

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

State Fiscal Year 2024

July 1, 2023- June 30, 2024

Annual Evaluation Report

January 2025



Arizona Families F.I.R.S.T. Program Annual Evaluation Report State Fiscal Year 2024 January 2025

Submitted to:

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



Submitted by:

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



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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

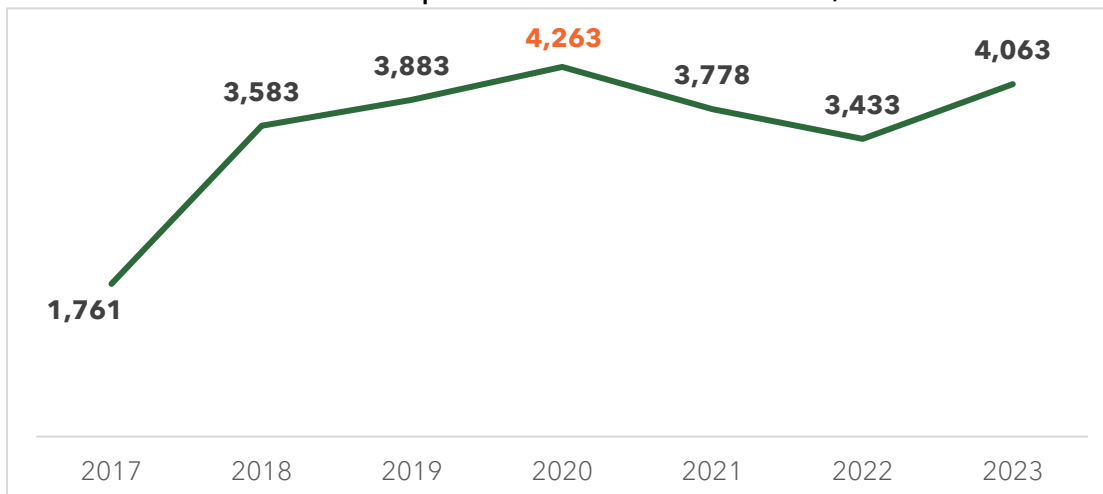
The Need for the AZ Families F.I.R.S.T. (AFF) Program

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).

Non-Fatal Opioid Events in Arizona

The Arizona Department of Health Service’s (ADHS’s) Opioid Dashboard provides information on the number and rate of fatal and non-fatal opioid overdose events in the state and the drugs involved in non-fatal overdoses beginning in 2017. Over time, the number of non-fatal opioid overdose events in Arizona has increased by 131% from 2017 to 2023 (Exhibit 1). When examining rates of non-fatal opioid overdose events, the trend parallels that displayed in Exhibit 1, indicating the increase in events is likely not being driven by changes in population size.

Exhibit 1. Number of Non-Fatal Opioid Overdose Events in Arizona, 2017-2023



Data Source: ADHS Opioid Dashboard, Accessed 4/9/24.

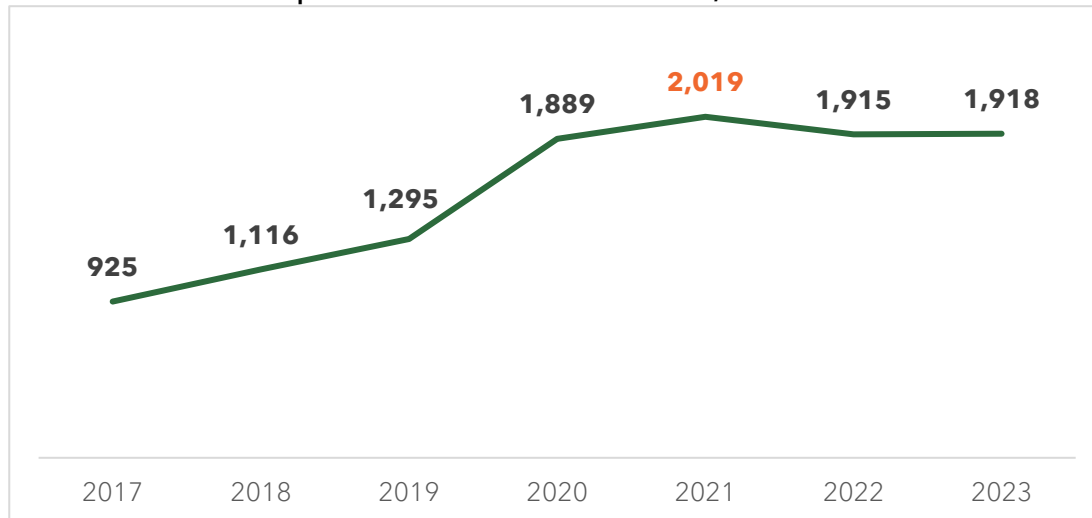
Fatal Opioid Events in Arizona

The number of opioid overdose deaths in Arizona more than doubled from 2017 to 2023 (Exhibit 2). The rate of opioid overdose deaths follows a similar trend, characterized by increased rates of polydrug and prescription (Rx)/synthetic drug overdoses and decreasing rates of heroin overdoses (Exhibit 3). Despite the measures implemented as part of the Arizona



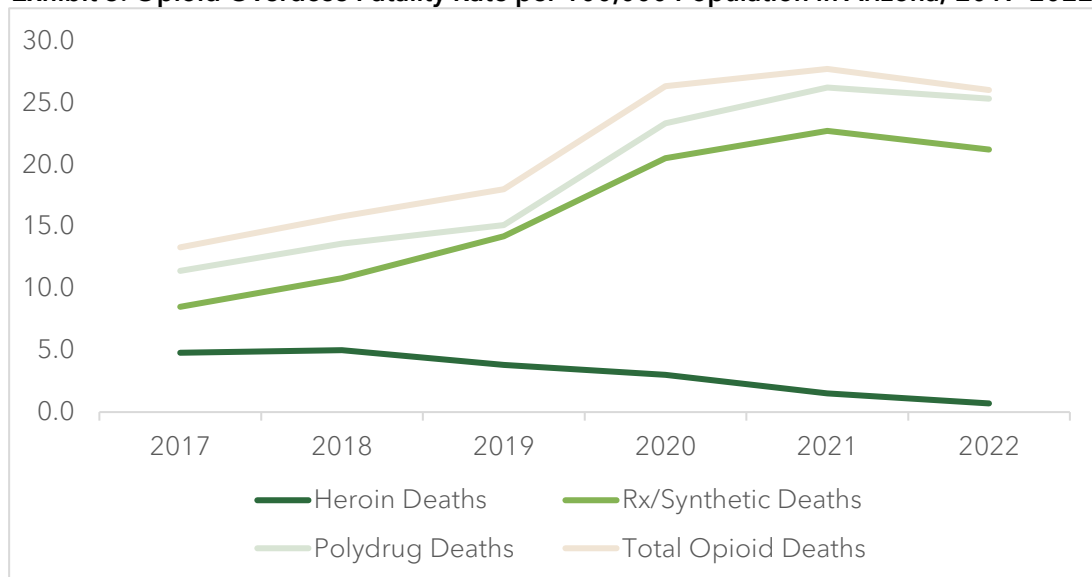
Opioid Plan, overdose events in Arizona continue to be high, highlighting persistent challenges in combating opioid misuse.

Exhibit 2. Number of Opioid Overdose Deaths in Arizona, 2017-2023



Data Source: ADHS Opioid Dashboard, Accessed 4/9/24

Exhibit 3. Opioid Overdose Fatality Rate per 100,000 Population in Arizona, 2017-2022



Data Source: ADHS Opioid Overdoses Surveillance Report, Arizona, 2022

Substance Use and Child Welfare

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 et al., 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 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 that 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 the most recent Semi-Annual Child Welfare Report published by the Arizona DCS, a total of 21,043 reports of child abuse and neglect were received by DCS from January 2024 – June 2024, representing a slight decrease from the same time period in 2023. Consistently, the majority of reports are related to neglect, followed by physical abuse and sexual abuse. Over 60% of reports were made in Maricopa County, a county that has among the highest rates of opioid overdose deaths in the state.

Findings from the Arizona Child Fatality Review Program Annual Report (11/2023)¹, indicate that overall, Arizona’s neglect/abuse mortality rate has increased since 2014. Arizona’s neglect / abuse mortality rate increased by 12% from 7.9 deaths per 100,000 children in 2021 to 8.9 deaths per 100,000 children in 2022. The number one risk factor for neglect / abuse child death was parent substance abuse history (67%), followed by poverty (62%) and child protective services history with the family (59%).

¹ See: <https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2023.pdf>



AFF Program

The Arizona Families F.I.R.S.T. (AFF) program was established through Arizona Revised Statutes 8-882, 8-883, and 8-884 in 2000 and is a partnership between the Arizona Department of Economic Security (DES) and the ADHS. 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 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. Exhibit 4. below outlines how many clients were referred and served in SFY24. 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.

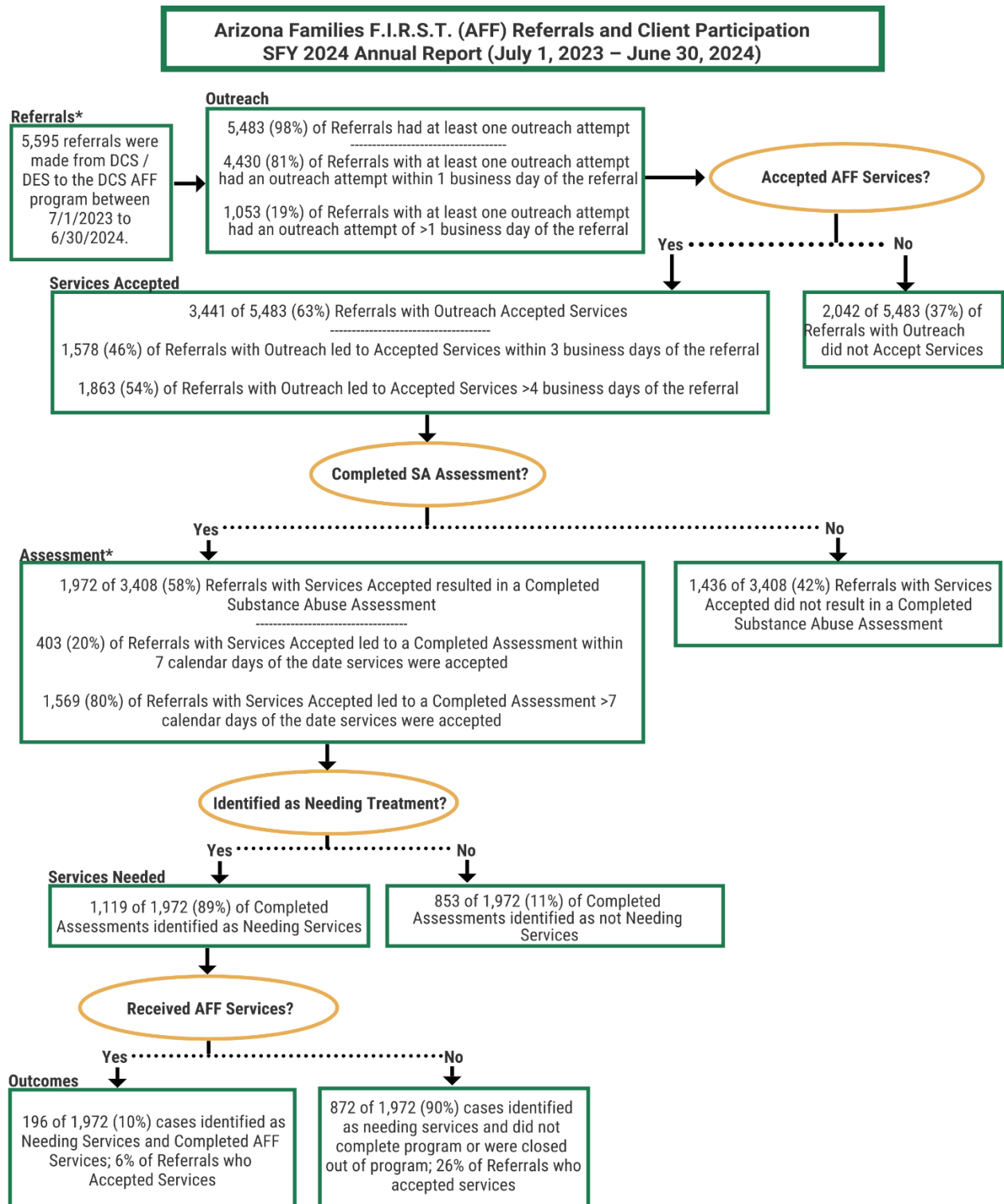


4. A child in a family that is receiving in-home case management services from DCS, and whose behavior indicates a need for substance use assessment, treatment, or recovery to prevent entry or re-entry into out-of-home care.

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.



