) of Referrals did not Accept Services and case was closed
----
37 of 6,671 (<1%) of Referrals did not Accept Services but case still open at end of SFY23

Completed SA Assessment?

Yes·············· No

Assessment*

2,124 of 4,034 (53%) Referrals with services accepted resulted in a completed substance abuse assessment
----
114 of 4,034 (3%) of Referrals still in process of assessment at end of SFY23 (assessment occurred after SFY23)

1,662 of 4,034 (41%) Referrals with services accepted did not result in a completed substance abuse assessment and case was closed
----
134 of 4,034 (3%) of Referrals had no assessment but case still open at end of SFY23

Identified as Needing Treatment?

Yes·············· No

Services Needed

1,143 of 2,124 (54%) of completed assessments identified as needing services

113 of 2,124 (5%) of completed assessments identified as not needing services.
----
593 of 2,124 (28%) were missing this information but case still open at end of SFY23

275 of 2,124 (13%) were missing this information and case closed at end of SFY23

Received AFF Services?

Yes·············· No

Outcomes***

231 of 1,143 (20%) cases identified as needing services and completed AFF services; 6% of Referrals who accepted services

912 of 1,143 (80%) cases identified as needing services and did not complete program or were closed out of program; 23% of Referrals who accepted services

*100% of AFF referrals from DCS/JOBS served in this reporting period had referral dates during SFY2023
**14 additional referrals (<1%) had an acceptance of service date which preceded the date of initial outreach and were therefore removed for subsequent analyses.
***29 of the 4,063 (<1%) referrals with services accepted had an assessment date preceding the acceptance of service date and were therefore removed for subsequent analyses.
****Cases closed out of program include clients: unable to be located, moved out of area, passed away, or was incarcerated, and types of missing data such as no closure reason reported.

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 2023 (July 1, 2022, to June 30, 2023). 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, SFY2023 data used in this report was less than 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! 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 and or missing data issues. This is noted for each exhibit. Finally, race / ethnicity is not reported at this time due to concerns with potential errors in calculating that variable. An addendum to this report will be published once that issue is investigated.

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 2023 was $5,972,430.71, all from federal TANF funding (Exhibit 2). This is a decrease from SFY 2022 levels.

Exhibit 2. AFF Program Funding for SFY 2021 to 2023

	2021	2022	2023
State Maintenance of Effort Funds (DCS)	$17, 807.62	$735,131.96	$0
Federal Funds	$6, 079, 152	$6,079, 152	$5,972,430.71
TOTALS	$6, 631, 932	$6, 631, 932	$5,972, 430.71

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

DCS or JOBS referral submitted to provider.
- Referral is date stamped when received by provider.

Outreach Efforts & Intake
- 2 working hours to provide written confirmation of referral receipt to referral source.
- Initial contact attempt must be made by direct care staff.
- 1st outreach effort must be made within 1 working day.
- If the initial in-person outreach attempt is unsuccessful, the referring DCS Specialist or DES/Jobs Case Manager must be notified within 3 business days of receipt of the service request to discuss alternatives for locating the client.
- 5 working days to make a minimum of 3 outreach attempts, including 1 in-person.
- Intake to occur within 3 days of referral receipt.
- AFF providers ensure funding streams reflects clients' eligibility.

If client declines services, the referring DCS Specialist or DES/Jobs Case Manager must be notified within 2 business days for assistance with engaging the client.

Substance Abuse Assessment
- SA Assessment must occur within 7 working days from signing of the AFF ROI.

If Client is assessed as not needing SA treatment, **referral is closed.**

Within 15 days of completing SA Assessment, provider is to hold a meeting to finalize **AFF service plan** — to include referring case manager (in person or conference call).
- While the Service Plan is being finalized, the provider should put in place a 15 Day Plan with the client that starts no later than 3 days after the assessment and lasts until the assessment is finalized.

SA Treatment Services
- Begins within 14 working days of SA assessment.
- Outpatient
- Intensive Outpatient
- Residential

Case Coordination w/Aux Services
- Case management
- Drug screens
- Parenting/DV education or other educational classes

Concrete Support Services
- Childcare
- Transportation
- Housing etc.

Recovery Maintenance
- 6+ months of services provided.
- Employment, sobriety, reunification incentives

Client Discharge/Case Closure
- Successful: Provider informs case manager in writing.
- Unsuccessful: Provider consults with referring case manager to determine if services should be ended or if ongoing engagement efforts are appropriate.

AFF Providers

During FY2023 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 2023 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
Apache	X		X
Navajo		X	X
Coconino		X	X
Mohave		X	X
Yavapai		X	X
La Paz		X	X

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 2023, 6,802 new referrals were made during the year, while 1,328 referrals continued into SFY 2023 from SFY 2022, for a total of 8,130 referrals managed during SFY 2023. AFF providers had contact with a total of 5,336 unique individuals at some time during SFY 2023. A total of 64 referrals from SFY 2021, 1,309 referrals from SFY 2022, and 5,319 referrals from SFY 2023 were closed during SFY 2023, for a total of 6,698 closures.

Exhibit 5 shows the new referrals received has declined for the past three years, SFY 2021 to SFY 2023. The number of new referrals for SFY 2023 (6,802) represents a 5% decrease from SFY 2022 and 8% decrease from SFY 2021. Over a three-year period, the average number of new referrals per year is 7,138 per year. The number of new referrals per quarter for each SFY was also examined, with little to no variation occurring across quarters per SFY. Consistently for each SFY, new referrals occur evenly across quarters (~25% of new referrals for a given SFY occur each quarter).

While during a given SFY, both new referrals (defined as referrals which occurred during that same SFY) and continuing referrals (defined as referrals from previous SFYs which are still open at the time of the given SFY) are managed by program staff and providers, the process evaluation for this AFF Annual Report will report on results for new referrals in that SFY, unless otherwise noted.

Exhibit 5. Counts of Types of Referrals and Closures by SFY 2021 to 2023

New referrals are defined as referral dates occurring within that SFY. Continuing referrals are defined as referrals that occurred in a previous SFY that were not closed by the end of that same SFY, and therefore continued into the next SFY.

Exhibit 6 illustrates the referral sources for SFY 2023 and as in the three previous years illustrates that DCS is by far the largest referral source.

Exhibit 6. Referral Sources for SFY 2021 to 2023

Referral Source	Referrals 2021		Referrals 2022		Referrals 2023	
	n	%	n	%	n	%
DCS	7,435	99%	7,131	99%	6,743	99%
TANF/JOBS Program	3	<1%	11	<1%	0	0%
Missing	3	0%	30	<1%	59	<1%
Total Referrals	7,519	100%	7,172	100%	6,802	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 two additional outreach attempts within five business days, in-person whenever possible, must be made before outreach efforts by the provider cease. Exhibits 7a. and 7b. illustrate outreach attempts from referrals that occurred from SFY 2021 to SFY 2023 by model standards and Exhibit 10 presents the average number of business days between referral and first outreach activity. The percentage of referrals for which at least one outreach attempt occurred has consistently hovered around 98% across the last three SFYs (Exhibit 7a).

Exhibit 7a. Total Number of AFF Referrals with at Least One Outreach Attempt, SFYs 2021 to SFY 2023
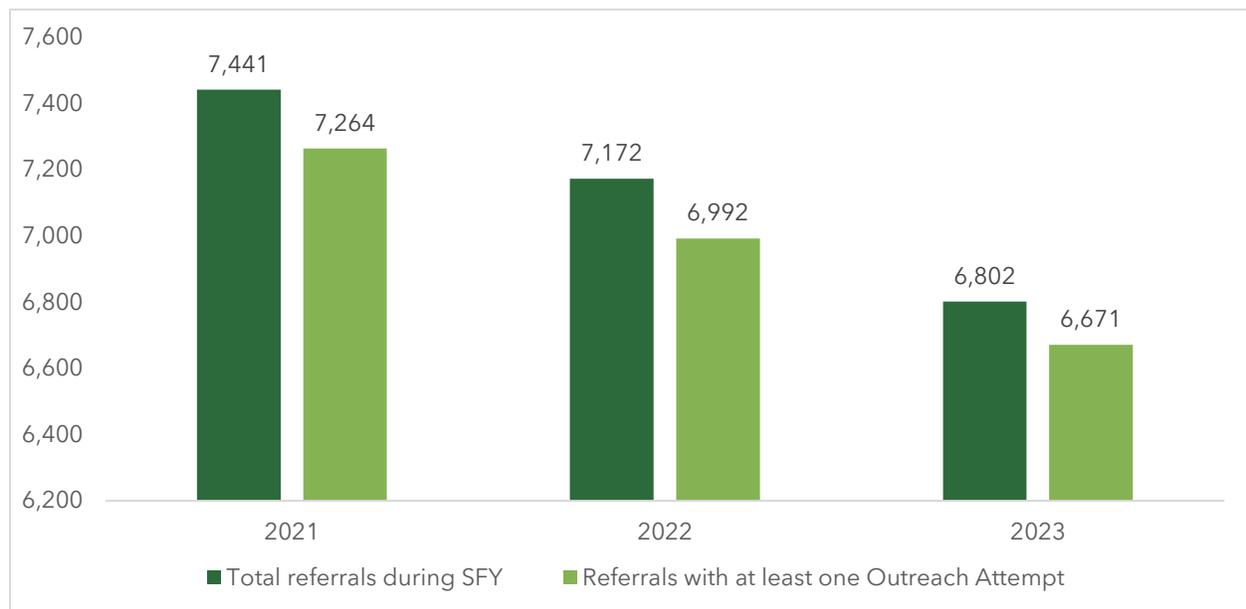
*Of the total number of referrals occurring each SFY, a small percentage (<1%) each year had acceptance dates which preceded outreach dates. These cases are represented in the total referrals during SFY figures (dark green bars) but excluded from the figures representing the number of referrals with at least one outreach attempt (light green bars).

In SFY 2023, data presented in Exhibit 7b 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 attempts compared to SFY 2021 and SFY 2022. For SFY 2023, 96% of outreach occurs within one business day of receipt of the referral. Exhibit 8 shows that little variation is observed in the mean number of business days between referral and initial outreach over time.

Exhibit 7b. Percentage of AFF Outreach Attempts, SFYs 2021 to 2023
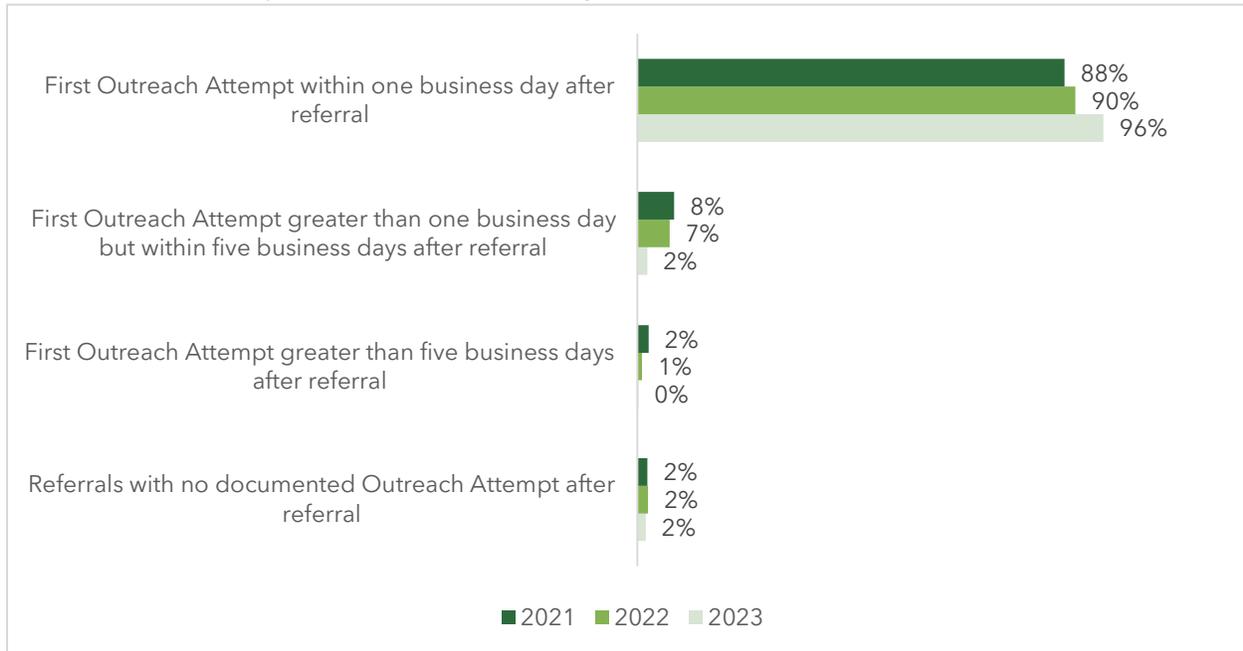
First Outreach Attempt within one business day after referral
- 88%
- 90%
- 96%

First Outreach Attempt greater than one business day but within five business days after referral
- 8%
- 7%
- 2%

First Outreach Attempt greater than five business days after referral
- 2%
- 1%
- 0%

Referrals with no documented Outreach Attempt after referral
- 2%
- 2%
- 2%

■ 2021 ■ 2022 ■ 2023

*Referrals with acceptance of service dates which preceded outreach dates were not included in the analysis.

Exhibit 8. Average Business Days between Referral and First Outreach Attempt, SFYs 2021 to 2023
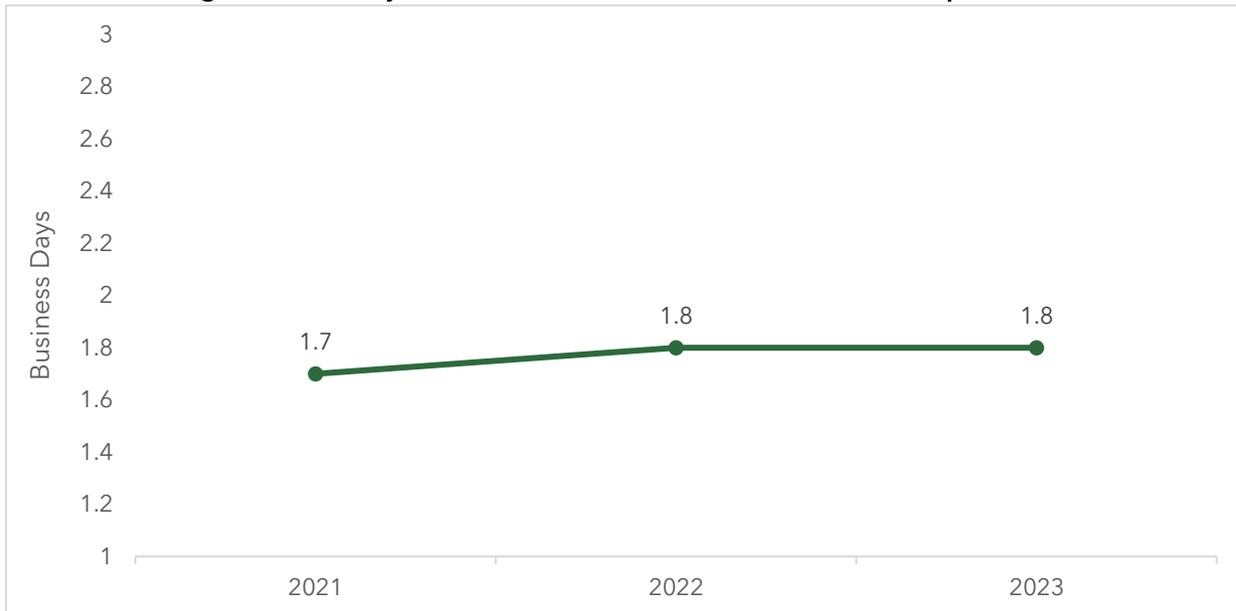
Y-axis: Business Days (1 to 3)
- 2021: 1.7
- 2022: 1.8
- 2023: 1.8

*Referrals with acceptance of service dates which preceded outreach dates were not included in analysis. Referrals with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

Exhibit 9 displays the distribution of business days between referrals and first outreach attempts for each fiscal year. Per the AFF program manual, the first attempted contact with the client should occur in person within 24 hours of receipt of referral, excluding weekends and state holidays; i.e., within the same and/or the next day. For the calculation of business days between the two dates, a time period of 0-2 business days would meet the criteria. The data in Exhibit 9 shows median values of 1, 2, and 2 and mean values of 1.7, 1.8, and 1.8 for SFYs 2021, 2022, and 2023, respectively. The number of outliers in this indicator has decreased over time. Exhibit 10 shows that the percentage of referrals meeting this criteria has increased over time, with 98% of referrals meeting this performance measure in SFY 2023, surpassing the overall performance goal of 95%.

Exhibit 9. Box Plot of Business Days between Referrals and First Outreach Attempt, SFYs 2021 to 2023
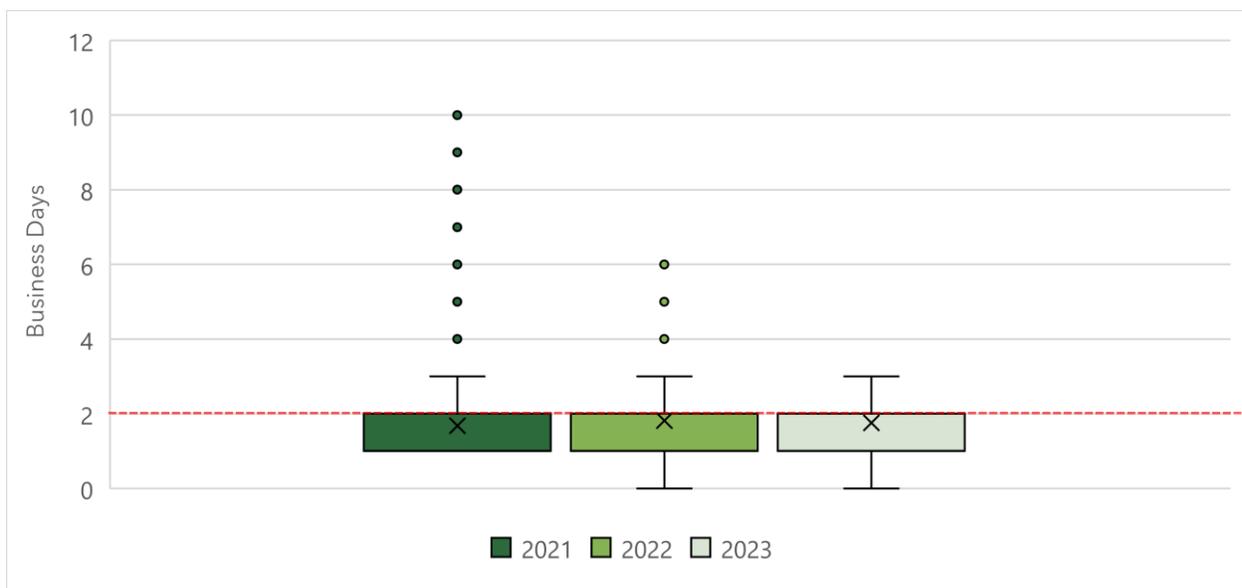
Referrals outside of the 99th percentile for each year were excluded. The bottom and top line of each box represent the 25th and 75th percentile value, respectively. Median lines are not visible as they overlap with 25th and 75th percentile values (1, 2, and 2 for SFY21, SFY22, and SFY33, respectively). The "X" in each box represents the mean value for that year. The bottom and top bars for each box represent the minimum and maximum values, respectively. The dots represent outliers (values > 1.5 x IQR) for each year. The red dashed line represents the performance benchmark of 2 business days.

Exhibit 10. Summary of Data Against Performance Benchmark for Business Days Between Referral and First Outreach Attempt Among Those With At Least One Outreach Attempt, SFYs 2021 to 2023

2021

9%

91%

2022

7%

93%

2023

2%

98%

■ Within one business day   ■ Greater than one business day
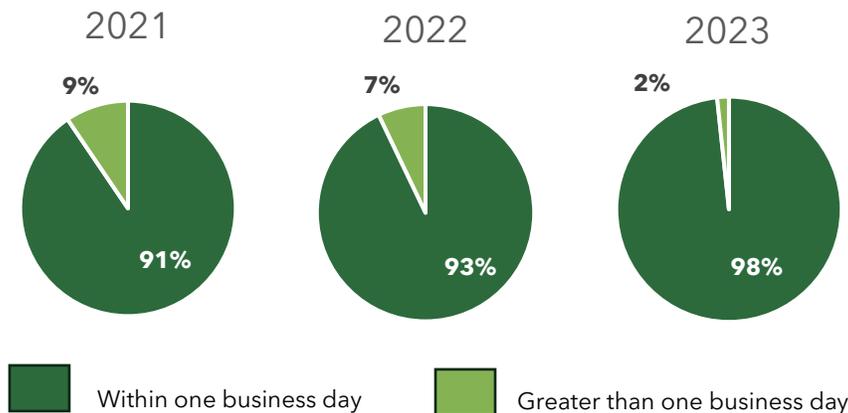
Intake and Acceptance of Services

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.

Per the AFF program manual, individuals referred to AFF should accept program services within three working days of the receipt of referral by the Contractor. Exhibit 11 illustrates what happened to referrals where contact was made with a potential AFF client. For SFY 2023, a total of 4,063 referrals out of the 6,671 (61%) which had at least one outreach attempt led to accepted services, with an additional 65 (1%) accepting services after SFY 2023 had ended (not shown). In SFY 2023, 32% (n=2,167) of all clients contacted (n=6,671) accepted services within 5 business days of the date of referral, 29% (n=1,961) accepted services after 3 business days of the date of referral, approximately 38% (n=2,506) did not accept services and ≤ 1% (n=37) of referrals were still in process at the end of the fiscal year.

Exhibit 11. Referrals and Acceptance of Services for New Clients With At Least One Outreach Attempt, SFYs 2021 to 2023
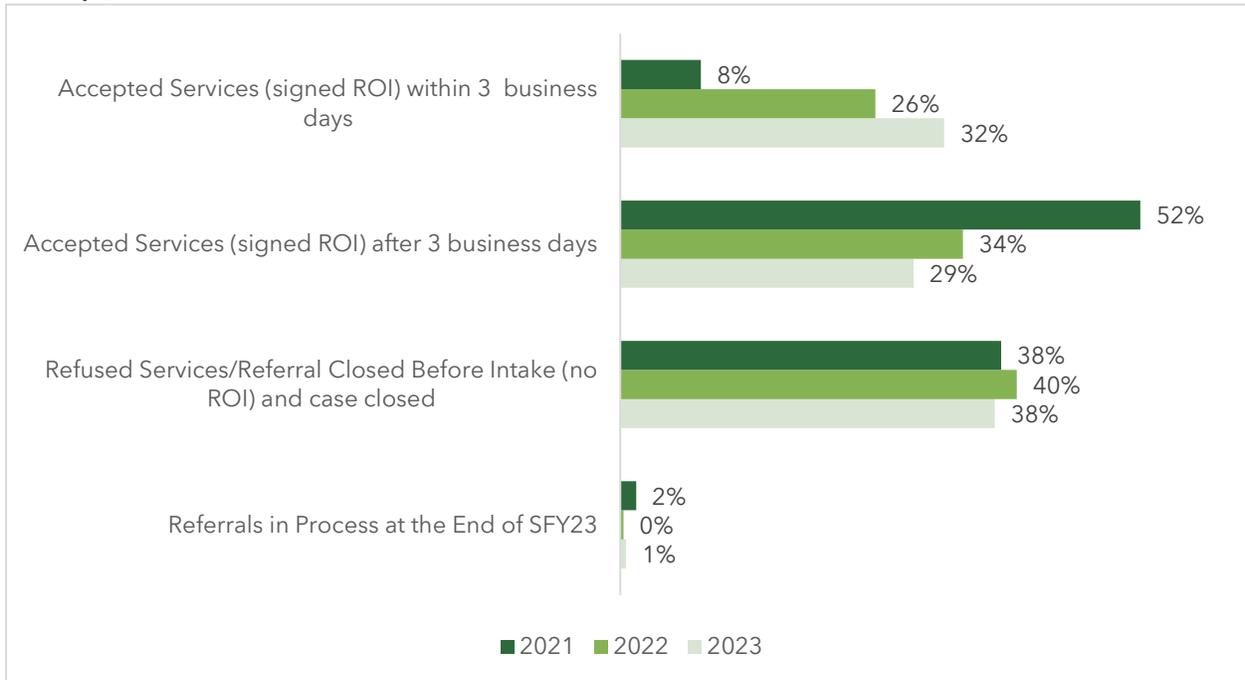
*Referrals with outreach dates prior to referral dates and acceptance dates prior to referral dates were not included in the analysis.

Of note, 52 out of the 117 referrals with no documented outreach attempt led to accepted services, likely representing an administrative error (i.e., failure to document outreach); however, these referrals were excluded from the analyses above and subsequent analyses (i.e., denominators used in the calculation of percentages represent only those for which one outreach attempt was made). While the percentage of individuals accepting services has decreased over time, Exhibit 12 shows that the speed at which individuals are accepting services has increased over time. Notably, the percentage of with individuals who accepted services within 3 business days of their referral has increased signficantly in recent years, nearly meeting the performance goal of 60%.

Exhibit 12. Summary of Data Against Performance Benchmark for Business Days Between Referral and Acceptance of Services, SFYs 2021 to 2023

2021	2022	2023

13% / 87% | 43% / 57% | 52% / 48%

■ Within three business days   ■ Greater than three business days
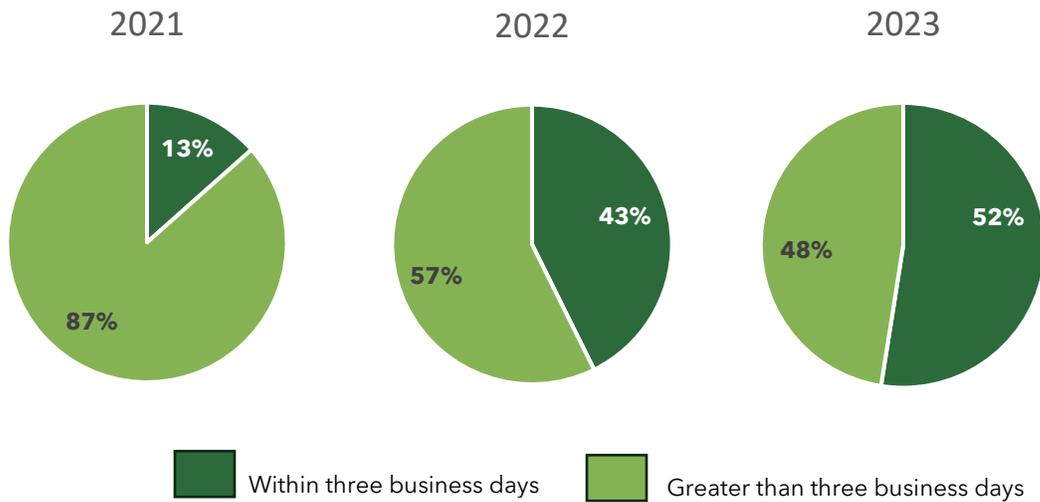
Exhibit 13 shows the average number of business days between referral and acceptance of services for SFY 2023 is approximately 5 days. This represents a 31% decrease from 2022's average of 7 days and 54% decrease from 2021's average of 11 days.