Exhibit 4. AFF Client Participation and Referrals for SFY 2024



*33 Referrals had an acceptance date recorded after the assessment date and were therefore excluded from all subsequent analyses.



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 2024 (July 1, 2023, to June 30, 2024). Information about the methods used for the evaluation is included in Appendix A.

AFF Provider Results: SFYs 2022 to 2024

This year, select process and evaluation results are presented for each AFF provider. For the past three state fiscal years, DCS has contracted for the same types of AFF services with the same three AFF providers. Results by AFF provider are presented in Appendix B.

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, SFY2024 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. Data for AFF client ethnicity/race is not included in this report at this time.

Funding Sources

The total amount of program funding for SFY2024 was \$6,194,137, approximately a 4% increase from SFY 23 and 7% less than SFY 22 (Exhibit 5). Funding for substance abuse treatment for participants in the AFF program is described later in this report.

Exhibit 5. AFF Program Funding for SFY 2022 to 2024

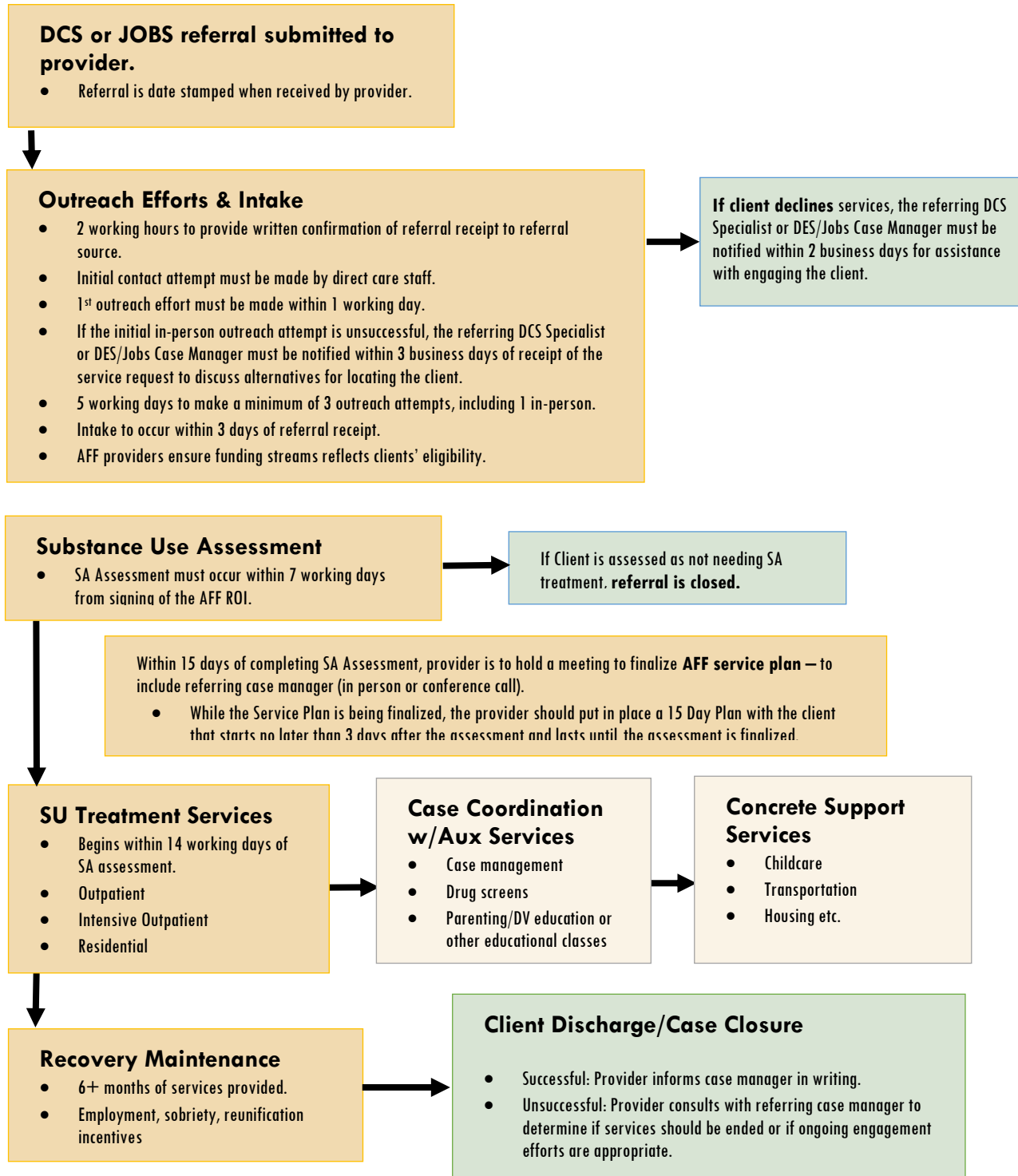
	2022	2023	2024
State Maintenance of Effort Funds (DCS)	\$735,131.96	\$0	\$0
Federal Funds	\$6,760,092.19	\$5,972,430.71	\$6,194,136.56
TOTALS	\$7,495,224.15	\$5,972,430.71	\$6,194,136.56



AFF Program Phases

Clients who are referred to the AFF program progress through several program phases as outlined in Exhibit 6.

Exhibit 6. AZ Families F.I.R.S.T. Flow of Services



AFF Providers

During SFY2024, 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 7 shows the AFF provider for each county.

Exhibit 7. SFY 2024 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



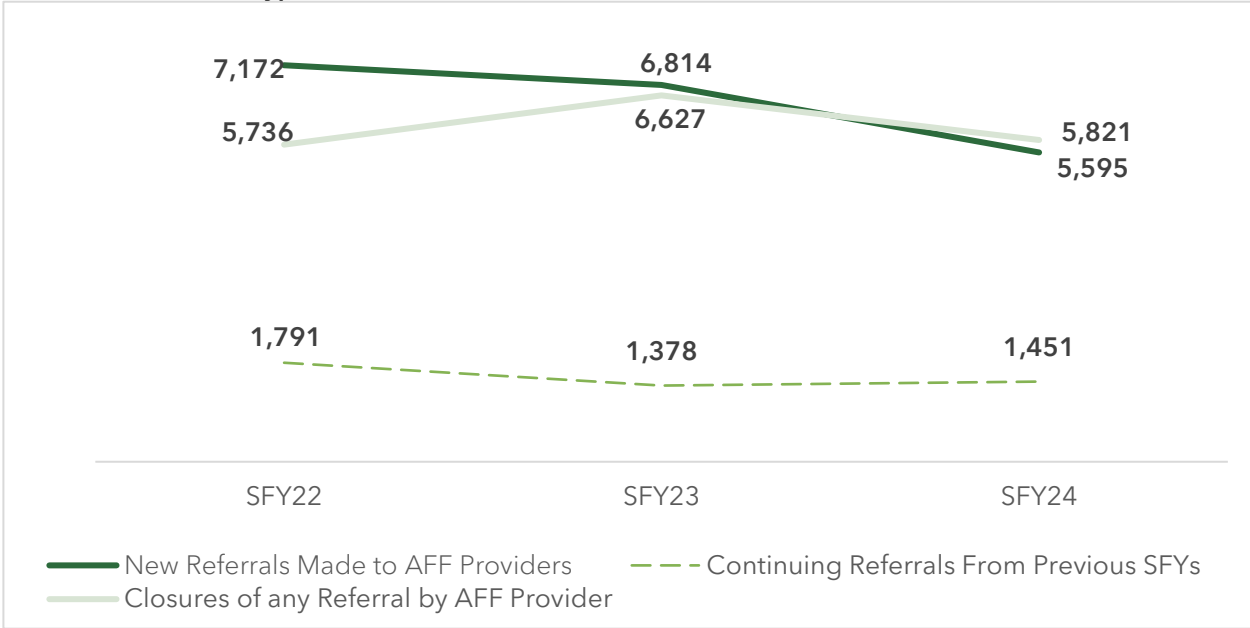
PROCESS EVALUATION RESULTS

Referrals to AFF

Clients are referred to the AFF program by one of the following: 1) a Child Safety Specialist from the Arizona DCS; or 2) a Case Manager from the TANF/JOBS program operated by the Arizona DES. Individuals can be referred more than once but cannot have more than one open referral at a time. Exhibit 8 illustrates that for SFY 24, 5,595 new referrals were made during the year, while 1,451 referrals continued into SFY 24 from the previous fiscal years. A total of 5,821 referrals were closed during SFY 24. This is the first time in three years that more AFF referrals were closed in a year than the number of new referrals made to AFF.

Exhibit 8 shows the number of new referrals received has declined for the past three years, SFY 22 to SFY 24. The number of new referrals for SFY 24 (5,595) represents a 16% decrease from SFY 23 and 22% decrease from SFY 22. While during a given SFY, both new referrals (defined as referrals that 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 reports on results for new referrals in that SFY, unless otherwise noted.

Exhibit 8. Counts of Types of Referrals and Closures, SFYs 2022 to 2024



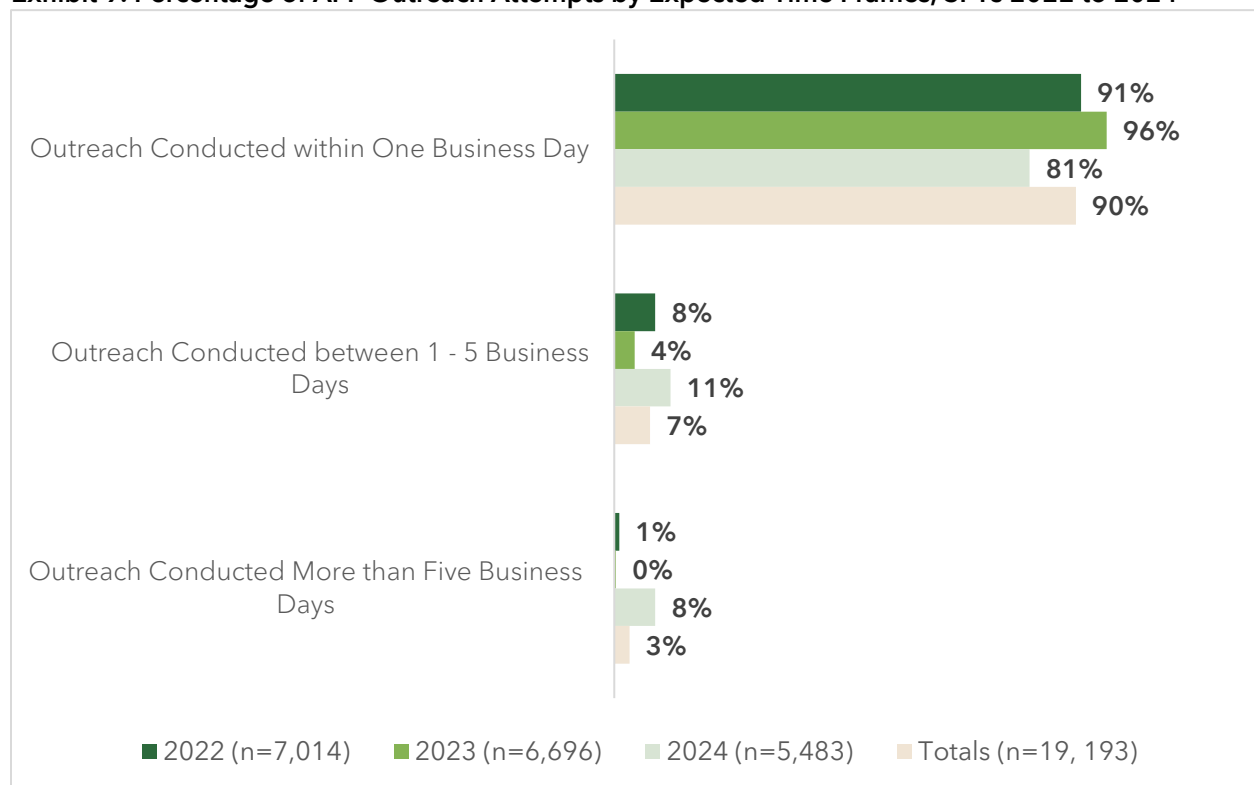
Sources of Referral to AFF – In SFY 24, and for the past three years, 99% of all referrals to AFF were from DCS. There has not been a referral to AFF from the TANF/JOBS program since SFY 22 and referrals from the DCS SENSE program make up the remaining 1% of all referrals.



Outreach Efforts

Once referred, an AFF provider staff member attempts to reach the referred individual, educate them 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. For SFY 22 through SFY 24, 98% of all referrals had an initial outreach attempt. In SFY 24, data presented in Exhibit 9 indicates that 81% of initial outreach attempts were made within one business day, which is significantly less than SFY 23 at 96%.

Exhibit 9. Percentage of AFF Outreach Attempts by Expected Time Frames, SFYs 2022 to 2024*



Note: Results are statistically significant meaning that there is a relationship between outreach time frames and state fiscal years. How often outreach is conducted within one business day in SFY 2024 is significantly less than the same in SFY 23 (chi square=1069.573, df=4, p<.001).