Exhibit 13. Average Business Days Between Referral and Acceptance Date, SFYs 2021 to 2023
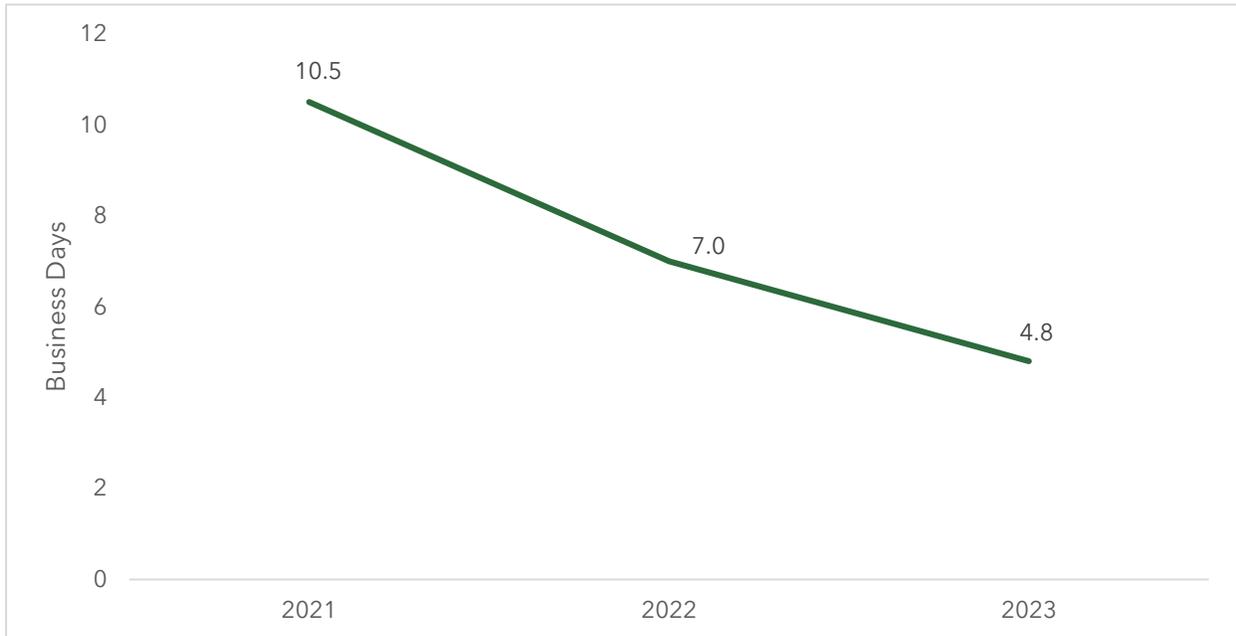
*Referrals with outreach dates prior to referral dates and acceptance dates prior to referral dates were excluded. Referrals with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

Exhibit 14 displays the distribution of business days between referral and acceptance of service dates for each fiscal year. The data shows median values of 8, 4, and 3 and mean values of 10.5, 7.0, and 4.8 for SFYs 2021, 2022, and 2023, respectively. The data also shows a decrease in the spread of data, and a decrease in the number of outliers in this indicator over time.

Exhibit 14. Box Plot of Business Days Between Referral and Acceptance Date, SFYs 2021 to 2023
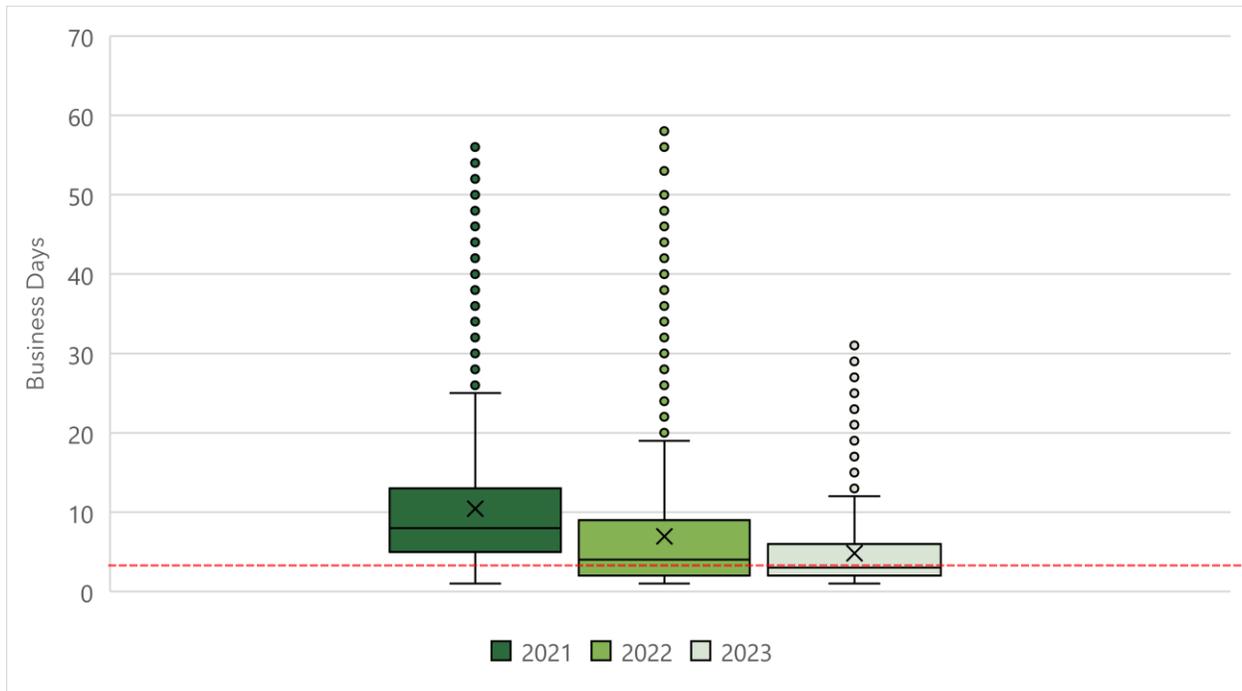
Referrals outside of the 99th percentile for each year were excluded. The bottom and top line of each box represent the 25th and 75th percentile value, respectively. Median lines for each year are represented by the horizontal line within each box. The "X" in each box represents the mean value for that year. The bottom and top bars for each box represent the minimum and maximum values, respectively. The dots represent outliers (values > 1.5 x IQR) for each year. The red dashed line represents the performance benchmark of 3 business days.

Exhibit 15 presents the average number of business days between the first outreach attempt across SFYs. For SFY 2023, this time period is 4 days, representing a 30% decrease from 2022's average of 6 days and 56% decrease from 2021's average of 10 days.

Exhibit 15. Average Business Days Between First Outreach and Acceptance Date, SFYs 2021 to 2023
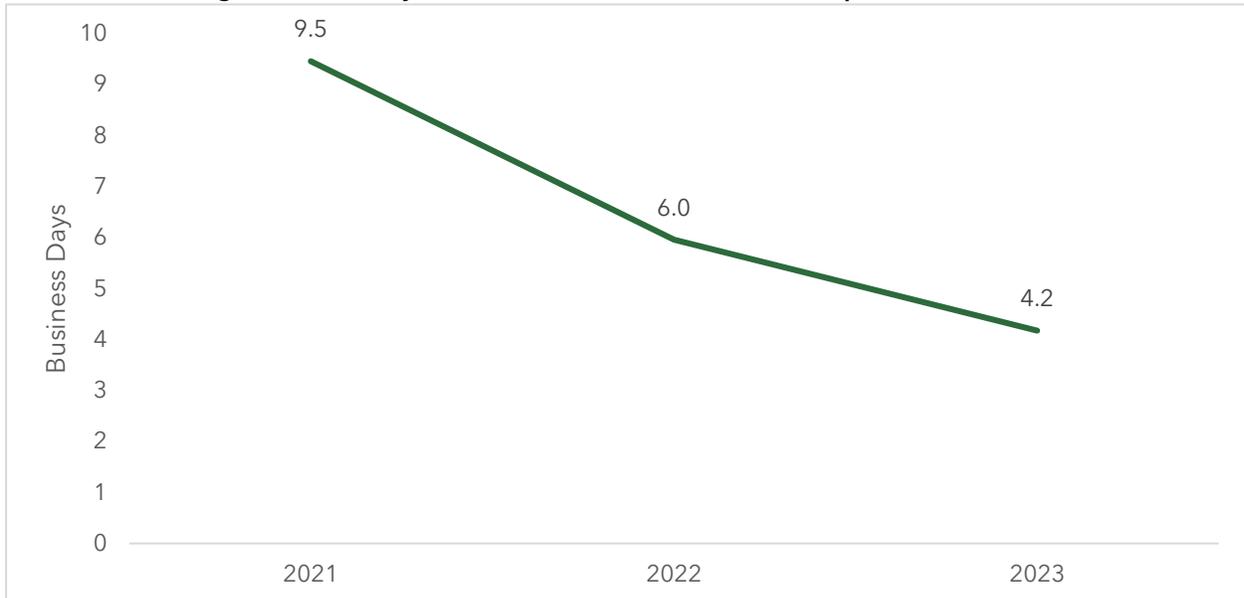
*Referrals with outreach dates prior to referral dates and acceptance dates prior to referral dates were excluded. Referrals with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

Exhibit 16 displays the distribution of business days between first outreach and acceptance of service dates for each fiscal year. The data shows median values of 7, 3, and 2 and mean values of 9.5, 6.0, and 4.2 for SFYs 2021, 2022, and 2023, respectively. For SFY 2023, AFF providers are engaging clients to accept services much more quickly after referral to the AFF program compared to earlier years.

Exhibit 16. Box Plot of Business Days Between First Outreach Date and Acceptance Date, SFYs 2021 to 2023
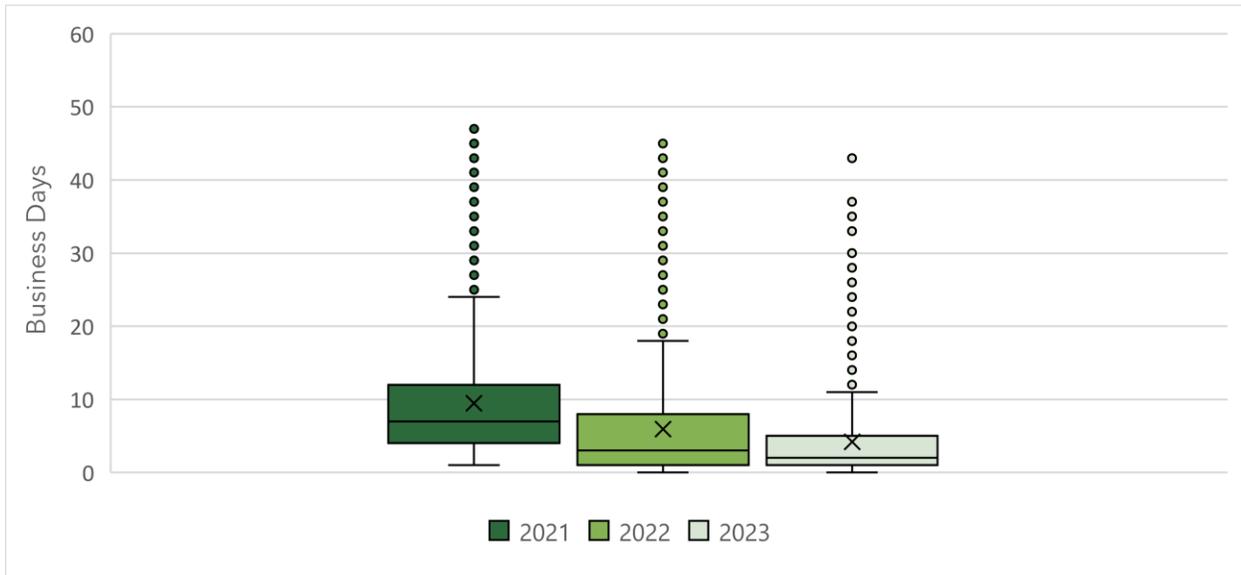
Referrals outside of the 99th percentile for each year were excluded. The bottom and top line of each box represent the 25th and 75th percentile value, respectively. Median lines for each year are represented by the horizontal line within each box. The "X" in each box represents the mean value for that year. The bottom and top bars for each box represent the minimum and maximum values, respectively. The dots represent outliers (values > 1.5 x IQR) for each year.