For all referrals with outreach conducted (n=19,193), the range in the length of time taken to conduct the initial outreach attempt for SFY 22 was 0 to 133 business days, in SFY 23 was 1 to 101 business days, and for SFY 24 was between 1 to 42 business days. Given these wide ranges, Exhibit 10 presents averages with durations above the 99th percentile not included so as not to skew the average. The average length of time it takes to conduct outreach has increased significantly from 1.79 business days in SFY 23 to 2.35 business days in SFY 24, as presented in Exhibit 10.



Exhibit 10. Average Business Days from Date of Referral to Date of First Outreach Attempt (99th percentile), SFYs 2022 to 2024*

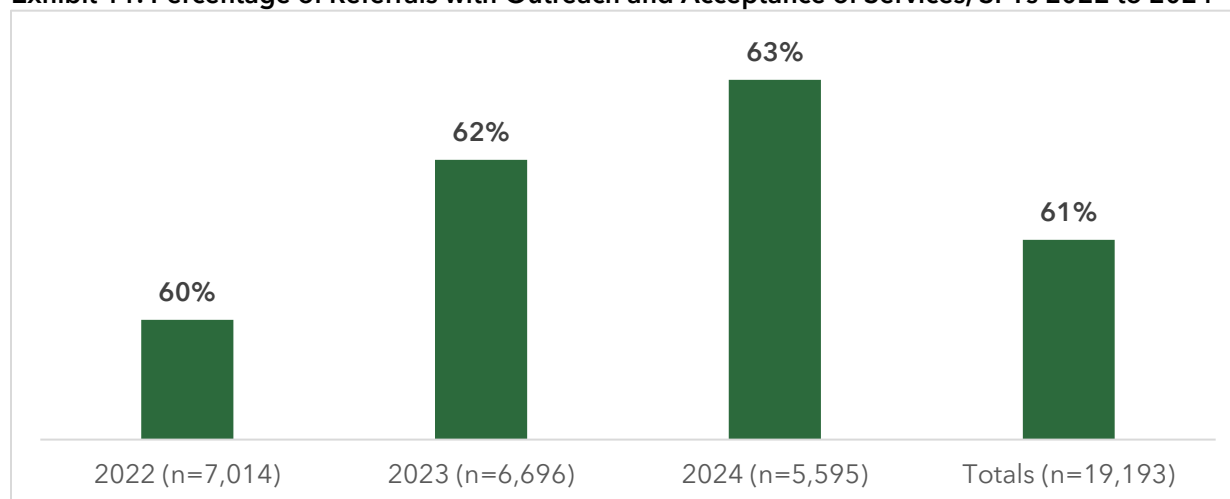
	Mean	SD	95% Confidence Interval for Mean	
			Lower Bound	Upper Bound
2022 (n=6,985)	1.86	.802	1.84	1.88
2023 (n=6,689)	1.79	.564	1.78	1.81
2024 (n=5,350)	2.35	1.64	2.31	2.40
Total (n=19, 024)	1.98	1.078	1.96	1.99

*ANOVA: SS=1068.515, df=2, F=483.652, p<.001.

Intake and Acceptance of Services

After initial contact is made, the potential client is given an intake appointment. During the intake process, providers complete a benefits screening tool to determine the appropriate funding source for services (such as Medicaid (AHCCCS) or private insurance). Acceptance of services is reflected by the client signing a Release of Information (ROI) form, which indicates the client has voluntarily agreed to participate in AFF services. This form also authorizes the AFF provider to gain access to the client’s past clinical records, to schedule and complete a substance abuse assessment, and to collaborate and share information with other Title XIX- and non-Title XIX-contracted substance abuse treatment agencies if needed. Exhibit 11 illustrates what happened to referrals where outreach was made to a potential AFF client. For SFY 24, 63% of all referrals that had at least one outreach attempt led to accepted services, representing a significant increase from SFY 22 and slight increase (not significant) from SFY 23.

Exhibit 11. Percentage of Referrals with Outreach and Acceptance of Services, SFYs 2022 to 2024*

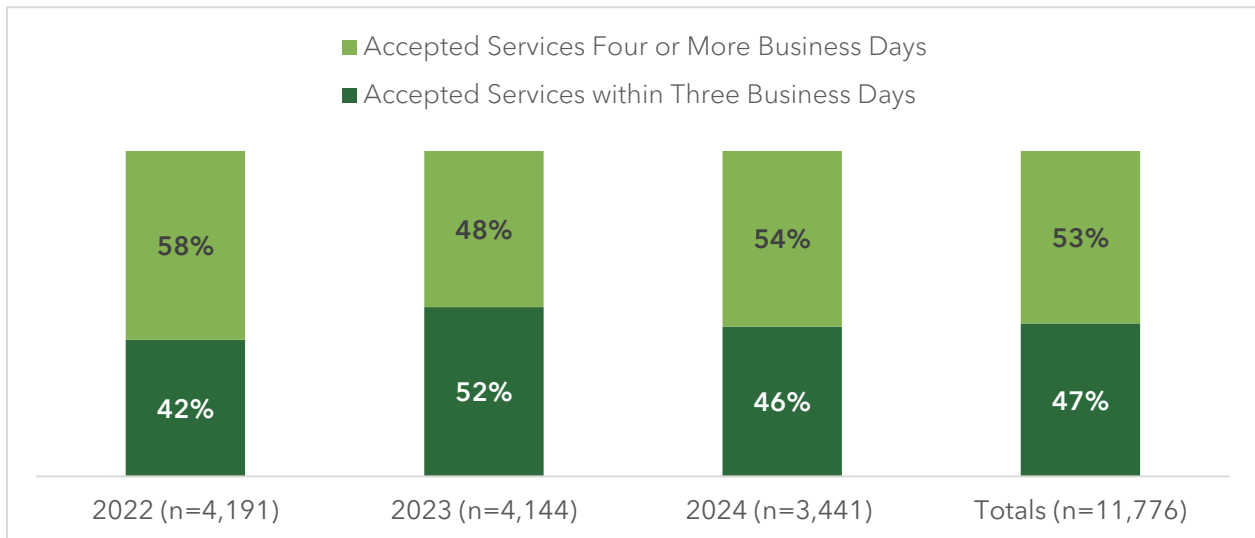


*Note: Results are statistically significant meaning that there is a relationship between acceptance of services and state fiscal years. A significantly larger proportion of adults referred to AFF in SFY24 accepted services when compared to SFY 22 (chi square=12.953, df=2, p=.002).



Per the AFF program manual, the performance goal is for individuals referred by DCS who receive outreach to accept program services from the AFF provider within three working days of the date of referral. For SFY24, the percentage of referrals with outreach that resulted in an acceptance of AFF services within three business days was 46%, significantly lower than in SFY 23 at 52% (Exhibit 12).

Exhibit 12. Percentage of Referrals With At Least One Outreach Attempt Acceptance of Services, SFYs 2022 to 2024*



*Note: Results are statistically significant meaning that there is a relationship between time frames for acceptance of services and state fiscal years. While more than in SFY 22 (42%), a smaller proportion of adults referred to AFF in SFY 24 (46%) accepted services within three business days when compared to SFY 23 (52%) (chi square=89.699, df=2, p<.001).

The range in business days from SFY22 to SFY24 for all cases from the date of referral to acceptance of services was between 0 - 136 days. Exhibit 13 shows that the average time, only including durations at the 99th percentile, from referral to acceptance of services in SFY 24 was quicker or an improvement from SFY22 and significantly longer than SFY23. For the past three years, on average it has been taking about 6 business days from the date of referral from DCS to the AFF provider to the date when the AFF client accepts services.

Exhibit 13. Average Business Days Between Referral and Acceptance Date (99th percentile), SFYs 2022 to 2024*

	95% Confidence Interval for Mean			
	Mean	SD	Lower Bound	Upper Bound
2022 (n=4,124)	6.71	6.21	6.52	6.90
2023 (n=4,119)	5.03	4.66	4.89	5.17
2024 (n=3,419)	5.77	5.23	5.59	5.94
Total (N=11,662)	5.84	5.56	5.74	5.94

*ANOVA: SS=5844.206, df=2, F=99.730, p<.001.



The range in business days from date of first outreach attempt to acceptance date for all cases was between 0 and 129 days. Exhibit 14 shows that the average number of business days between initial outreach and acceptance of services for SFY 2024, including only cases with durations in the 99th percentile, is approximately 4 days. This is quicker or a significant improvement from SFY22 and not significantly longer than SFY23. For the past three years, on average it has been taking about 5 business days from the date of initial outreach to the date when the AFF client accepts services.

Exhibit 14. Average Business Days Between First Outreach and Acceptance Date (99th Percentile), SFYs 2022 to 2024*

	95% Confidence Interval for Mean			
	Mean	SD	Lower Bound	Upper Bound
2022 (n=4,123)	5.81	6.07	5.63	6.00
2023 (n=4,118)	4.22	4.63	4.08	4.36
2024 (n=3,419)	4.40	4.91	4.23	4.56
Total (N=11,660)	4.84	5.31	4.74	4.93

*ANOVA: SS=6131.485, df=2, F=110.729, p<.001.

Length of Time Results for Referrals by DCS Region

Exhibits 15 and 16 presents how well DCS staff and AFF providers are performing by measuring the stages of referral progression from referral to outreach and then client acceptance. Exhibit 15 presents the average length of time in business days from date of referral to outreach (n=18,961), date of referral to acceptance of services (n=11,635), and date of outreach to acceptance of services (n=11,633). These results only include the 99th percentile of all durations.



Exhibit 15. Average Number of Business Days for Referral Management by DCS Region (99th percentile) SFYs 22 to 24

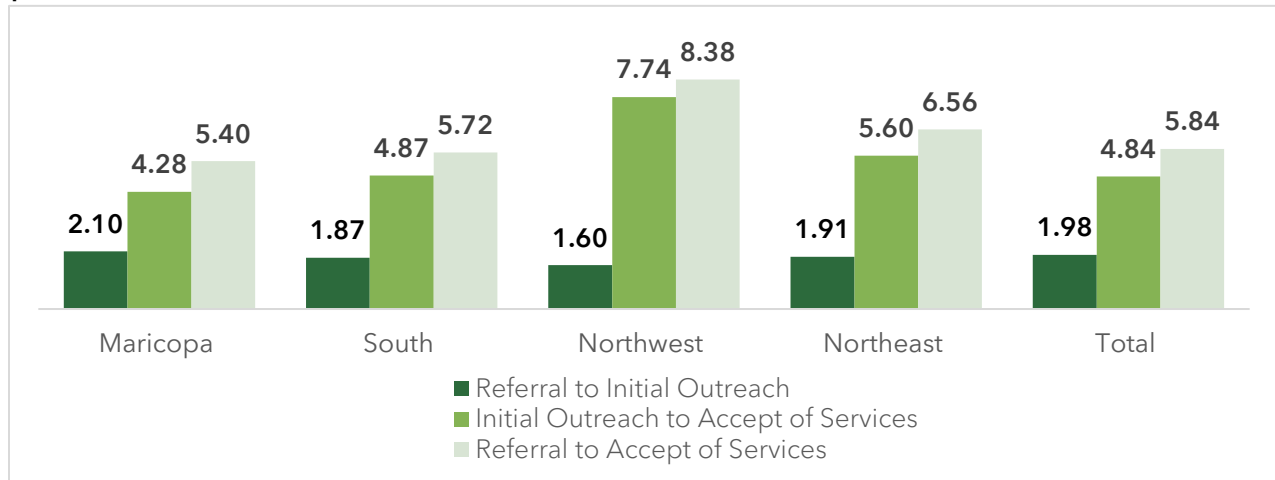


Exhibit 16 is for all referrals with an acceptance of services from SFY22 to the end of SFY24 (n=11,776). The relationship between a client accepting services and the DCS Region was significant. Clients accepted services significantly more often in the Maricopa DCS Region compared to other DCS Regions and significantly less often in the Northwest Region compared to other regions.

Exhibit 16. Percentage of Referrals from DCS to AFF Provider with Acceptance of Services by DCS Region, SFYs 2022 to 2024

	DCS Region				
	Maricopa	Northeast	South	Northwest	Total
Client Accepted Services (n=11,776)	64%	59%	59%	56%	61%

*Note: Results are statistically significant meaning that there is a relationship between rate of acceptance of services and DCS region. The percentage of individuals who accepted services was significantly higher in the Maricopa Region and significantly lower in the Northwest Region compared to other regions (chi square=65.009, df=3, p<.001).

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 SFY22 to 24 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 most recent referral date are presented. All data excludes clients whose assessment date preceded the acceptance of service date and clients with missing data. 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 SFY22 to 24 who had an assessment that state fiscal year. Age information was missing for ~14% of all clients, with the largest percentage of missing data occurring in SFY24 (~34%). Consistently, the majority of clients served are between the ages of 25-45, and approximately 3% of all referrals are for young people ages 0-18.

Exhibit 17. Age of Client at Referral, SFYs 2022 to 2024

Age	SFY 2022		SFY 2023		SFY 2024	
	n	%	n	%	n	%
0 - 18	57	2%	80	4%	62	3%
19 - 24	352	15%	241	13%	143	12%
25 - 30	687	29%	475	25%	314	25%
31 - 35	595	25%	496	26%	294	24%
36 - 45	581	24%	498	26%	338	27%
46-55	96	4%	94	5%	64	5%
56+	21	1%	29	2%	25	2%
Total	2,389	100%	1,913	100%	1,240	100%

Age information was not available for <1%, 12%, and 34% of clients in SFY22, SFY23, and SFY24, respectively.

Client Gender

On a year-to-year basis, little variation is observed in this characteristic of AFF clients over time, with 64% of clients identifying as female for all time periods (n=5,539). Information on gender was missing for ~14% of clients who completed an assessment.

Client County of Residence and DCS Region

Exhibit 18 illustrates the county of residence for all clients. Overall, 57% (n=3,699) of AFF clients reside in Maricopa County. Information on county was missing for <1% of clients who completed an assessment.



Exhibit 18. Client County of Residence, SFYs 2022 to 2024

County	SFY 2022		SFY 2023		SFY 2024	
	n	%	n	%	n	%
Apache	3	<1%	5	<1%	7	<1%
Cochise	45	2%	79	4%	54	3%
Coconino	19	1%	8	<1%	22	1%
Gila	32	1%	19	1%	7	<1%
Graham	1	<1%	4	<1%	1	<1%
Greenlee	1	<1%	0	0%	1	<1%
La Paz	1	<1%	11	1%	12	1%
Maricopa	1,385	58%	1,194	55%	1,120	60%
Mohave	86	4%	87	4%	54	3%
Navajo	26	1%	20	1%	14	1%
Pima	481	20%	451	21%	344	18%
Pinal	165	7%	145	7%	88	5%
Santa Cruz	10	<1%	12	1%	10	1%
Yavapai	82	3%	79	4%	86	5%
Yuma	69	3%	69	3%	54	3%
Total	2,406	100%	2,183	100%	1,874	100%

County information was not available for <1%, <1%, and <1% of clients in SFY22, SFY23, and SFY24, respectively.



Client Education Level

Exhibit 19 illustrates the education level for clients from SFY22 to SFY 24 (n=5,369). Information on education level was missing for ~17% of clients, with the largest percentage of missing data occurring in SFY 24 (~36%). A general trend shows that ~80% or more of AFF clients reported having at least a high school education or GED.

Exhibit 19. Education Level of Client at Initial Assessment, SFYs 2022 to 2024

Education Level	SFY 2022		SFY 2023		SFY2024	
	n	%	n	%	n	%
1 st -12 th Grade	437	19%	379	20%	249	21%
High School Graduate or GED	1,114	48%	884	48%	530	44%
Some College, No Degree	532	23%	403	22%	289	24%
Vocational/Technical School	114	5%	85	5%	61	5%
College AA/BA Degree	102	4%	97	5%	66	6%
Graduate or Post Graduate Degree	6	<1%	10	1%	11	1%
Total	2,305	100%	1,858	100%	1,206	100%

Level of education information was not available for 4%, 15%, and 36% of clients in SFY22, SFY23, and SFY24, respectively.

Client Employment Status at Assessment

For those clients with an assessment, 60% of all clients for SFY22 to SFY24 entered the AFF program with either part-time and or full-time employment.

- SFY22 61% Employed
- SFY23 62% Employed
- SFY24 53% Employed

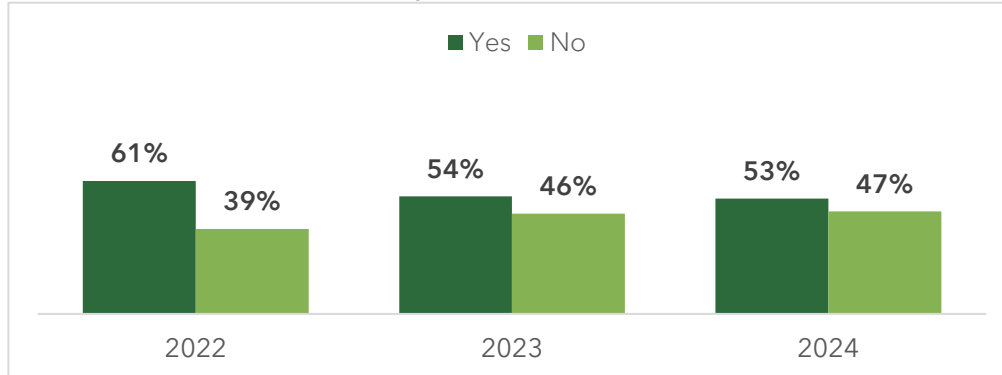
Employment status at case closure is examined later in this report as an AFF program outcome.



Self-Reported Domestic Violence

Exhibit 20 illustrates client reports of domestic violence (n=4,616). Information on domestic violence was missing for ~29% of clients, with the largest percentage occurring in SFY 24 (~43%). A consistent trend is that over 50% of clients reported experiencing domestic violence at assessment.

Exhibit 20. Domestic Violence Reported at Initial Assessment, SFYs 2022 to 2024



Domestic violence information was not available for 19%, 26%, and 43% of clients in SFY22, SFY23, and SFY24, respectively.

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 21 illustrates the degree to which this model component was met for all referrals where a client accepted services during the fiscal year. Compared to SFY23, a significantly greater percentage of clients received an assessment within 7 calendar days of accepting services.

Exhibit 21. Percentage of Assessments Conducted of AFF Clients Who Accepted Services, SFYs 2022 to 2024*

	SFY 2022 (N=4,191) ¹	SFY 2023 (N=4,144) ¹	SFY 2024 (N=3,441) ¹
Assessment Conducted	62%	57%	57%
Assessment Conducted within 7 calendar days of Acceptance	20%	17%	20%

¹Across SFYs, any cases that had an acceptance date recorded after the assessment date or cases that were missing an acceptance date and had an assessment date were excluded from the percentages above. *Note: Results are statistically significant meaning that there is a relationship between the time between acceptance of services and assessment services and state fiscal years. A significantly greater percentage of assessments occurred within 7 calendar days of acceptance in SFY24 compared to SFY 23 (chi square=6.867, df=2, p=.032).



Exhibit 22 illustrates the average number of calendar days between acceptance and assessment for the 99th percentile of cases each fiscal year². The average difference in calendar days compared by fiscal year is significant³. Assessments were conducted in significantly fewer calendar days in SFY24 (21 days) compared to SFY23 (25 days). When comparing SFY22 (19 days) to SFY24 (21 days), it is taking longer for AFF providers to conduct an assessment in SFY24 with fewer clients accepting services.

Exhibit 22. Average Number of Calendar Days from Acceptance to Assessment Date (99th percentile), SFYs 2022 to 2024

SFY (n)	Mean	SD	95% Confidence Interval for Mean		Range	
			Lower Bound	Upper Bound	Min	Max
2022 (n=2,560)	19.40	16.97	18.74	20.06	0	98
2023 (n=2,322)	25.08	19.06	24.31	25.86	0	99
2024 (n=1,960)	21.51	17.33	20.74	22.28	0	98
Total (N=6,842)	21.93	17.97	21.51	22.36	0	99

Exhibit 23 illustrates the result of cases assessed in SFY 2022 to SFY 2024. Overall, approximately 92% of clients that had an assessment were assigned to a Level of Care (LoC).

Exhibit 23. Assessment Results SFYs 2022 to 2024

	SFY 2022		SFY 2023		SFY 2024	
	n	%	n	%	n	%
Assessed and Assigned to a LoC	2,313	90%	2,082	89%	1,119	89%
Assessed and No LoC Assigned	266	10%	261	11%	853	11%
Completed Assessments	2,579	100%	2,343	100%	1,972	100%

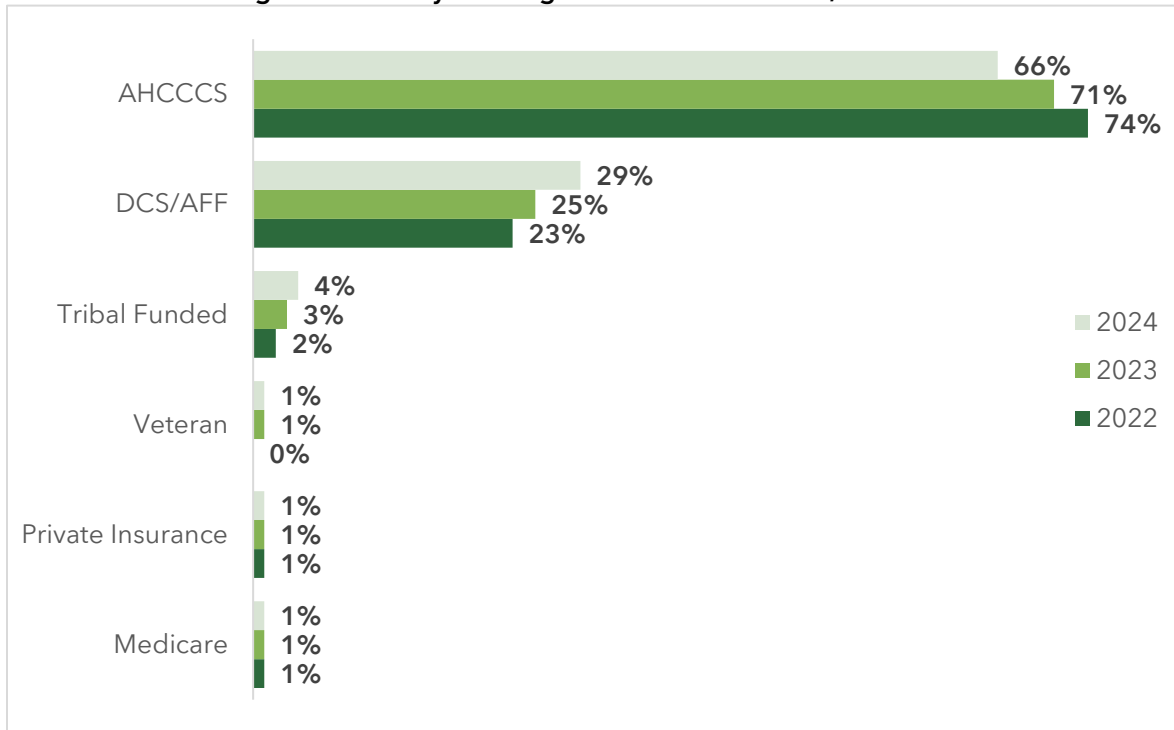
Exhibit 24 shows that over the three-year period, the funding sources most often used for AFF services are AHCCCS (Arizona Health Care Cost Containment System) and DCS/AFF funding sources. In SFY24, a significantly greater percentage of services were DCS/AFF and Tribal Funded compared to the previous two SFYs.

² For results from all fiscal years (n=6,894) the mean average was 23 days, the median average was 18 days, and the range was from 0 to 552 days.

³ An analysis of variance test was significant: SS=39839.354, df=2, F=62.828, and p = <.001.



Exhibit 24. Percentage of Clients by Funding Source at Assessment, SFYs 2022 to 2024*



*Note: Results are statistically significant meaning that there is a relationship between funding source at assessment and state fiscal years. A significantly greater percentage of AFF services at assessment were DCS/AFF and Tribal Funded in SFY24 compared to the previous two SFYs (chi square=47.439, df=10, p<.001).

Level of Care at Assessment

If the assessment finds an individual needs substance use treatment, the proper level of care (LoC) (i.e., 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 SFY24, results show that 18% of AFF clients were 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

AFF Clients Assigned to Substance Use Awareness Services:

- 18% in SFY 2024
- 20% in SFY 2023
- 22% in SFY 2022



substance abuse; and the substance abuse treatment and recovery process (including information on relapse and relapse prevention).

Exhibit 25 illustrates the frequency that each LoC was initially assessed for referrals over time.⁴ Assignment to either Outpatient or Intensive Outpatient LOC occurred most often over the three-year period. For all SFYs, counts are not reported for categories with low numbers to protect against identification of AFF clients, including Residential Treatment-Child and Low Intensity Residential Treatment-Adult. For SFY22 and SFY24, data is also suppressed for the category of Medium Intensity Residential Treatment-Adult. The total number of LoC assignments is provided for all years.