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 2021 to 2023 and who received an assessment. If a client was referred more than once to AFF and completed an assessment each time, the demographics associated with the first referral date are presented[1]. 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). The amount of missing data for each demographic category is included in the table footnotes.

Client Age

Exhibit 17 illustrates the age ranges of AFF clients served in SFY 2021 to 2023 who had an assessment that state fiscal year (n=8,172). The majority of clients served are 19 years of age or older; and despite an overall decrease in referrals, there is an increase in the number of young people ages 0-18 assessed for services from AFF.

Exhibit 17. Age of Client at Referral by SFYs 2021 to 2023

	SFY 2021		SFY 2022		SFY 2023	
Age	n	%	n	%	n	%
0 – 18	28	0.8	48	1.9	76	3.6
19 and older	3,584	99.2	2,415	98.1	2,021	96.4
Total	3,612	100%	2,463	100%	2,097	100%

*Excludes clients whose 1) acceptance of service date preceded the referral date, 2) initial outreach date preceded the acceptance of service date, and 3) assessment date preceded the acceptance of service date. No clients were missing age information.

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[1] For referrals with any missing demographic information, an effort was made to recover missing information with data from the same client from a different referral; however, this resulted in an insignificant recovery of missing information (<1%).

Client Gender

Given the little variation in this characteristic of AFF clients over time, Exhibit 18 displays the distribution of gender for clients served in SFYs 2021 through 2023 who had an assessment (n=8,152).

Exhibit 18. Gender of Client at Referral by SFYs 2021 to 2023
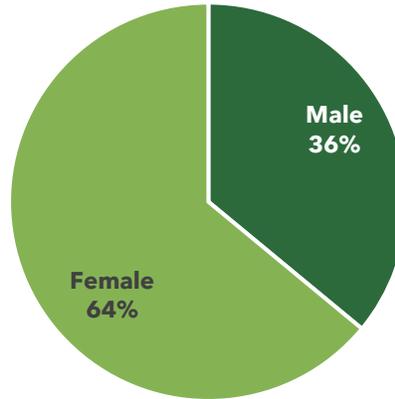
*Excludes clients whose 1) acceptance of service date preceded the referral date, 2) initial outreach date preceded the acceptance of service date, and 3) assessment date preceded the acceptance of service date. Percentages exclude clients with missing gender information (<1%, n=20).

Client County of Residence

Exhibit 19 illustrates the county of residence for all clients and a consistent trend is that over half of the AFF clients reside in Maricopa County (n=8,154).

Exhibit 19. Client County of Residence, SFYs 2021 to 2023

County	SFY 2021		SFY 2022		SFY 2023	
	n	%	n	%	n	%
Apache	7	<1%	3	<1%	6	<1%
Cochise	19	1%	47	2%	82	4%
Coconino	16	<1%	20	1%	5	<1%
Gila	34	1%	32	1%	17	1%
Graham	7	<1%	1	0%	6	<1%
Greenlee	1	<1%	1	<1%	0	0%
La Paz	14	<1%	1	<1%	8	<1%
Maricopa	2,078	58%	1,423	58%	1,157	55%
Mohave	153	4%	87	4%	70	3%
Navajo	38	1%	26	1%	16	1%
Pima	699	19%	488	20%	427	20%
Pinal	303	8%	171	7%	142	7%
Santa Cruz	10	<1%	10	<1%	12	<1%
Yavapai	123	3%	82	3%	79	4%
Yuma	95	3%	70	3%	68	3%
Total	**3,597**	**100%**	**2,462**	**100%**	**2,095**	**100%**

*Excludes clients whose 1) acceptance of service date preceded the referral date, 2) initial outreach date preceded the acceptance of service date, and 3) assessment date preceded the acceptance of service date. Percentages exclude clients with missing county information (<1%, n=18).

Client Rurality of Residence

For this SFY 2023 report, a new variable is presented which represents the rurality of the client's residence at the initial assessment. The rural-urban commuting area (RUCA) codes categorize

U.S. census tracts using measures of population, density, urbanization, and daily commuting[2]. The most recent RUCA codes were developed using two data sources: 1) the 2010 decennial census and 2) the 2006-2010 American Community Survey. U.S. census tracts are categorized at two levels; first, by whole numbers (1-10), as metropolitan, micropolitan, small town, and rural commuting areas, and second, they are further subdivided by secondary commuting flows. RUCA 10 values for AFF clients were obtained using the client's ZIP code and identifying the corresponding RUCA 10 value using an existing data set which classified ZIP codes into RUCA values.

Exhibit 20 illustrates the percentage of AFF clients who resided in these four commuting areas at the time of the initial assessment for SFY 2021 through 2023 (n=8,145). The overwhelming majority of clients (>97%) reside in metropolitan or micropolitan areas.

Exhibit 20. Rurality of Client Residence at Initial Assessment, SFYs 2021 to 2023

RUCA 10 Designation	SFY 2021		SFY 2022		SFY2023	
	n	%	n	%	n	%
Metropolitan	3,255	91	2,234	91	1,882	91
Micropolitan	238	7%	141	6%	135	6%
Small Town	67	2%	50	2%	48	2%
Rural	33	1%	33	1%	29	1%
Total	**3,593**	**100%**	**2,458**	**100%**	**2,094**	**100%**

*Excludes clients whose 1) acceptance of service date preceded the referral date, 2) initial outreach date preceded the acceptance of service date, and 3) assessment date preceded the acceptance of service date. Percentages exclude clients whose zip code was missing or whose zip code has no rural-urban identifier information (<1%, n=27).

Client Education Level

Exhibit 21 illustrates the education level for clients from SFY 2021 to SFY 2023 (n=7,967). A trend continues with 80% or more reporting at least a high school level education or GED.

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[2] See: https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/

Exhibit 21. Education Level of Client at Initial Assessment, SFYs 2021 to 2023

Education Level	SFY 2021		SFY 2022		SFY2023	
	n	%	n	%	n	%
1st -12th Grade	565	16%	458	19%	413	20%
High School Graduate or GED	1,845	52%	1,143	48%	976	48%
Some College, No Degree	770	22%	546	23%	439	22%
Vocational/Technical School	193	5%	117	5%	99	5%
College AA/BA Degree	164	5%	106	4%	100	5%
Graduate or Post Graduate Degree	17	1%	6	<1%	10	<1%
Total	**3,554**	**100%**	**2,376**	**100%**	**2,037**	**100%**

*Excludes clients whose 1) acceptance of service date preceded the referral date, 2) initial outreach date preceded the acceptance of service date, and 3) assessment date preceded the acceptance of service date. Percentages exclude clients with missing education at assessment information (3%, n=205).

Client Employment Status at Assessment

Exhibit 22 illustrates the employment status for clients (n=7,101) and there is variation in this characteristic of clients over time. Some of the variation for SFY 2023 may be explained by the large amount of missing data for this characteristic.

Exhibit 22. Employment Status of Client at Initial Assessment, SFYs 2021 to 2023
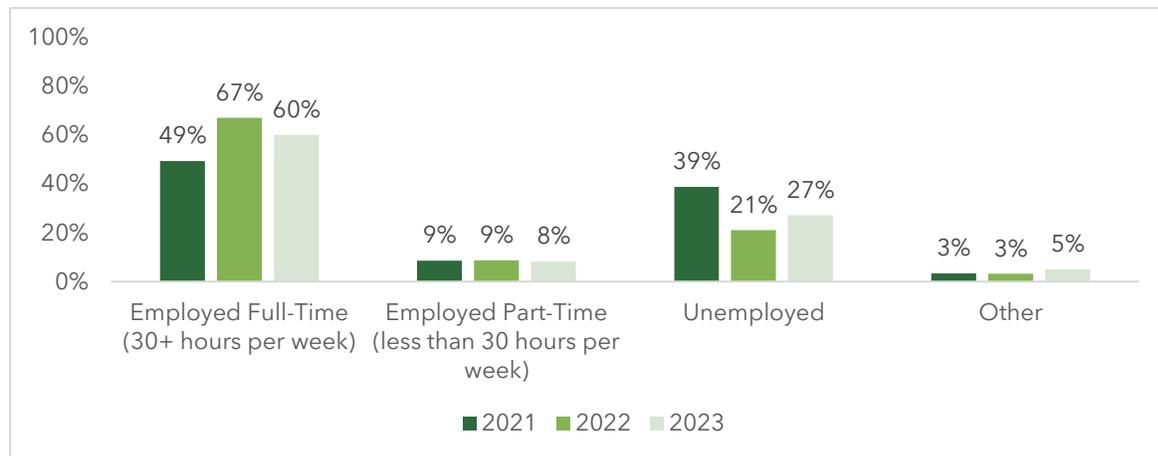
*Excludes clients whose 1) acceptance of service date preceded the referral date, 2) initial outreach date preceded the acceptance of service date, and 3) assessment date preceded the acceptance of service date. Percentages exclude clients with missing employment status at assessment information (13%, n=1,071). Note: The Other category includes activities such as volunteer and retired that are not understood as types of employment.

Self-Reported Domestic Violence

Exhibit 23 illustrates client reports of domestic violence (n=6,985) and a consistent trend is that over 50% of clients are reporting experiencing domestic violence at assessment.

Exhibit 23. Domestic Violence Reported at Initial Assessment, SFYs 2021 to 2023
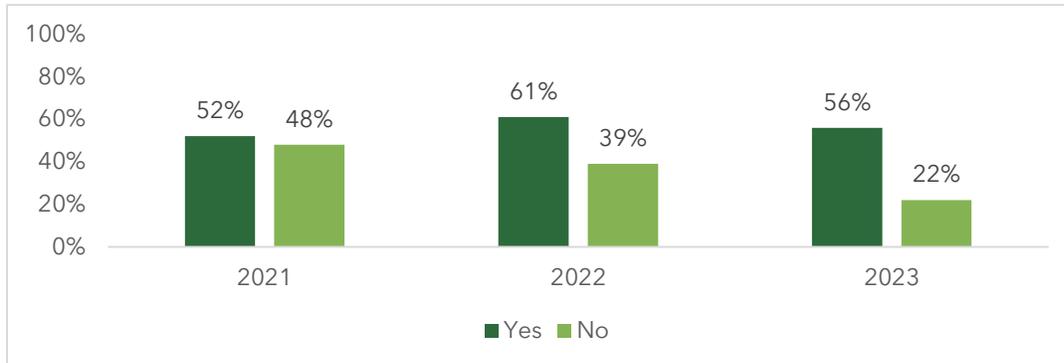
*Excludes clients whose 1) acceptance of service date preceded the referral date, 2) initial outreach date preceded the acceptance of service date, and 3) assessment date preceded the acceptance of service date. Percentages exclude clients with missing self-reported domestic violence information (15%, n=1,187).

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 calendar days of the date of acceptance. Exhibit 24 illustrates the degree to which this model component was met for all referrals in which the client accepted services during the fiscal year. Over the past three years, there has been a significant decrease in the percentage of clients who had an assessment completed within seven calendar days of accepting AFF services, decreasing from approximately 73% in SFY 2021 to 10% in SFY 2023. The overall number of clients not receiving an assessment after accepting services has also consistently increased over time.

Exhibit 24. Disposition of Total Acceptances, SFYs 2021 to 2023

	SFY 2021		SFY 2022		SFY 2023	
	n	%*	n	%	n	%
Assessment within 7 calendar days of Acceptance	3,182	73%	503	12%	402	10%
Assessment greater than 7 calendar days of Acceptance	658	15%	2,075	50%	1,864	45%
Not Assessed and Case Closed	450	10%	1,524	36%	1,675	41%

Not Assessed and Case Open at End of SFY23	20	<1%	21	<1%	158	4%
Assessment preceding Referral Date and/or Acceptance Date	66	2%	67	2%	29	<1%
Total Acceptances**	**4,376**	**100%**	**4,190**	**100%**	**4,128**	**100%**

*Percent of total Acceptances for those referred within each SFY. **Total acceptance figures exclude clients whose acceptance date preceded the date of initial outreach. Total Acceptances for SFY23 include the 65 referrals occurring in SFY23 with services accepted shortly after SFY23 ended.

Exhibit 25 provides a summary of the program's performance against the performance goal that 98% of individuals who accept services complete an assessment.

Exhibit 25. Summary of Data Against Performance Benchmark for Completion of Assessments Among Individuals Accepting Services, SFYs 2021 to 2023
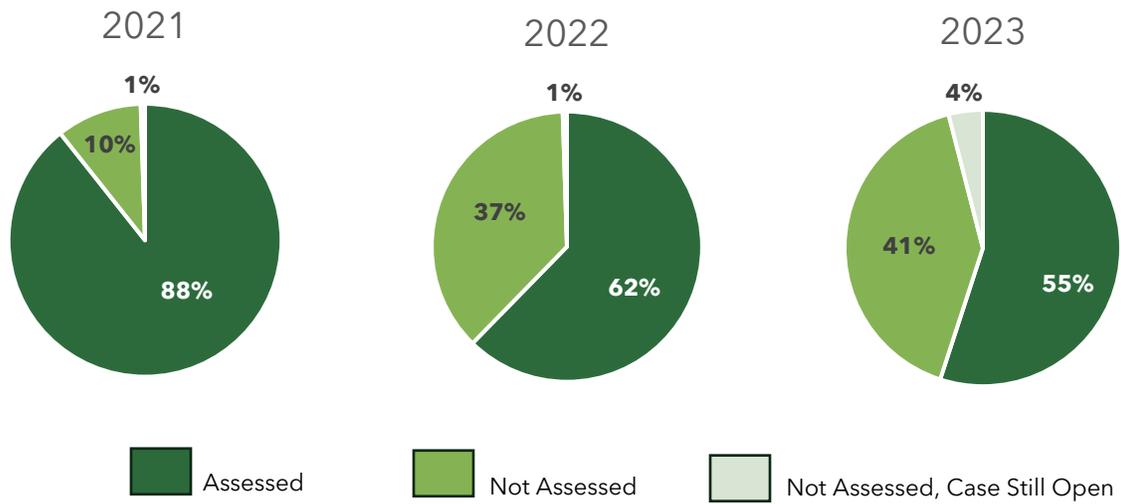
Exhibit 26 illustrates the average number of calendar days between acceptance and assessment. The average (mean) amount of time between acceptance and assessment has increased again in SFY 2023 to approximately 25 days, representing a 28% increase from SFY 2022 and 500% increase from SFY 2021.