Exhibit 25. First Level of Care Identified at Initial Assessment, SFYs 2022 to 2024

Level of Care at Assessment	SFY 2022		SFY 2023		SFY 2024	
	n	%	n	%	n	%
Outpatient	850	37%	755	36%	490	44%
Intensive Outpatient	674	29%	526	25%	339	30%
Substance Use Awareness Assigned at Assessment	332	14%	272	13%	171	15%
Recovery Maintenance	420	18%	430	21%	57	5%
Medium Intensity Residential Treatment - Adult	---	---	35	2%	---	---
High Intensity Residential Treatment - Adult	9	<1%	34	2%	42	4%
Partial Hospitalization	18	1%	21	1%	10	1%
Residential Tx Child / Low Intensity Residential Adult	---	---	---	---	---	---
Total	2,313	100%	2,082	100%	1,119	100%

Length of Time in AFF Program

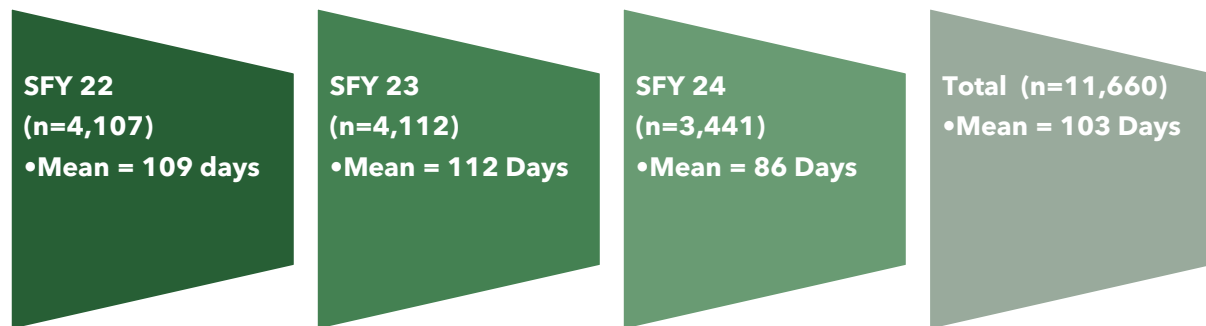
Total Length of Time in Program - Length of time in the AFF program is measured from the date an AFF client accepted services to either the date of case closure or the end of SFY24. For all AFF clients that accepted services during SFY22 to SFY24, (n=11, 776), the average

⁴ Note: For SFY22 – there were a total of n=327 assigned Level of Care categories, 12% of all LoC assignments to clients for that year, noted for clients that did NOT have an assessment date recorded. For SFY23 there were a total of n=265 assigned Level of Care categories, 11% of all LoC assignments to clients for that year, noted for clients that did NOT have an assessment date recorded. For SFY24 there were a total of n=137 assigned Level of Care categories, 11% of all LoC assignments to clients for that year, noted for clients that did NOT have an assessment date recorded.



length of time in the program was 109 days, the median was 67 days, and the range was from 0 to 1,082 days. At the end of SFY24, there were a total of n=1,397 referrals still open and receiving services.

As illustrated below, when the top 1% of client cases with the longest time in the program are removed from the analysis (n=116), 99% of AFF clients (n=11,660) were active in the program from 1 to 530 days, with an average length of 103 days in the program.



For AFF referrals with accepted services that closed in each SFY (n=10, 666), the average duration from acceptance of services to case closure was for all cases:

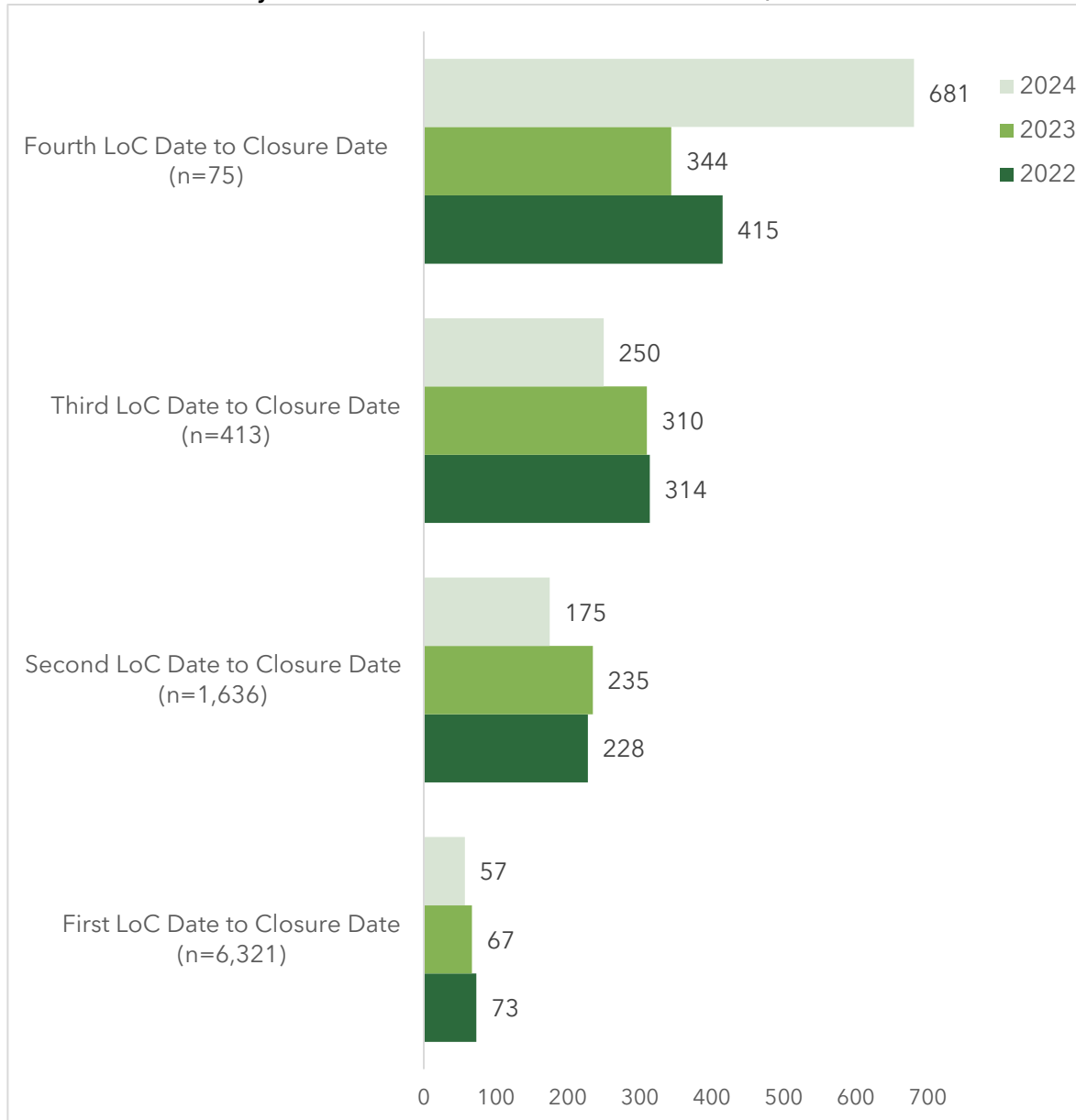
- SFY 22 (n=2968) 75 days
- SFY 23 (n=3981) 106 days
- SFY 24 (n=3717) 122 days
- Total (n=10,666) 103 days

The length of time in the program for referrals with accepted services that closed each fiscal year is significantly increasing, from an average of 75 days in SFY22 to an average of 122 days in SFY24 (ANOVA SS=3732343.817, df=2, F=188.215, p<.001).



Length of Time Assigned to a Level of Care- Exhibit 26 presents the median number of calendar days for AFF clients who were assigned to an LoC up to four times during SFY22 to SFY24⁵. The length of time measured in calendar days spans from when the referral is initially assigned until that specific level of care ends, even though the overall case may continue with new LoC assignments. The majority of cases (n=6,321) were assigned to single LoC and very few cases (n=75) had four LoC assignments. Of note is that the average time spent in the first assigned LoC has decreased each fiscal year.

Exhibit 26. Median Days from Start Date of Level of Care to Closure, SFYs 2022- 2024



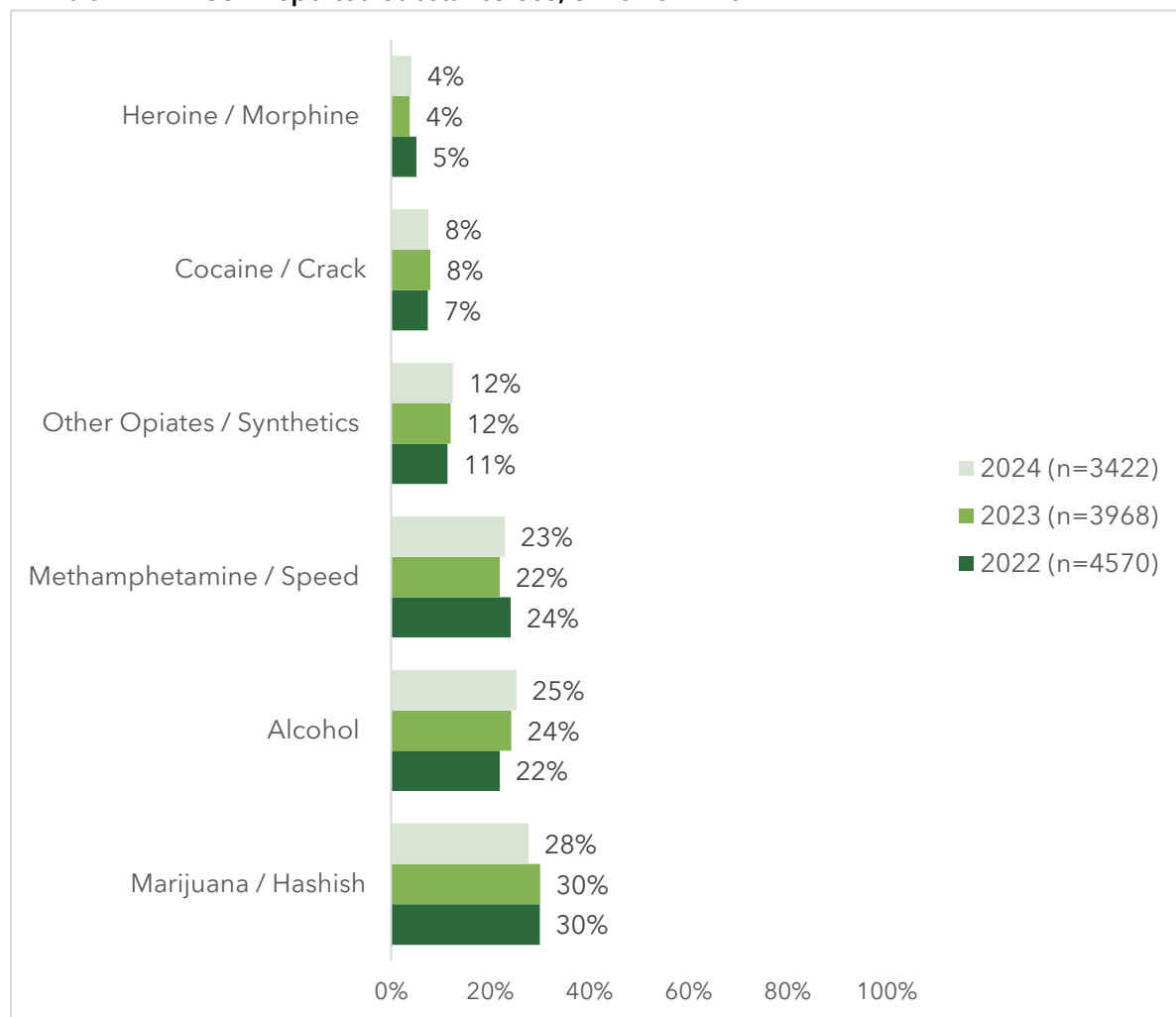
⁵ A total of n=23 other cases had five and six additional level of care assignments across the three fiscal years and are not included in the analyses to reduce the risk of disclosing uniquely identifying information.



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 assessment date. Over the past three years, results consistently show that 90% or more of AFF clients reported substance use in the past 30 days, with over 50% reporting the use of two or more substances at assessment. Exhibit 30 displays the past 30-day self-reported types of substances used by state fiscal year. Respondents reported on up to 21 different combinations of substances used and most (the 99th percentile) reported use of 1 to 6 substance types ⁶. Three types of substances used most often for SFY24 and over the past three years include marijuana/hashish (28%), alcohol (25%) and methamphetamines (23%).

Exhibit 27. AFF Self-Reported Substance Use, SFYs 2022-2024



⁶ The substances of benzodiazepines, hallucinogens, inhalants, other stimulants, other sedatives/tranquilizers and other drugs made up less than 1% of all reported substances and were not included in the count of substances.