Exhibit 26. Average Number of Calendar Days from Acceptance to Assessment Date, SFYs 2021 to 2023*
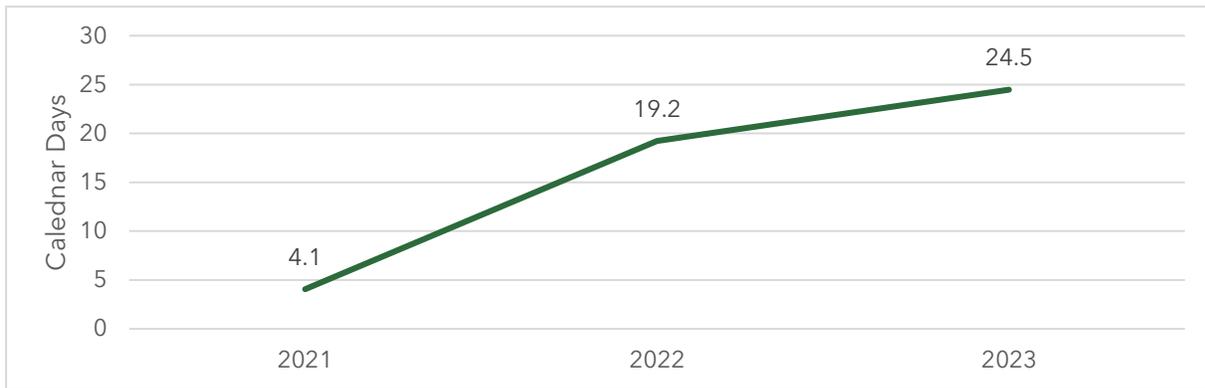
*Cases excluded from this analysis are those for which 1) the acceptance date preceded the referral date, 2) the acceptance date preceded the date of initial outreach, and 3) the assessment date preceded the acceptance date. Cases with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

Exhibit 27 displays the distribution of calendar days between acceptance and assessment date for each fiscal year. The data shows median values of 0, 14, and 22 and mean values of 4.1, 19.2, and 24.5 for SFYs 2021, 2022, and 2023, respectively. Between SFY 2021 and SFY 2023, both the mean and median values have increased.

Exhibit 27. Box Plot of Calendar Days between Acceptance and Assessment Date, SFYs 2021 to 2023
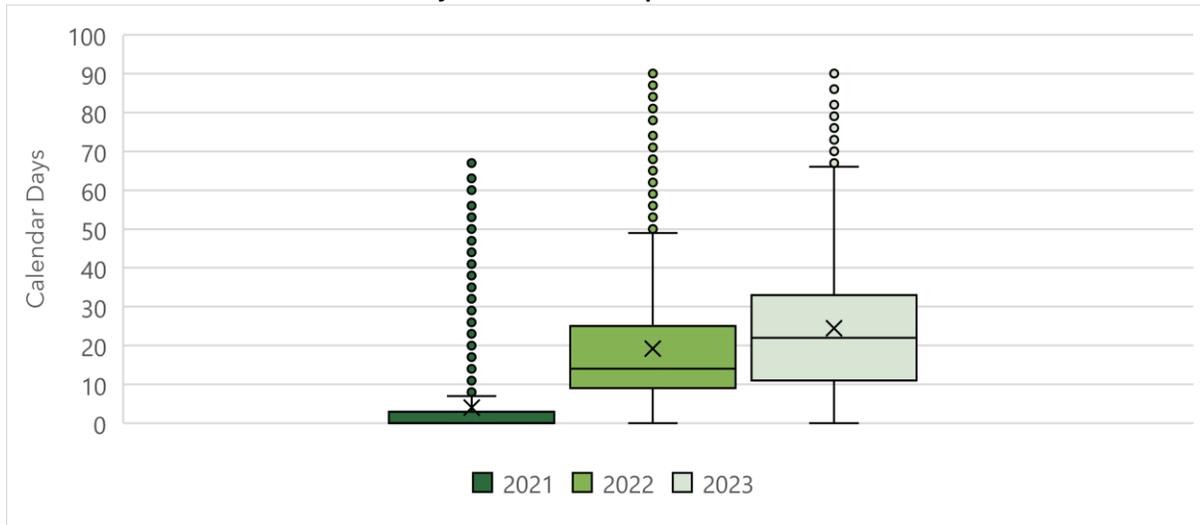
Referrals outside of the 99th percentile for each year were excluded. The bottom and top line of each box represent the 25th and 75th percentile value, respectively. The "X" in each box represents the mean value for that year. The horizontal line in each box represents the median value for that year. The bottom and top bars for each box represent the minimum and maximum values, respectively. The dots represent outliers (values > 1.5 x IQR) for each year.

Exhibit 28 illustrates the results of assessments that occurred during SFY 2021 to SFY 2023. For the three-year period on average only 9% of AFF clients were assessed as <u>not</u> needing substance abuse treatment services.

Exhibit 28. Assessment Outcomes for SFYs 2021 to 2023

	SFY 2021		SFY 2022		SFY 2023	
	n	%	n	%	n	%
Assessed as needing substance abuse treatment	3,075	80%	2,304	89%	1,143	50%
Assessed as not needing substance abuse treatment	522	14%	153	6%	113	5%
Information missing and case closed	140	4%	92	4%	302	14%
Information missing and case open at end of SFY23	103	3%	49	2%	708	32%
Total substance abuse assessments**	**3,840**	**100%**	**2,578**	**100%**	**2,226**	**100%**

*Cases excluded from this analysis are those for which 1) the acceptance date preceded the referral date, 2) the acceptance date preceded the date of initial outreach, and 3) the assessment date preceded the acceptance date. **Total assessments for SFY 23 include the 142 referrals which occurred in SFY23 with assessments conducted shortly after SFY23 ended. May not total 100 due to rounding error.

For Exhibit 29, 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.

Exhibit 29. Percentage of Clients by Funding Source at Assessment, SFYs 2021 to 2023*
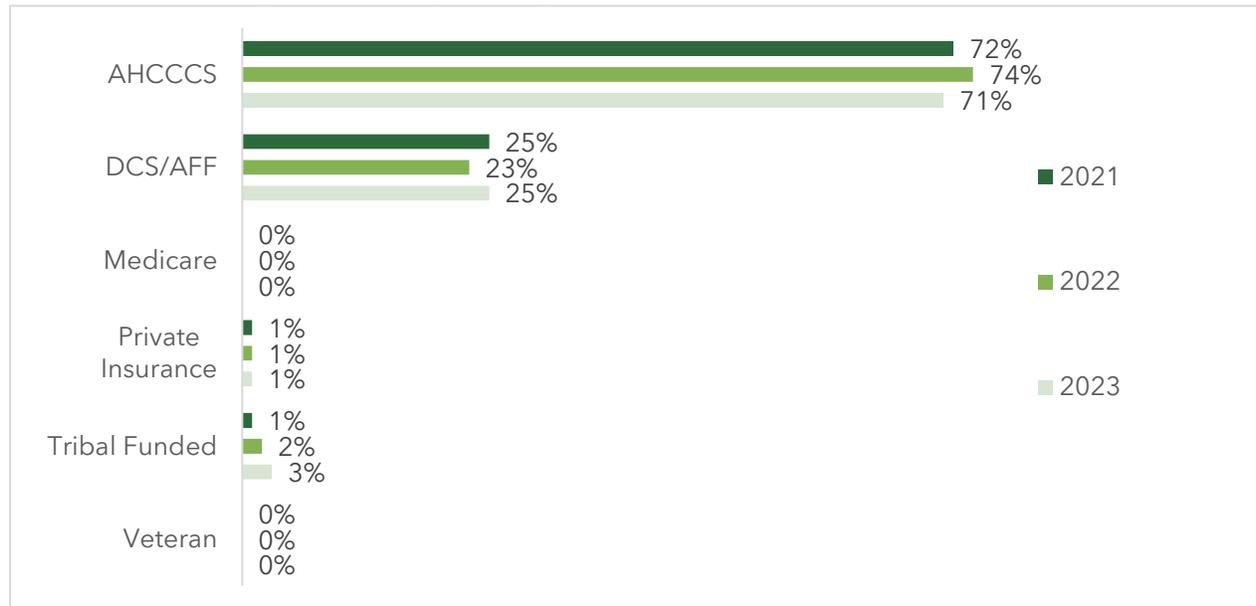
*Cases excluded from this analysis are those for which 1) the acceptance date preceded the referral date, 2) the acceptance date preceded the date of initial outreach, and 3) the assessment date preceded the acceptance date. Percentages exclude clients with missing funding source information (<1%, n=2)

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. For SFY 2023 results show that 20% of AFF clients are assigned at assessment 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). Exhibit 30 below also illustrates the frequency with which each level of care was initially assessed for each referral that received services[3]. Assignment to either Outpatient or Intensive Outpatient levels of care occurs most often over the three-year period.

> AFF Clients Assigned to Substance Use Awareness Services:
>
> - 20% of LoC assigned in SFY 2023
> - 23% of LoC assigned in SFY 2022
> - 8% of LoC Assigned in SFY 2021

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[3] For Exhibit 30, cases excluded from this analysis are those for which 1) the acceptance date preceded the referral date, 2) the acceptance date preceded the date of initial outreach, and 3) the assessment date preceded the acceptance date. All level of care dates were recorded within 1 day of the assessment date. Level of care information was missing for 13% of clients who completed an assessment. For the exhibit, some smaller counts (n) are not reported in order to protect the confidentiality of AFF participants

Exhibit 30. Level of Care Identified at Initial Assessment for SFYs 2021 to 2023

Level of Care at Assessment	SFY 2021		SFY 2022		SFY 2023	
	n	%	n	%	n	%
Outpatient	1,928	60%	1,089	45%	1,027	48%
Intensive Outpatient	981	31%	737	30%	610	28%
Substance Use Awareness Assigned at Assessment	255	8%	554	23%	420	20%
Recovery Maintenance	8	<1%	10	<1%	1	<1%
Medium Intensity Residential Treatment – Adult	25	1%	6	<1%	33	2%
High Intensity Residential Treatment – Adult	1	<1%	7	<1%	30	1%
Partial Hospitalization	1	<1%	18	1%	16	1%
Residential Treatment – Child	0	0%	1	<1%	3	<1%
Low Intensity Residential Treatment – Adult	1	<1%	1	<1%	7	<1%
Total	**3,200**	**100%**	**2,423**	**100%**	**2,147**	**100%**

Length of Time in AFF Program – SFYs 2021 to 2023

Total Length of Time in Program - Length of time in the AFF program is measured from the date an AFF client accepted services to either the date of case closure or the end of SFY23. For all AFF clients that accepted services during SFYs 2021 to 2023, (n=11, 860), their average length of time was 108 days. When the top 5% of the client cases with the most length of time in the program are removed from the analysis (n=445), we find that 95% of the AFF clients (n=11,415) were active in the AFF program from 1-357 days, or an average length of time in the program of 94 days. **Length of Time Assigned to a Level of Care (LoC) -** The following Exhibit 31 presents the average mean number of calendar days for the majority (95%) of AFF clients who were assigned to a level of care (LoC) during SFYs 2021 to 2023. The duration in calendar days is from the date of assignment to a level of care to when the client is either assigned to a new level of care, case closure, and or end of SFY 2023.

Exhibit 31 - Average Days in Type of LoC Assignment for AFF Clients, SFYs 2021 to 2023*

	LoC First Duration			LoC Second Duration			LoC Third Duration			LoC Fourth Duration		
	n	%	Avg. Days	n	%	Avg. Days	n	%	Avg. Days	n	%	Avg. Days
Outpatient	3,782	50%	108	642	34%	105	87	24%	95	17	23%	97
Intensive Outpatient	2,159	29%	83	357	19%	88	59	16%	76	10	13%	89
Early Intervention / SU Awareness	1,326	17%	48	13	1%	71	0	0%	0	0	0%	0
Medium Intensity Residential Tx	60	1%	48	14	1%	58	10	3%	44	1	1%	81
Recovery Maintenance	38	1%	103	787	42%	126	197	54%	116	42	56%	146
High Intensity Residential Tx	38	1%	36	11	1%	26	4	1%	34	2	3%	51
Partial Hospitalization	32	<1%	52	11	1%	119	0	0%	0	2	3%	148
Low Intensity Residential Tx	9	<1%	33	9	1%	60	6	2%	67	1	1%	38
Totals	7,480	100%	89	1,865	100%	109	363	100%	100	75	100%	122

* 95th percentile of cases are used for these results.