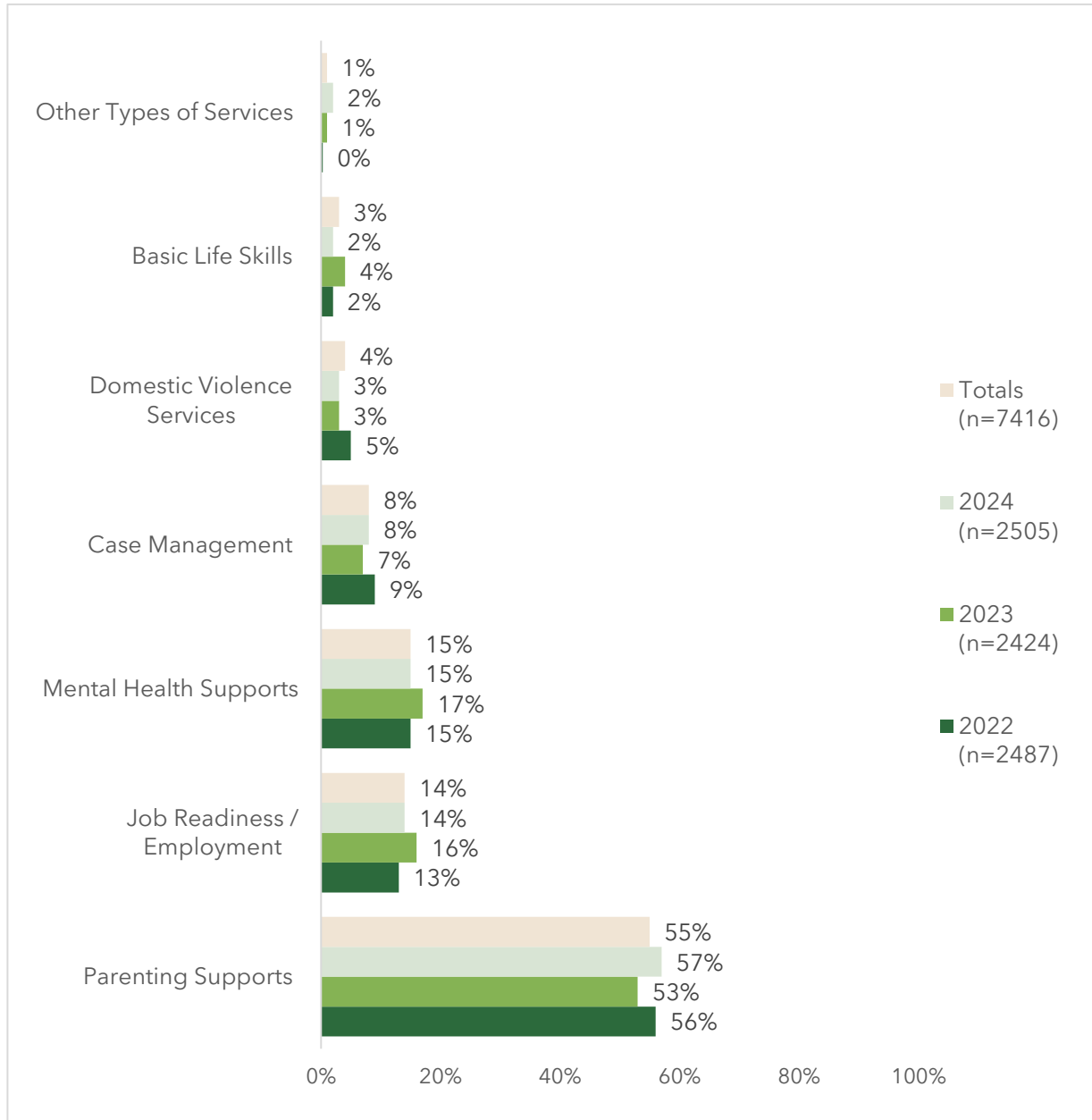


Service Delivery

Types and Duration of Non-Substance Abuse Treatment Services

Exhibit 28 presents the types of non-substance abuse services recorded for AFF clients at first assignment to services for each fiscal year. Parenting Supports, Job Readiness/Employment, Mental Health and Case Management services account for the majority of non-substance abuse treatment services. This pattern of service utilization has been consistent over time.

Exhibit 28. Types of Non-Substance Abuse Treatment Services, SFYs 2022 to 2024



On average, at their first assignment to services, AFF clients are assigned to two different service types with a range from 1 to 6 different service types. The average time from first service assignment to case closure or end of SFY24 differed significantly by SFY:

- For SFY22 clients (n=2507), the average time from first assignment to case closure was 102 calendar days with a range of 0 - 1,049 days.
- For SFY23 clients (n=2427), the average time from first assignment to case closure was 104 calendar days with a range of 0 - 723 days.
- For SFY24 clients (n=2507), their average time from first assignment to case closure was significantly less at 77 calendar days, ranging from 0 - 361 days⁷.

Drug Testing Outcomes

Drug testing begins at assessment and continues during treatment to motivate participation and allow for early detection and response to relapse. During the assessment, the Contractor asks the client whether drug testing is occurring through DCS or other agencies and develops a coordinated drug testing plan that does not require more testing than necessary. Results are required to be shared between the Contractor and DCS and/or DES/Jobs. Exhibit 29 shows the recommended frequency of drug testing for when a client is progressing well in treatment and/or behaviorally.

Exhibit 29. 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

⁷ Note on service durations: A total of n=87 cases had the closure date recorded before the first service date and these results were not used in the analysis. Statistical results: ANOVA SS=1060613.339, df=2, F=46.999, p<.001.



Exhibit 30 displays the outcomes of drug test attempts. For SFY24, 82% of all tests attempted were completed, which was a significant increase in test completion rates compared to 69% in both SFY22 and SFY23.

Exhibit 30. Drug Test Attempts, SFYs 2022 to 2024**

	SFY 2022		SFY 2023		SFY 2024	
	n*	%	n*	%	n*	%
No call / no show for testing	20,739	29%	19,943	30%	8,453	17%
Client refused	841	1%	473	1%	545	1%
Cancelled for reason beyond client control	228	<1%	79	<1%	122	<1%
Drug tests completed of those attempted	48,711	69%	45,328	69%	40,206	82%
Total	70,291	100%	65,823	100%	49,326	100%

Note: Includes new and continuing clients. Where more than one drug screen was performed in a single day, duplicates were removed. A total of 60 tests (<1%) were missing results and were therefore excluded from the percentages above. **Results are statistically significant meaning that there is a relationship between the percentage of tests completed (versus the percentage of those not completed) and state fiscal years. A significantly greater percentage of test were completed in SFY 24 compared to both previous SFYs (chi square=2844.147, df=2, p=<.001).

Exhibit 31 shows the results of completed drug tests. Over the past three years, a higher percentage of drug tests were positive in SFY24 at 35% compared to the percentage of positive tests in the prior years.

Exhibit 31. Drug Test Results, SFYs 2022 to 2024

	SFY 2022		SFY 2023		SFY 2024	
	n	%	n	%	n	%
Positive (one or more substances detected on a single day)	13,148	27%	18,291	40%	17,307	43%
Negative (no substance detected)	33,250	68%	25,832	57%	21,901	54%
Awaiting results	256	<1%	203	<1%	146	<1%
Altered specimen/sample	87	<1%	57	<1%	98	<1%
Test indicates allowable substance	1,970	4%	945	2%	754	2%
Total	48,711	100%	45,328	100%	40,206	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 may have different counts and totals.

Referral Closure Reasons

Exhibit 32 shows the reported reasons for closure of referrals. Case closures identified as an error were not included in closure reason reporting. Referrals were categorized into SFYs by their referral date, meaning if a referral occurred in SFY22 but the case was closed in SFY23, it is represented in the SFY22 column. Of note is that 22% of cases in SFY24 remained open, compared to only 1% in the prior years.

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 over 40% of all closures in each fiscal year.

Exhibit 32. Referral Closure Reasons, SFYs 2022 to 2024 (n=19, 581)

Closure Reason	SFY 2022		SFY 2023		SFY 2024	
	n	%	n	%	n	%
Unable to Locate for Initial Outreach	2,086	29%	1,784	26%	1,145	21%
Unable to Locate for Intake	1,242	17%	1,226	18%	1,099	20%
Refused services at initial referral or assessment	479	7%	503	7%	466	8%
Client Refused Service / Unable to Engage or Re-Engage At / After Intake	162	2%	115	2%	72	1%
Unable to Locate (post-intake)	99	1%	93	1%	55	1%
Client Refused Service / Unable to Engage or Re-Engage At / After Assessment	61	1%	50	1%	46	1%
No SA Problem Identified	193	3%	166	2%	95	2%
Client Discontinued without Completing Services	1,372	19%	1,254	18%	812	15%
Client Discontinued Substance Use Awareness Services Before Completion	47	1%	53	1%	34	1%
Completed Substance Use Awareness Services	293	4%	216	3%	141	3%



Closure Reason	SFY 2022		SFY 2023		SFY 2024	
	n	%	n	%	n	%
Completed AFF at the conclusion of Substance Abuse Treatment	301	4%	242	4%	60	1%
Completed AFF at the conclusion of Recovery Maintenance	195	3%	254	4%	23	<1%
Client Discontinued Services After DCS Involvement Ended	143	2%	106	2%	38	1%
Case Closed Due to No 6-month Services Authorization	141	2%	78	1%	20	<1%
Moved out of area / Incarcerated / Passed Away	130	2%	135	1%	121	2%
Information on Case Closure Missing	154	2%	441	7%	143	3%
Case Still Open End of SFY24	74	1%	98	1%	1,225	22%
Total Cases	7,172	100%	6,814	100%	5,595	100%

AFF Program Completers

Exhibit 33 shows client completion rates over time. Completion is defined as 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 33. AFF Program Completion for All Clients, SFYs 2022 to 2024

		SFY 2022		SFY 2023		SFY 2024	
		n	%	n	%	n	%
AFF Program Completion	Did Not Complete AFF Program	5,678	88%	5,213	88%	4,146	95%
	Completed AFF Services	789	12%	712	12%	224	5%
	Sub-Total	6,467	100%	5,925	100%	4,370	100%
Other Closure Reasons	No SA Problem Identified	193	3%	166	2%	95	2%
	DCS Discontinued Case / DCS No Extension for Services	284	4%	184	3%	58	1%
	Information on Case Closure Missing	154	2%	441	7%	143	3%
	Case Still Open End of SFY24	74	1%	98	1%	1225	22%
	Sub-Total	705	100%	889	100%	1521	100%
Total Referrals		7,172	100%	6,814	100%	5,595	100%

Exhibit 34 shows AFF program completion rates for cases with a completed assessment. These results do not include cases that closed because no SA problem was identified at assessment or because DCS discontinued the case and/or DCS did not continue an extension for AFF services. As noted above, case closure information is missing for n=738 cases. Over the past three years, 72% of total cases did not complete AFF program services. The percentage of non-completers has significantly increased from 69% in SFY22 to 82% in SFY24. Likewise, completion rates have decreased from 31% in SFY22 and SFY23 to 18% in SFY24.

Exhibit 34. AFF Program Completion for Clients with an Assessment for Services, SFYs 2022 to 2024

	SFY 2022		SFY 2023		SFY 2024		Total	
AFF Program Completion	n	%	n	%	n	%	n	%
Did Not Complete AFF Program	1,580	69%	1,380	69%	872	82%	3,832	72%
Completed AFF Services	699	31%	611	31%	196	18%	1,506	28%
Total Cases	2,279	100%	1,991	100%	1,068	100%	5,338	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 35 displays the level of care at the time of closure by SFY and reflects the unique individuals who received AFF services and closed in that fiscal year. Frequencies may include duplicated individuals who received services across fiscal years. Counts for Low Intensity Residential Adult services and Residential Treatment for Children are not included due to low sample sizes. Over the three-year period, clients at closure are most often receiving either outpatient or intensive outpatient level of care type services. For SFY24, there was a decrease in clients receiving Early Intervention / Substance Use Awareness services at closure.