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 32 displays the past 30-day <u>self-reported</u> types of substance use for clients that received an assessment. The trend continues with self-reports on three types of substances used most often: marijuana/hashish, methamphetamines, and alcohol. It appears that self-reported alcohol use is increasing and methamphetamine use is decreasing. The self-reported use of Other Opiates appears to be increasing and use of Heroin / Methadone appears to be decreasing over time.

Exhibit 32. AFF Self-Reported Substance Use, SFYs 2021-2023

Substance	2021 (n=7,373)	2022 (n=5,435)	2023 (n=4,431)
Other Drugs	3%	3%	3%
Cocaine	6%	7%	8%
Other Opiates	9%	11%	12%
Heroin / Methadone	7%	5%	3%
Alcohol	21%	21%	23%
Methamphetamines	24%	23%	21%
Marijuana / Hashish	29%	29%	29%
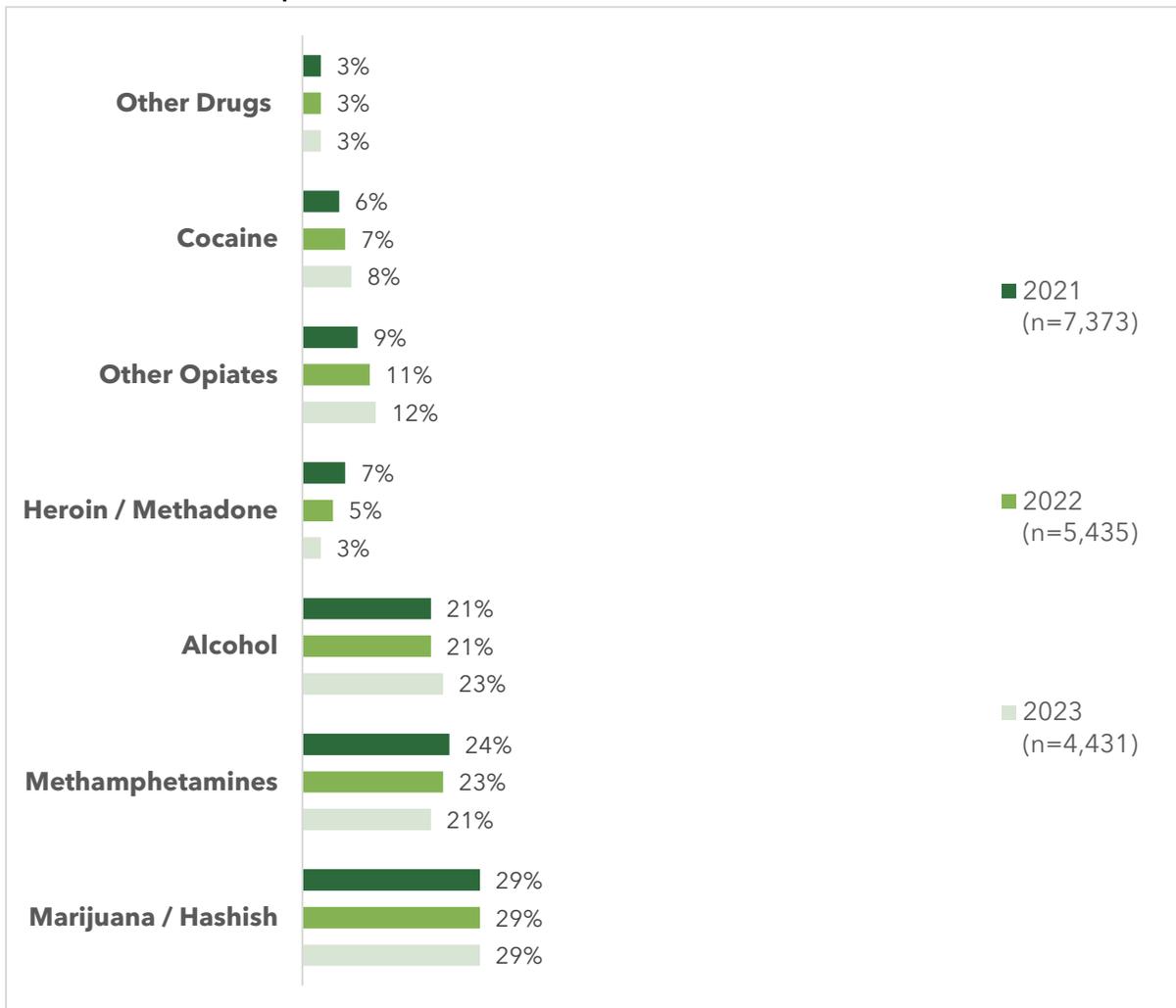
Service Delivery

Types and Duration of Non-Substance Abuse Treatment Services

The following Exhibit 33 presents the percentages of the total types of non-substance abuse services that were recorded for AFF clients during SFYs 2021 to 2023.   Case Management, Other and Job Readiness/Employment types of non-substance abuse treatment services account for over 83% of all services across these four years. The Other service category includes a wide range of non-treatment services / supports such as housing, anger management classes, childcare, transportation services, re-engagement with clients, utility assistance, basic goods provision, applying for an AZ identification card, providing cell phone minutes, etc.   A significant change in types of services recorded appears for this Other category accounting for 23% of services recorded in SFY 2021 to just 1% in 2023. In addition, for Case Management there is an increase from 8% of recorded service types in SFY 2021 to 61% of services in SFY 2023.

Exhibit 33. Percentages of Types of Non-SA Treatment Services, SFYs 2021 to 2023
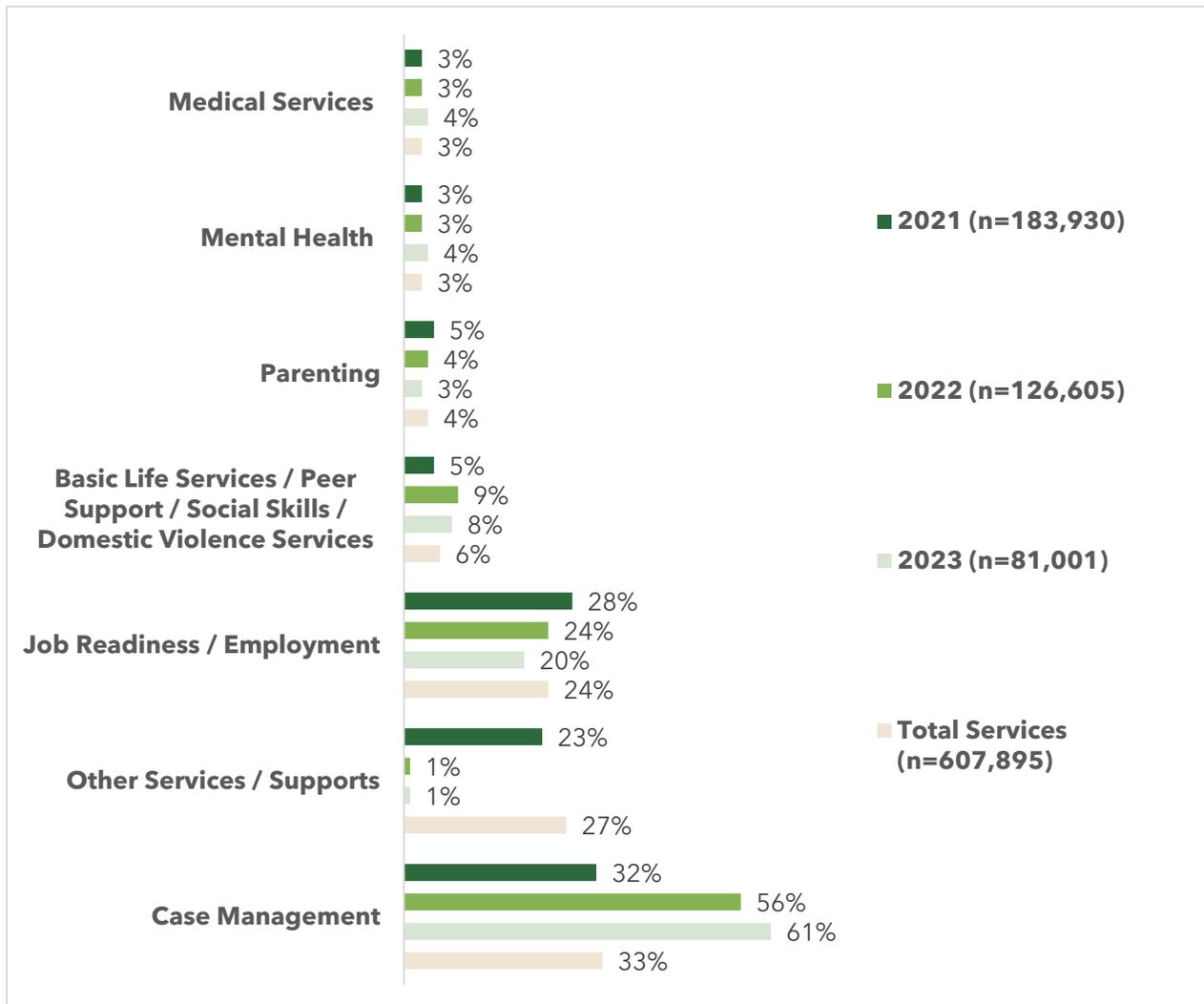
The following Exhibit 34 presents the average number of services that an AFF client received based on the SFY when they started receiving services. For these clients it appears that on average 44 – 45 types of services are recorded as provided per client over this time frame.

Exhibit 34. Average Number of Types of Non-SA Treatment Services per AFF Client, SFYs 2021 to 2023

	SFY 2021		SFY 2022		SFY 2023		Totals	
	Lower	**Upper**	**Lower**	**Upper**	**Lower**	**Upper**	**Lower**	**Upper**
All Non-SA Treatment Service Types	42	44	43	46	33	35	44	45

Exhibit 35 below describes the average duration of time in calendar days that AFF clients received non-SA treatment services based on the fiscal year in which they started. For the past three years, it appears that AFF clients have received non-SA treatment services for a duration between 132 – 137 days, or just over three months.

Exhibit 35. Average Length of Time in Calendar Days of Non-SA Treatment Services per AFF Client, SFYs 2021 to 2023

	SFY 2021		SFY 2022		SFY 2023		Totals	
	Lower	**Upper**	**Lower**	**Upper**	**Lower**	**Upper**	**Lower**	**Upper**
All Non-SA Treatment Service Types	130	138	121	130	81	87	132	137

Drug Testing Outcomes

Drug testing begins at assessment and continues during treatment to motivate treatment participation and allow early detection and response to relapse. During the assessment, the Contractor shall ask the client whether drug testing is occurring through DCS or other agencies, and develop a coordinated drug testing plan that does not require more testing than necessary and requires results be shared between the Contractor and DCS and/or DES/Jobs. Exhibit 36 presents the recommended frequency of drug testing for when a client is progressing well in treatment and/or behaviorally. Exhibit 37 displays the outcomes of drug test attempts. For SFY 2023, 69% of all tests attempted that year were completed which is a slight decrease from SFY 2022.

Exhibit 36. Recommended Drug Testing Schedule

Time from Testing Start	Suggested Frequency
0-30 Days	2x/Week
31-60 Days	1x/Week
61-120 Days	2x/Month
121+ Days	Monthly and Until Behaviors Indicate No Further Use

Exhibit 37. Drug Test Attempts, SFYs 2021 to 2023

Fiscal Year	SFY 2021		SFY 2022		SFY2023	
	n*	%	n*	%	n*	%
No call / no show for testing	37,773	44%	20, 673	29%	19, 371	30%
Client refused	404	< 1%	840	< 1%	468	< 1%
Cancelled for reason beyond client control	643	< 1%	227	< 1%	75	< 1%
Drug tests completed of those attempted	47, 840	55%	48, 514	70%	44,412	69%
Total	**86,660**	**100%**	**70, 254**	**100%**	**64, 326**	**100%**

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

Exhibit 38 illustrates the results of the drug tests completed. Over the past four years the proportion found to be positive has been increasing from 29% in SFY 2021 to 40% in SFY 2023.

Exhibit 38. Drug Test Results for SFYs 2021 to 2023

	SFY 2021		SFY 2022		SFY 2023	
	n	%	n	%	n	%
Positive (one or more substances detected on a single day)	13,658	29%	13, 079	27%	17, 938	40%
Negative (no substance detected)	33, 865	71%	33, 191	68%	25, 368	57%
Awaiting results	71	< 1%	253	< 1%	184	< 1%
Altered specimen/sample	26	< 1%	87	< 1%	49	< 1%
Test indicates allowable substance	220	< 1%	1,904	4%	873	2%
Total	**47, 840**	**100%**	**48, 514**	**100%**	**44,412**	**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. Please note that case closures can be recorded at any time after a referral to AFF and therefore information associated with case closures in the following exhibits may have different counts and totals.

The most common reasons for referral closures are due to providers not locating individuals for initial outreach and or for intake. These reasons together accounted for approximately 52% of all closures in SFY 2023.

Referral Closure Reasons

Exhibit 39 shows the reported reasons for closure of referrals. Any case closure counts identified as an error are not included in the closure reason reporting. Referrals were categorized into SFYs by their referral date, meaning if a referral occurred in SFY 2021 but the case was closed in SFY 2022, it is represented in the SFY 2021 column.

Exhibit 39. Referral Closure Reasons for SFYs 2021 to 2023 (n=19, 553)

Closure Reason	SFY 2021		SFY 2022		SFY 2023	
	n	%	n	%	n	%
Unable to Locate for Initial Outreach	1,215	17%	2,086	30%	1,675	32%
Unable to Locate for Intake	832	12%	1,242	18%	1,065	20%
Client Discontinued without Completing Services	2,103	29%	1,366	19%	817	15%
Refused services at initial referral or assessment	486	7%	479	7%	467	9%
Completed Substance Use Awareness Services	43	1%	293	4%	175	3%
No SA problem identified	580	8%	193	3%	150	3%
Client Refused Service / Unable to Engage or Re-Engage At / After Intake	82	1%	162	2%	103	2%
Completed AFF at the conclusion of Substance Abuse Treatment	629	9%	282	4%	93	2%
Moved out of area / Incarcerated / Passed Away	145	2%	130	2%	106	2%
Completed AFF at the conclusion of Recovery Maintenance	237	3%	173	3%	28	1%
Unable to locate (post-intake)	216	3%	99	1%	69	1%
Client Discontinued Services After DCS Involvement Ended	73	1%	143	2%	75	1%
Case Closed Due to No 6-month Services Authorization	47	1%	138	2%	41	1%
Client Refused Service / Unable to Engage or Re-Engage At / After Assessment	44	1%	61	1%	39	1%
Client Discontinued Substance Use Awareness Services Before Completion	24	<1%	47	1%	44	1%
Information on Case Closure Missing	432	6%	151	4%	373	7%
Total Cases	**7,188**	**100%**	**7,045**	**100%**	**5,320**	**100%**

AFF Program Completers

The following Exhibit 40 illustrates how many of all clients referred to AFF complete the AFF program. Completion is defined as any one of the following closure reasons; (1) completing AFF at the conclusion of substance abuse treatment, (2) completing AFF at the conclusion of Recovery Maintenance services, and or (3) completing Substance Use Awareness services.   For the past three years, 78% of all cases did not complete the program with an increase from 72% to 82% during this time period. Overall, 10% of those referred to the AFF program are noted as completing services.

Exhibit 40. AFF Program Completion for All Clients, SFYs 2021 to 2023

	SFY 2021		SFY 2022		SFY 2023		Totals	
AFF Program Completion	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Did Not Complete AFF Program	5,147	72%	5,672	81%	4,385	82%	15, 204	78%
Completed AFF Services	909	13%	748	11%	296	6%	1,953	10%
No SA Problem Identified at Assessment	580	8%	193	3%	150	3%	923	5%
DCS Discontinued Case / DCS No Extension for Services	120	2%	281	4%	116	2%	517	3%
Information on Case Closure Missing	432	6%	151	4%	373	7%	956	5%
Total Cases	**7,188**	**100%**	**7,045**	**100%**	**5,320**	**100%**	**19, 553**	**100%**

Exhibit 41 illustrates the completion rates for only those cases with a completed assessment. These results provide a narrower description of how AFF clients are served by the program after they have received an assessment and then should be utilizing AFF program services. These results also do not include the number of closures that were made due to no SA problem identified at the assessment and closure made because DCS discontinued the case and or DCS did not continue an extension for AFF services.   For the past three years, 68% of these cases did not complete an AFF program service and this percentage has increased from 68% in SFY 2021 to 74% in SFY 2023.   The completion percentage for those noted as having received an assessment is 27% overall with a decrease from 27% in SFY 2021 to 20% in SFY 2023.

Exhibit 41. AFF Program Completion for Clients with an Assessment for Services, SFYs 2021 to 2023

AFF Program Completion	SFY 2021		SFY 2022		SFY 2023		Totals	
	n	%	n	%	n	%	n	%
Did Not Complete AFF Program	2,257	68%	1,485	65%	882	74%	4,624	68%
Completed AFF Services	891	27%	689	30%	239	20%	1,819	27%
Information on Case Closure Missing	159	5%	97	4%	70	6%	326	5%
Total Cases	**3,307**	**100%**	**2,271**	**100%**	**1,191**	**100%**	**6,769**	**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 42 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 SFY 2023, there is a continued increase in clients receiving Early Intervention / Substance Use Awareness services at closure.

**Exhibit 42. AFF Level of Care at Time of Closure for SFYs 2021 to 2023**

Level of Care	SFY 2021		SFY 2022		SFY 2023	
	n	%	n	%	n	%
Outpatient	1,685	54%	855	36%	524	36%
Intensive Outpatient	892	28%	677	28%	433	30%
Recovery Maintenance	382	12%	397	17%	103	7%
Early Intervention / Substance Use Awareness	143	5%	410	17%	293	20%
Partial Hospitalization	0	0%	18	1%	17	1%
Residential Treatment – Low	1	<1%	3	<1%	6	<1%
Residential Treatment – Medium	26	1%	7	<1%	33	2%
Residential Treatment – High	3	<1%	9	<1%	30	2%
Total closed referrals for individuals who received AFF services in each SFY	**3,132**	**100%**	**2,376**	**100%**	**1,439**	**100%**

Employment Status at Assessment and Closure

For all cases during SFYs 2021 to 2023 in which there was complete data on employment status at both assessment and closure, n=8,233, the majority of clients, 62%, were employed at both assessment and closure. Exhibit 43 shows full-time/part-time employment and unemployment status at assessment and at discharge for individuals who successfully completed the AFF program and those who exited the AFF program before completion for SFYs 2021 to 2023. 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 AFF clients that complete AFF services (71%) are more likely to be employed at assessment and closure than those who do not complete services (60%) (chi square=106.958, df=3, p=<.001).

Exhibit 43. Employment Status at Assessment and Closure by AFF Program Completion, SFYs 2021-2023

Employed at Assessment and Unemployed at Closure
- Completed AFF: 2%
- Did Not Complete AFF: 3%
- Totals: 3%

Unemployed at Assessment and Employed at Closure
- Completed AFF: 5%
- Did Not Complete AFF: 3%
- Totals: 3%

Unemployed at Both Assessment and Closure
- Completed AFF: 22%
- Did Not Complete AFF: 34%
- Totals: 32%

Employed at Both Assessment and Closure
- Completed AFF: 71%
- Did Not Complete AFF: 60%
- Totals: 62%

Legend:
- Completed AFF (n=1,528)
- Did Not Complete AFF (n=6,705)
- Totals (n=8,233)

OUTCOME EVALUATION RESULTS

In this section, the evaluation team describes maltreatment and permanency outcomes for AFF program completers and non-completers. These results are of unique AFF clients located in the AFF portal data file and then these cases are matched to DCS administrative files based on a DCS assigned identifier[4]. The outcome results that are presented are descriptive results only and should be interpreted with caution, as the differences in outcomes between parents who completed and did not complete the AFF program could be associated with 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 matched sample size for this outcome study was N=9,527 and included cases from SFYs 2021 to end of SFY 2023, see Exhibit 44 below. An individual with a referral that had not been closed by June 30, 2023, regardless of having a previous referral that had closed, was not included in the sample. Service completion is counted as completion of any type of AFF service and 13% (n=1,226) of the total sample were noted as having completed services as of June 30, 2023.

Exhibit 44. AFF Program Completion by SFYs 2021 to 2023

	Did not Complete AFF		Completed AFF		Totals	
	n	%	n	%	n	%
SFY 2021	1,129	14%	251	21%	1,380	15%
SFY 2022	3,621	44%	688	56%	4,309	45%
SFY 2023	3,551	43%	287	23%	3,838	40%
Totals	**8,301**	**100%**	**1,226**	**100%**	**9,527**	**100%**

Maltreatment Outcomes

To describe the differences between completers and non-completers' rates of subsequent maltreatment reports and substantiations, the evaluation team analyzes DCS child welfare

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[4] The AFF provider enters into the AFF portal data file a DCS unique identifier, *Guardian Person ID*, assigned to the caregiver / AFF client by DCS which is part of the referral information provided from DCS to the AFF provider. This same data element, *Guardian Person ID*, is also present in two DCS administrative data files that are provided to the evaluator from DCS. One file reported on when a primary caregiver is approved by DCS to receive services in the AFF program covering the period of February 3, 2021 to June 30, 2023. The other file, DCS Intake_Removal, contains this same unique identifier and reports on the status of an assessment and finding for substantiation and permanency status for all DCS cases; from July 1, 2020 to June 30, 2023. The AFF portal data and the DCS administrative data are then linked or matched on this unique identifier. A total of 97% (n=10,446) of cases were matched to the AFF portal data on the Guardian Person ID from both DCS files and another 3% (n=326) of cases were matched exclusively from the DCS Intake file.

administrative maltreatment report data for all unique individuals who were referred to the AFF program. When DCS assesses 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, findings of *proposed substantiated and or substantiated* are reported as maltreatment. Meaning that the information gathered during the assessment leads to proposing and or finally substantiating that an incident of abuse or neglect occurred based upon a probable cause standard. For the purposes of this analysis, the most recent finding date recorded between 7/1/2020 to 6/30/2023[5], is used to identify if an assessment yielded a finding of maltreatment. 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.

A total of n = 7, 806 cases of AFF program completers and non-completers were identified through matching with a finding for maltreatment during this time period. Of all these cases, the majority, 75% (n=5,873), had a finding of substantiation for maltreatment either before, at/after referral or after case closure. A total of 19% (n=104) of those who completed AFF had a finding before referral to AFF, compared to 28%

At or after closure from the AFF program, those who completed the AFF program had significantly fewer substantiated findings, 47% (n=250), than those who did not complete the AFF program, 55% (n=2,948).

(n=1,473) of those who did not complete the AFF program. The majority, 55%, of all findings for maltreatment are occurring at or after the case closure date. At or after closure from the AFF program, those who completed the AFF program had significantly fewer substantiated

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[5] From the DCS Intake Removal file, for all cases during SFYs 21 to 23 with a Guardian Person ID and a finding date, 79% (n=278,005) are recorded as Unsubstantiated and 21% (n=75, 825) are recorded as Substantiated, Proposed Substantiated and or Request Proposed. A total of n=12, 723 cases are noted as Unable to Locate and are not included in this report.

findings, 47% (n=250), than those who did not complete the AFF program, 55% (n=2,948) (chi square=14.864, df=1, p=<.001); see Exhibit 45 below.

Exhibit 45. Percentage of Substantiated Findings Before and At/After Case Closure by Completion Status, SFYs 21 to 23 (n=5,783)
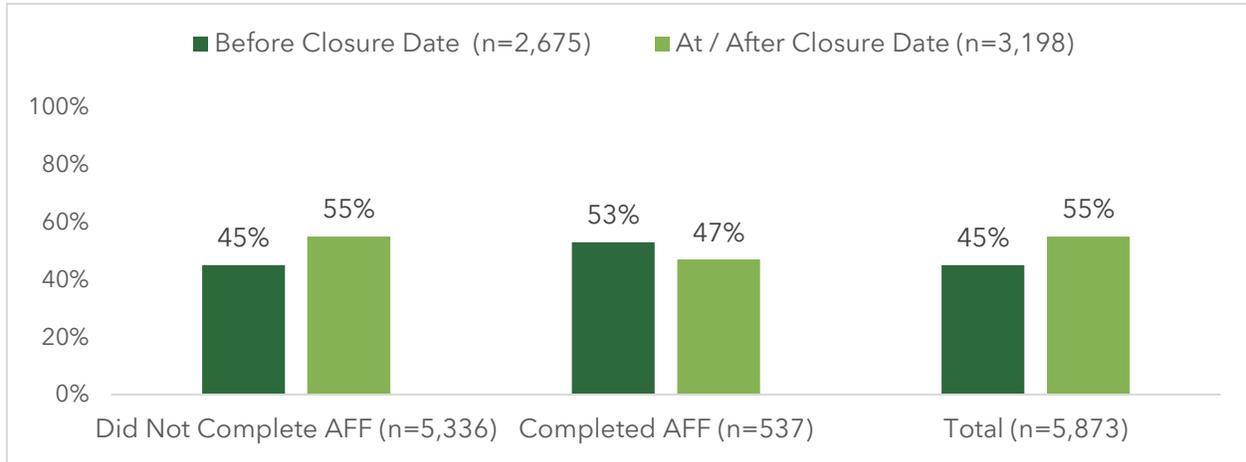
The following Exhibit 46 illustrates that on average most findings of maltreatment after case closure occur at about 244 days or approximately 8 months after case closure. There are no significant differences between those who complete AFF and those who do not complete AFF in terms of length of time from case closure to maltreatment finding (F=.037, df=1, p=.848).[6]

Exhibit 46. Average Number of Days from AFF Closure Date to Finding of Maltreatment SFY2 2021 to 2023

	Average Number of Days from AFF Closure Date to Subsequent Finding of Maltreatment						
				95% Confidence Interval for Mean			
	n	Mean	SD	Lower	Upper	Min	Max
Did Not Complete AFF Program	3,678	244.13	168.21	238.70	249.57	0	644
Completed AFF Program	378	245.88	167.47	228.94	262.82	0	644
Total	4,056	244.30	168.12	239.12	249.47	0	644

These results would seem to indicate that there is a relationship between completing the AFF program and a finding of maltreatment. While the amount of time from case closure to a subsequent finding of maltreatment is similar for those clients who complete AFF and those

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[6] Exhibit 46 presents results using the 95th percentile of cases in order to remove outliers. The total range of days from closure to a finding of maltreatment for all cases was 0 to 1, 015 days.

who do not, clients who complete AFF have significantly fewer findings of maltreatment after case closure.