Exhibit 35. AFF Level of Care at Time of Closure, SFYs 2022 to 2024

Level of Care	SFY 2022		SFY 2023		SFY 2024	
	n	%	n	%	n	%
Outpatient	1,110	42%	1,039	43%	883	43%
Intensive Outpatient	739	28%	605	25%	551	27%
Early Intervention / Substance Use Awareness	766	29%	766	29%	401	20%
Recovery Maintenance	23	1%	51	2%	144	7%
Residential Treatment - High	---	---	31	1%	45	2%
Partial Hospitalization	19	1%	17	1%	13	1%
Residential Treatment - Medium	---	---	33	1%	---	---
Total closed referrals for individuals who received AFF services in each SFY	2,674	100%	2,415	100%	2,046	100%

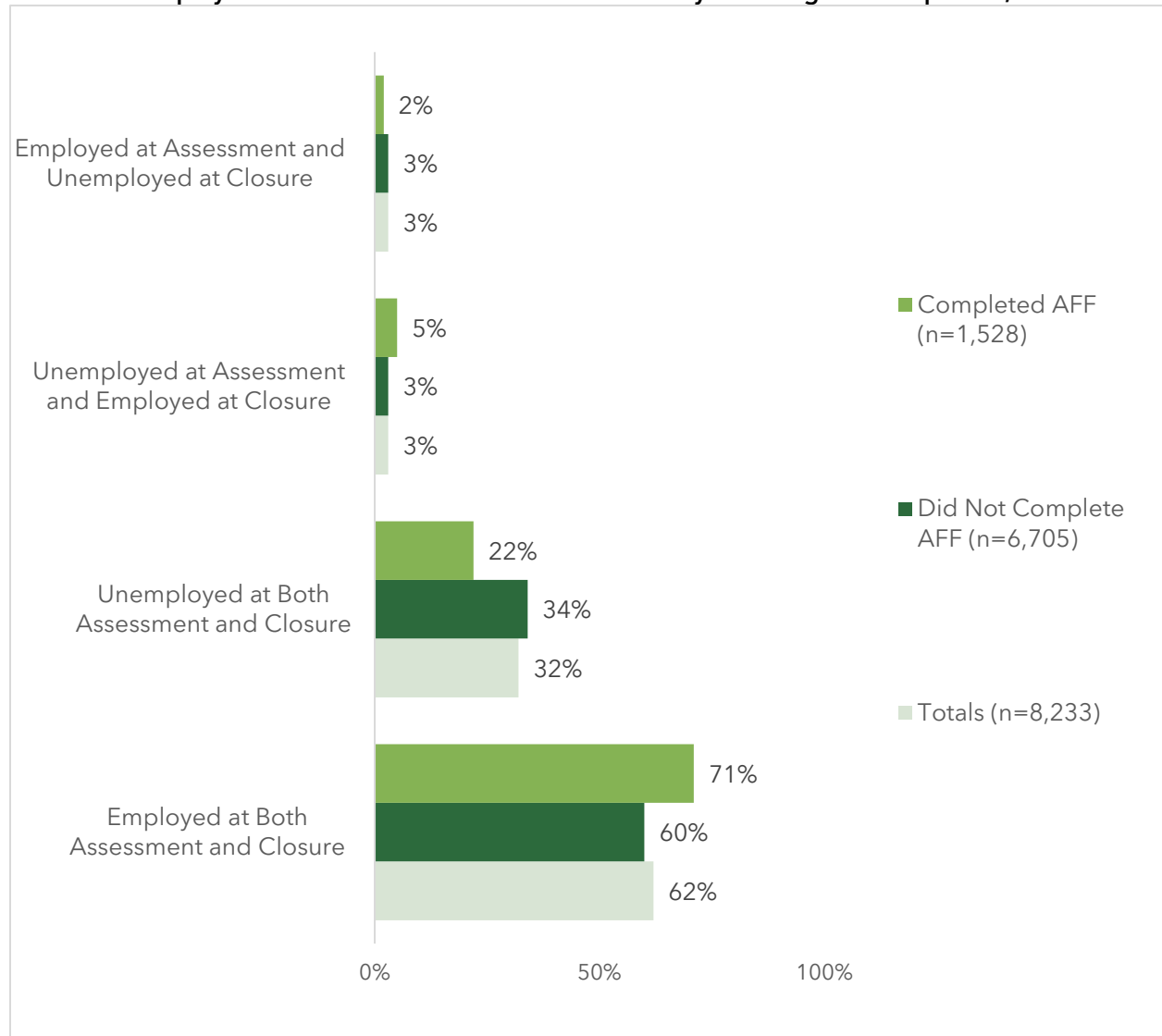
Employment Status at Assessment and Closure

For cases in SFY22 to SFY24 where complete data was available for employment status at both assessment and closure (n=3,377), the majority of clients (70%) were employed at both time points. Exhibit 36 shows full-time/part-time employment and unemployment status at assessment and discharge compared by individuals who successfully completed the AFF program and those who exited the AFF program before completion for SFYs 2022 to 2024. 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 completed AFF services (78%) are more likely to be employed at assessment and closure than those who did not complete services (67%) (chi square=67.438, df=3, p<.001).

Exhibit 36. Employment Status at Assessment and Closure by AFF Program Completion, SFYs 22-24



OUTCOME EVALUATION RESULTS

In this section, the evaluation team describes maltreatment and permanency outcomes for a sub-set of AFF program completers and non-completers. These results are from unique AFF clients that accepted services from an AFF provider. These cases were then matched to DCS administrative files containing indicators on maltreatment and permanency outcomes based on a DCS assigned identifier⁸. The outcome results presented are descriptive 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.

There were a total of N = 9,046 AFF clients who had accepted services with service completion results that were available to match with DCS child welfare administrative data files. As shown in Exhibit 37, service completion was counted as completion of any type of AFF service and 18% (n=1,640) of the total sample were noted as having completed services as of June 30, 2024.

Exhibit 37. AFF Clients with Accepted Services and Program Completion, SFYs 2022 to 2024

	Did not Complete AFF		Completed AFF		Totals	
	n	%	n	%	n	%
SFY 2022	2852	79%	760	21%	3612	100%
SFY 2023	2693	80%	672	20%	3365	100%
SFY 2024	1861	90%	208	10%	2069	100%
Totals	7406	82%	1640	18%	9046	100%

⁸ 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 DCS administrative data files that are provided to the evaluator from DCS. One file reported on the status of an assessment and finding for substantiation and a second file reports on permanency status for all select DCS cases; from July 1, 2021 to June 30, 2024. For the analyses the most recent date of assessment and removal are used. The AFF portal data and the DCS administrative data files are then linked or joined on this unique identifier.



Maltreatment Outcomes

To describe the differences between completers' and non-completers' rates of subsequent maltreatment reports and substantiations, the evaluation team analyzed DCS child welfare 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 were considered to be maltreatment. Meaning that the information gathered during the assessment led to proposing and/or substantiating that an incident of abuse or neglect occurred based upon a probable cause standard. This analysis utilized the most recent finding date recorded between 7/1/2022 and 6/30/2024 to identify if a DCS assessment yielded a finding of maltreatment. A total of 6,414 (71%) of the 9,046 AFF clients who accepted services were matched to the DCS file with a finding of maltreatment. Of the 6,414 AFF client cases that matched, 4,903 (76%) AFF clients either completed or did not complete the program and had an investigation for maltreatment during this time period.

Of these matched cases (n=4,903), 52% (n=2,554) had no finding of maltreatment either before/at/after referral or after case closure. A total of 13% (n=112) of those who completed AFF had a proposed to substantiate or substantiated maltreatment finding before referral to AFF, compared to 17% (n=679) of those who did not complete the AFF program.

At or after closure from the AFF program, 43% (n=195) of those who completed the AFF program had a substantiated finding compared to 63% (n=1,606) of those who did not complete the AFF program(chi square=63.064, df=1, p=<.001).
(See Exhibit 38 below).



Exhibit 38. Percentage of Substantiated Findings Before and At/After Case Closure by Completion Status, SFYs 2022 to 2024

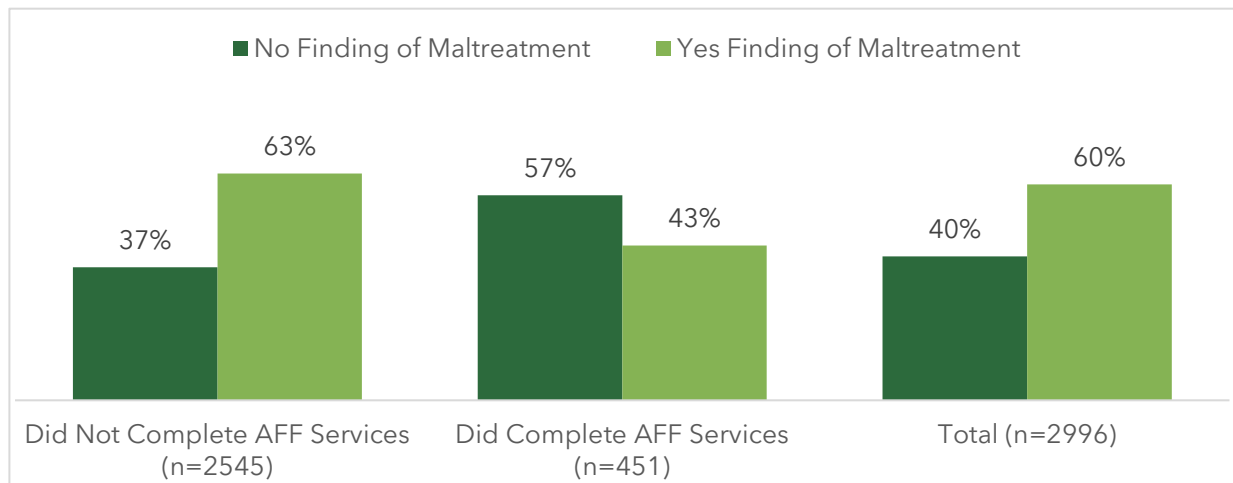


Exhibit 39 shows that most findings of maltreatment after case closure occurred at an average of 300 days or approximately 10 months after case closure, regardless of AFF program completion status. There were no significant differences between those who completed AFF and those who do not complete AFF in terms of average length of time from case closure to maltreatment finding ($F=5.215$, $df=1$, $p=.022$).⁹

Exhibit 39. Average Number of Days from AFF Closure Date to Finding of Maltreatment, SFY 22 - 24

Average Number of Days from AFF Closure Date to Subsequent Finding of Maltreatment							
	n	Mean	SD	95% Confidence Interval for Mean		Min	Max
				Lower	Upper		
Did Not Complete AFF Program	2,549	304.27	218.86	295.77	312.77	0	896
Completed AFF Program	450	278.88	209.44	259.47	298.28	0	895
Total	2,999	300.46	217.62	192.67	308.25	0	896

Consistent with previous AFF Annual Reports, these results seem to indicate that there is a relationship between completing the AFF program and not having a subsequent substantiated finding of maltreatment. While the amount of time from case closure to a subsequent finding of maltreatment is similar regardless of AFF completion status, AFF program completers were

⁹ Exhibit 39 presents results using the 99th 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 1026 days.

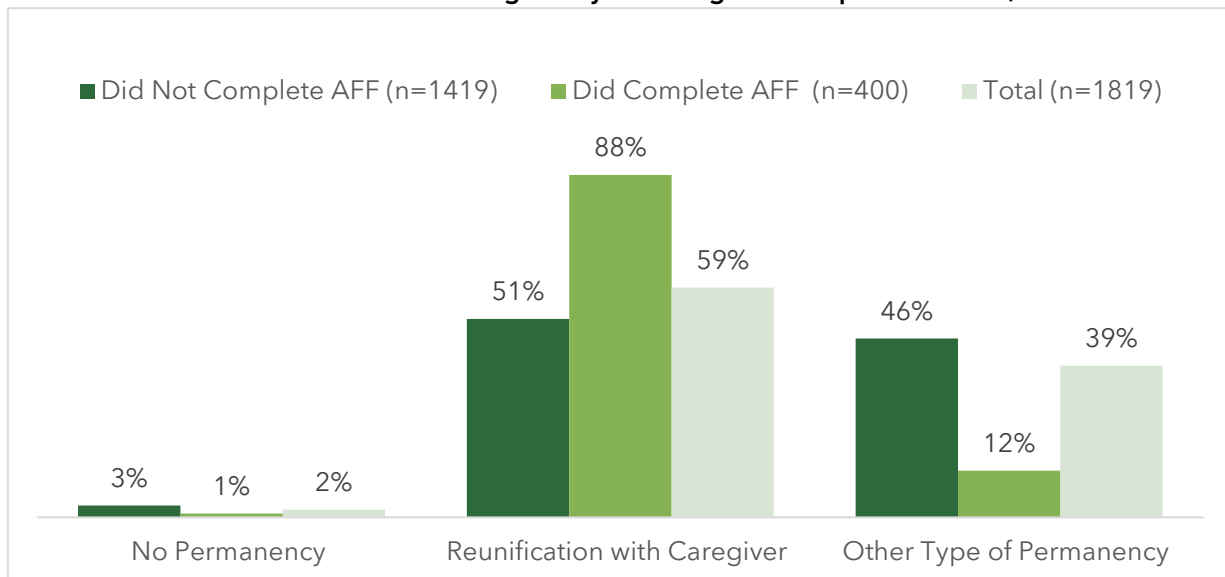


significantly less likely to have a subsequent finding of child maltreatment after case closure compared to AFF non-completers.