Permanency Outcome - Reunification

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 most recent removal date was selected in order to conduct the analyses. A total of n=4,526 cases were identified in the DCS file and then matched with AFF clients from July 1, 2020 through June 30, 2023, the end of state fiscal year 2023[7]. The same sample file used for the previous maltreatment analyses was used for matching in this analysis on reunification. A total of n=1,030 AFF cases of program completers and non-completers were matched and found to have a removal recorded with a subsequent permanency status. Approximately 48% of those who did not complete the AFF program did not reunify with their child compared to 14% of parents who completed AFF. A total of 52% of parents who did not complete the program did reunify with their children compared to significantly more, 86%, of parents who did complete the AFF program (chi square = 75.354, df=1, p<.001). Exhibit 47 shows the reunification permanency outcomes comparing those who completed the AFF program to those who did not complete the AFF program.

Exhibit 47. Reunification Status for Parent by AFF Program Completion Status, SFYs 2021 to 2023

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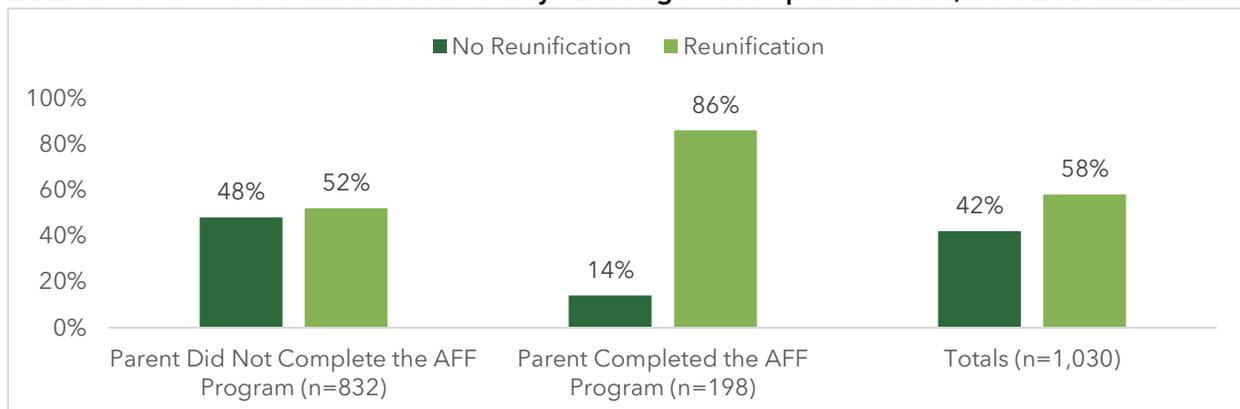
[7]From the DCS Intake Removal file, for all cases during SFYs 21 to 23 with a Guardian Person ID and a Removal End Reason, 62% (n=2,820) are recorded as Reunifying with the primary caretaker / parent and 38% (n=1,706) are recorded as not Reunifying with the primary caretaker / parent.

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, 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 and is used to prompt discussions among providers and program staff about the efficiency and quality of services.

Referrals to AFF and Acceptance of Services

For SFY 2023, 6,802 new referrals were made during the year, including 1,328 referrals continuing from SFY 2022, for a total of 8,130 referrals managed during SFY 2023. AFF providers had contact with a total of 5,336 unique individuals at some time during SFY23. Referrals to AFF have declined consistently over the past three years, with 5% less referrals compared to SFY 2022 and 8% less referrals compared to SFY 2021. This decrease in referrals was not driven by decreases in a particular quarter of SFY 2023, as the distribution of referrals across the year was similar to previous years.

The percentage of referrals for which at least one outreach attempt occurred has consistently hovered around 98% across the last three SFYs. Whether or not an outreach attempt occurred is determined by the presence of an outreach date, meaning that when there is an absence of a date in the portal, it is assumed, for the purposes of reporting, that no outreach occurred. However, it is important to note that the absence of a date may also be due to administrative errors, as evidenced by the high percentage of referrals with no documented outreach attempt going on to accept services (44% or 52/117 referrals in SFY 2023).

While little change in the mean number of days between referral and first outreach attempt has occurred over the last three years, a considerable improvement is observed in the percentage of referrals where the first attempted contact occurs within one working day of the referral (91% in SFY 2021 to 98% in SFY 2023). For SFY 2023, the AFF Program exceeded its performance goal of 95%. The percentage of individuals accepting services has consistently hovered around 60%-

62% over the last three years. For SFY 2023, a total of 4,063 referrals out of the 6,671 (61%) which had at least one outreach attempt led to accepted services, with an additional 65 (1%) accepting services after SFY 2023 had ended. While the percentage of individuals accepting services has varied little over the last three years, the speed at which individuals are accepting services after being referred has increased over time. Notably, the percentage of individuals who accepted services within 3 business days of their referral has increased signficantly in recent years, nearly meeting the performance goal of 60% in SFY 2023.

Client Demographics

Between SFY 2021 and 2023, while the majority of AFF clients have been aged 19 years or older, the percentage of clients aged 0-18 has increased from 0.8% in SFY 2021 to 3.6% in SFY 2023, representing a 350% increase. Employment status at assessment has also varied over time, with the percentage of clients reporting full-time employment and unemployment changing from year to year with no discernable trend. It is possible that the employment status of clients in SFY 2021 was uniquely affected by the COVID-19 pandemic, leading to higher rates of unemployment, particularly since less variation in this characteristic is observed between SFY 2022 and SFY 2023. Besides age and employment status, the demographics of clients have remained consistent over time, with the majority of clients served being females residing in urban areas (primarily Maricopa County) with at least a high school education or GED. A consistent and concerning trend across years is the high rate of clients reporting domestic violence at assessment (>50%). As mentioned earlier, issues with client race / ethnicity data elements are under investigation and will be reported later in an addendum to this report.

Assessment for Services

Over the past three years, there has been a consistent decrease in the percentage of clients (who have accepted services) who complete a required substance abuse assessment to determine if the client needs substance abuse treatment. The percentage of clients receiving an assessment for SFY 2023 was 55%, a notable decrease from SFY 2022's 62% and SFY 2021's 88%. Additionally, over the past three years, the percentage of clients receiving an assessment within 7 business days of acceptance of services has decreased over time. While the data available precludes our ability to identify causes for the decrease in assessments, it is possible that a contributing factor is the increase in time between when services are accepted and when the assessment occurs, which may have led to higher attrition. The decrease in the percentage of clients receiving an assessment is of particular concern given decreasing rates of clients identified as not needing substance abuse services since SFY 2021.

Accessibility of Services

Access to the AFF program is enabled through different funding sources that are tracked on an annual basis. The majority of AFF clients are supported by AHCCCS and DCS funding to gain access to services. Waitlists for services are not allowed by the program contract. Data that specifically tracks accessibility of services based on a client's needs is not available. In reviewing the provider's performance it is recommended that quality measures associated with how satisfied clients are with ease of access to services be collected.

Treatment Completion

Across years, the most common reasons for referral closures are due to providers not locating individuals for initial outreach, or clients at or after intake. These reasons together account for approximately 38% of all closure reasons. The second most common reason for referral closure is discontinuation without completing services, which accounted for 22% of all closure reasons. For SFY 2023, a significant concern is that there were 1,855 referrals with no closure reason reported.

Employment

AFF program completers continue to maintain or increase employment significantly more so than those not completing the program. Overall, from SFY 2021 to SFY 2023, AFF clients that complete AFF services (64%) are more likely to be employed at assessment and closure than those who do not complete services (54%).

Child Safety

Findings for SFYs 2021 to 2023 indicate that completion of the AFF program appears to be associated with better outcomes in regard to child maltreatment and primary caregivers / parents reunifying with a child removed from the home. These results would seem to indicate that there is a relationship between completing the AFF program and a finding of maltreatment. Caregivers / parents who complete AFF have significantly fewer findings, 47%, of maltreatment after case closure compared to 55% of caregivers who do not complete the AFF program. In addition, significantly more parents who completed AFF, 86%, did reunify with their child compared to 52% of parents who did not complete the AFF program.

These positive 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 to include in a more rigorous analysis to further describe how AFF program completion influences child safety outcomes.

REFERENCES CITED

Allen, R. S., & Olson, B. D. (2016). Predicting attrition in the treatment of substance use disorders. *International Journal of Mental Health and Addiction, 14*(5), 728-742.

Arizona Department of Health Services. (2022). Arizona Child Fatality Review Team Twenty-Ninth Annual Report. Available from https://www.azdhs.gov/documents/director/agency-reports/29th-annual-child-fatality-report.pdf.

Badel & Greaney (2013). Exploring the link between drug use and job status in the U.S. Regional Economist, July 2013.

Boden, J. M., Jungeun, O. L.ee, Horwood, L. J., Grest, C. V., & McLeod, G. F. H. (2017). Modeling causality in the associations between unemployment, cannabis use, and alcohol misuse. *Social Science & Medicine, 175*, 127-134.

Brown, D. & De Cao, E. (2017). *The Impact of Unemployment on Child Maltreatment in the United States (No. 2018-04).* Institute for Social and Economic Research.

Crowley, D. M., Connell, C. M., Jones, D., & Donovan, M. W. (2019). Considering the child welfare system burden from opioid misuse: research priorities for estimating public costs. *The American Journal of Managed Care, 25*(13 Suppl), S256–S263.

Conrad-Hiebner, A., & Byram, E. (2020). The temporal impact of economic insecurity on child maltreatment: A systematic review. *Trauma, Violence, & Abuse, 21*(1), 157–178. https://doi.org/10.1177/1524838018756122

Crowley, D. M., Connell, C. M., Jones, D., & Donovan, M. W. (2019). Considering the child welfare system burden from opioid misuse: research priorities for estimating public costs. *The American Journal of Managed Care, 25*(13 Suppl), S256–S263.

Famularo, R., Kinscherff, R., & Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. *Child Abuse & Neglect, 16*(4), 475-483.

Garner, B. R., Hunter, B. D., Smith, D. C., Smith, J. E., & Godley, M. D. (2014). The relationship between child maltreatment and substance abuse treatment outcomes among emerging adults and adolescents. *Child Maltreatment, 19*, 261–269. doi:10.1177/1077559514547264.

Goldberg, A. E., & Blaauw, E. (2019). Parental substance uses disorder and child abuse: risk factors for child maltreatment? Psychiatry, psychology, and law: an interdisciplinary journal of the Australian and New Zealand Association of Psychiatry, Psychology and Law, 26(6), 959–969. https://doi.org/10.1080/13218719.2019.1664277Henkel (2011). Unemployment and substance abuse: A review of the literature (190-2010). *Current Drug Abuse Review,* 4(1).

Lloyd, M. H. & Akin, B. A. (2014). The disparate impact of alcohol, methamphetamine, and other drugs on family reunification. *Children and Youth Services Review*, 44, 72-81.

Schenck-Fontaine, A., & Gassman-Pines, A. (2020). Income inequality and child maltreatment risk during economic recession. *Children and Youth Services Review, 112*, 104926–. https://doi.org/10.1016/j.childyouth.2020.104926

Smith, D., Johnson, A., Pears, K., Fisher, P., & DeGarmo, D. (2007). Child maltreatment and foster care: Unpacking the effects of prenatal and postnatal parental substance use. *Child Maltreatment*, *12*(2), 150-160.

Testa, M. F., & Smith. (2009). Prevention and drug treatment. *The Future of Children, 19*(2), 147-168.

U.S. Census Bureau. (2017). *2013-2017 American Community Survey 5-Year Estimates, Selected Characteristics of the Total and Native Populations in The United States*. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S0601&prodType=table (2-14-19)

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). Child Maltreatment 2021. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). Child Maltreatment 2020. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

U.S. Department of Health and Human Services. (2019). Adoption and Foster Care Analysis and Reporting System (AFCARS), foster care file 2017 [Dataset]. National Data Archive on Child Abuse and Neglect. https://doi.org/10.34681/7424-0J56

Wasserman, D., & Leventhal, J. (1993). Maltreatment of children born to cocaine-dependent mothers. *American Journal of Diseases of Children*, *147*(12), 1324–1328.

Zajac, K., & Ralston, M. E. (2019). A systematic review of the relationship between childhood victimization and revictimization in youth and adulthood. Trauma, Violence, & Abuse, 20(3), 362-378.

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 5% 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 the AFF program 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 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 2023 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 2023 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, DCS Guardian data was used to compare maltreatment report and reunification / permanency data prior to referral to the AFF program and data at post referral closure for those closed by end of SFY 2023. Data matching was done using the Guardian Person ID variable which was present in both the AFF data portal file and the DCS files. The results were divided between those who completed AFF services (completers) and those who did not (non-completers).

Limitations

Despite continuing improvements in data quality that were made for the current report, limitations remain. As already mentioned, client demographic data is currently being reviewed for accuracy and was not included in this report. 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.