Permanency Outcome - Reunification

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 their caregiver, 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 still be under DCS custody or have a “non-permanency” exit reason in the DCS administrative data file. An exit reason 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 included cases with both a removal start date and a removal end date. The most recent removal start date was selected in order to conduct the analyses. A total of n=1,819 cases were identified in the DCS file with removal start and end dates for SFYs 22 to 24. The same sample file used for the previous maltreatment analyses was used for matching in this analysis of reunification. AFF clients who completed the program had higher rates of reunification with their child (88%) compared to those who did not complete the program (51%) (chi square=170.752, df=2, p<.001). Exhibit 40 shows the reunification permanency outcomes comparing those who completed the AFF program to those who did not complete the AFF program.

Exhibit 40. Reunification Status for Caregiver by AFF Program Completion Status, SFYs 22 to 24



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 examined. As previously mentioned, the results presented 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. As the design for the evaluation is not an experimental design, 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 results within a time frame. For each result, consideration is given to how much variation occurred from one year to the next for the three-year time frame. While the trend data does not explain why a difference may exist, it can allow for a more comprehensive description of the results and should be used to prompt discussions among providers and program staff about the efficiency and quality of services.

Referrals to AFF and Acceptance of Services

For SFY24, 5,595 new referrals were made during the year, including 1,451 referrals continuing from previous SFYs, for a total of 7,046 referrals managed in SFY24. A notable finding is that referrals to AFF have declined consistently over the past three years, with 15% fewer referrals compared to SFY23 and 22% fewer referrals compared to SFY22. For the first time in SFY24 there were more closures than referrals in the fiscal year.

The percentage of referrals for which at least one outreach attempt occurred has consistently hovered around 98% across the last three SFYs. The proportion of outreach attempts made in one business day has decreased significantly from 91% in SFY22 to 81% in SFY24. The number of business days from the date of referral to the first outreach attempt has also increased from an average of 1.9 days in SFY22 to an average of 2.4 days in SFY24.

The percentage of individuals accepting services has increased significantly from 60% in SFY22 to 63% in SFY24. The speed at which AFF providers are engaging clients to accept services has also increased significantly, almost a day quicker from the average of 6.7 days in SFY22 to an average of 5.8 days in SFY24.



DCS staff and AFF providers must cooperate significantly in the referral process to best serve AFF clients. Of interest is that when considering the DCS region where the referral activity took place, the Maricopa Region had the longest average time frame of 2.1 business days compared to other regions' average number of days from the date of referral to initial outreach. The Northwest DCS Region had significantly longer time frames on average compared to all other regions for how long it takes from initial outreach to service acceptance and from referral to service acceptance. Overall, this data shows that the Maricopa and Southern DCS regions are managing the referral to services accepted processes in a timelier fashion for AFF clients than the Northeast and Northwest Regions. It also appears that the Maricopa Regions are performing slightly better overall when compared to the South, Northwest, and Northeast regions.

Client Demographics

Some 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 (>53%) reporting domestic violence at assessment.

Assessment for Services

Over the past three years, there has been a consistent decrease in the percentage of clients who accepted services who also complete a required substance abuse assessment to determine if they need substance abuse treatment. The percentage of clients who received an assessment for SFY22 was 62%, which decreased to 57% in SFY24. The percentage of clients receiving an assessment within 7 business days of acceptance of services in SFY24 was 20%. The percentage of clients who were assessed and then assigned to services increased from 89% in SFY22 to 92% in SFY24. For the past three years, most clients (75%) were initially assigned to a level of care of outpatient or intensive outpatient services.



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.

Reasons for Case Closure and Program Completion

Across the years assessed in this report, 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 over 40% of all closures in each fiscal year. A particular difference noted for closure reasons is that in SFY24, a total of 22% of cases were still open at the end of the fiscal year, which is much higher than 1% in SFY22 and SFY23.

AFF program completion is defined as any 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, which has increased over time from 72% to 82% during this time period. Overall, 10% of those referred to the AFF program are noted as completing services. The completion rate of AFF clients who received an assessment was 28% overall, with a significant decrease from 31% in SFY22 to 18% in SFY24.

Employment

AFF program completers continue to maintain or increase employment significantly more than those who do not complete the program. Overall AFF clients that completed services (78%) were significantly more likely to be employed at assessment and closure than clients who do not complete services (67%).

Length of Time Receiving AFF Services

For AFF referrals with accepted services that closed in each SFY (n=10, 666), the average duration from acceptance of services to case closure was for all cases:

- SFY 22 (n=2968) 75 days
- SFY 23 (n=3981) 106 days
- SFY 24 (n=3717) 122 days
- Total (n=10,666) 103 days



The length of time in the program for referrals with accepted services that closed each fiscal year is significantly increasing, from an average of 75 days in SFY22 to an average of 122 days in SFY24 (ANOVA SS=3732343.817, df=2, F=188.215, p<.001).

Child Safety

Findings for this annual report are similar to previous reports in 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 not having a subsequent finding of maltreatment. At or after closure from the AFF program, those who completed the AFF program had significantly fewer substantiated findings (43%, n=195), than those who did not complete the AFF program (63%, n=1,606). In addition, significantly more parents who completed AFF, 88%, reunified with their child compared to 51% of parents who did not complete the AFF program.

These positive findings 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.



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APPENDIX A. METHODOLOGY

Process Evaluation

The process evaluation reports on the program “outputs,” such as numbers of individuals served, participant characteristics, and services received.

Data Sources

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

Data Quality

The web portal allows for the generation of comprehensive data error reports linked with provider unique identifiers that enable the providers to correct identified issues. Providers are required to keep total data errors to below 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 2024 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 2024 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 2024. 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).

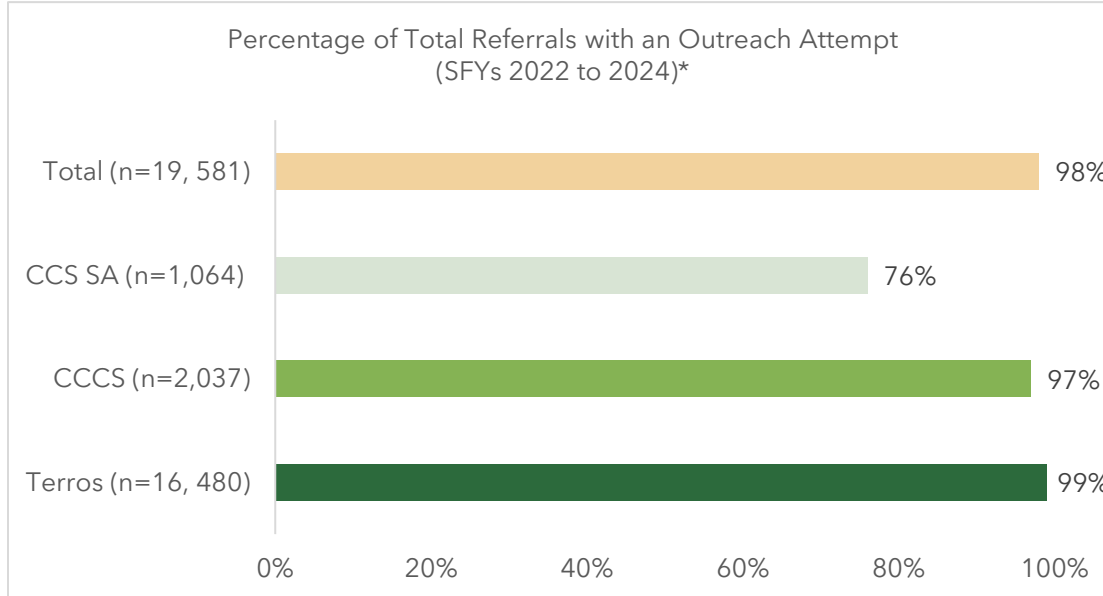
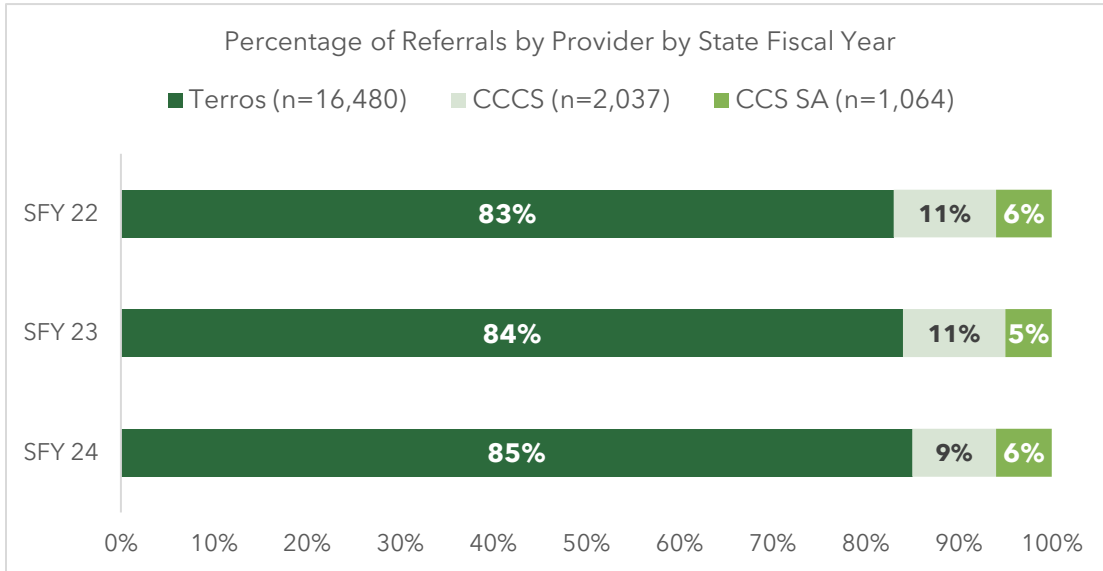
Limitations

Limitations include that client demographic data was collected in a new manner in SFY24 and the expectation is to have an addendum to that section produced before the next annual report. Matching on the Guardian Person ID data element is limited by the accuracy of the data entry of that single identifier. More cases have that identifier and the expectation is that the number of matches will increase in SFY25. 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.

Finally, the results are intended as descriptions of how clients are engaged at different phases of the AFF service model. The results are not intended to attribute outcomes to AFF providers and or to associate outcomes to certain characteristics of AFF clients.

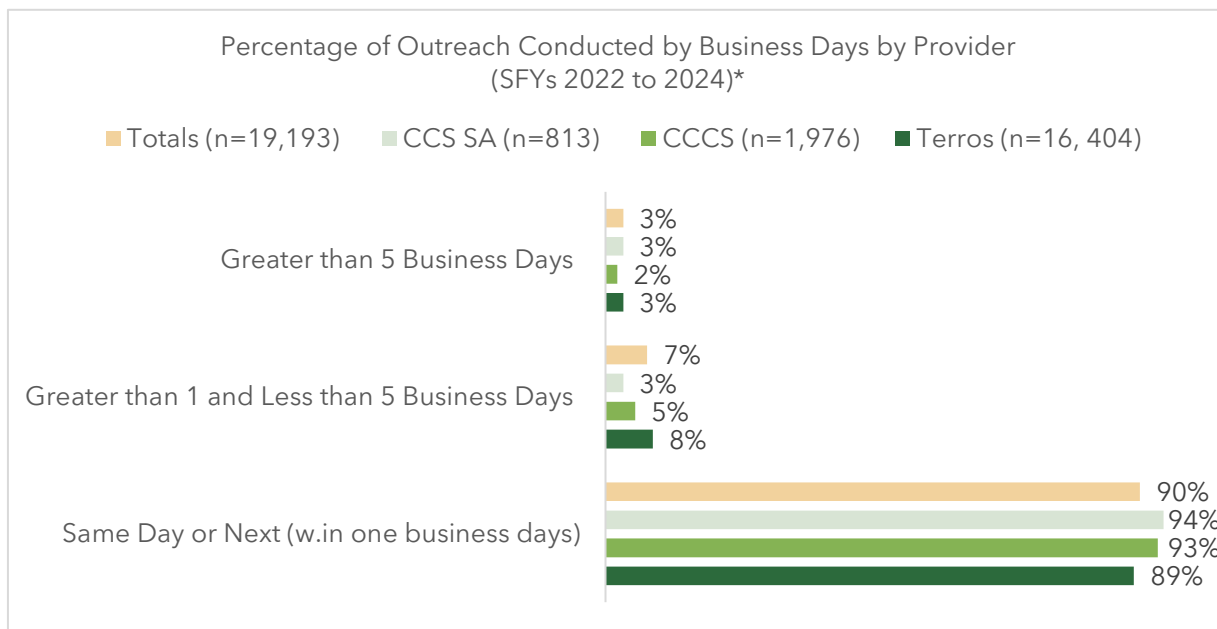


APPENDIX B. SELECT RESULTS BY AFF PROVIDER AGENCY



*There is a significant relationship between type of provider and number of referrals with an outreach attempt. CCS SA has had significantly fewer outreach attempts than the other two providers (chi square=2764.856, df=2, p<.001).



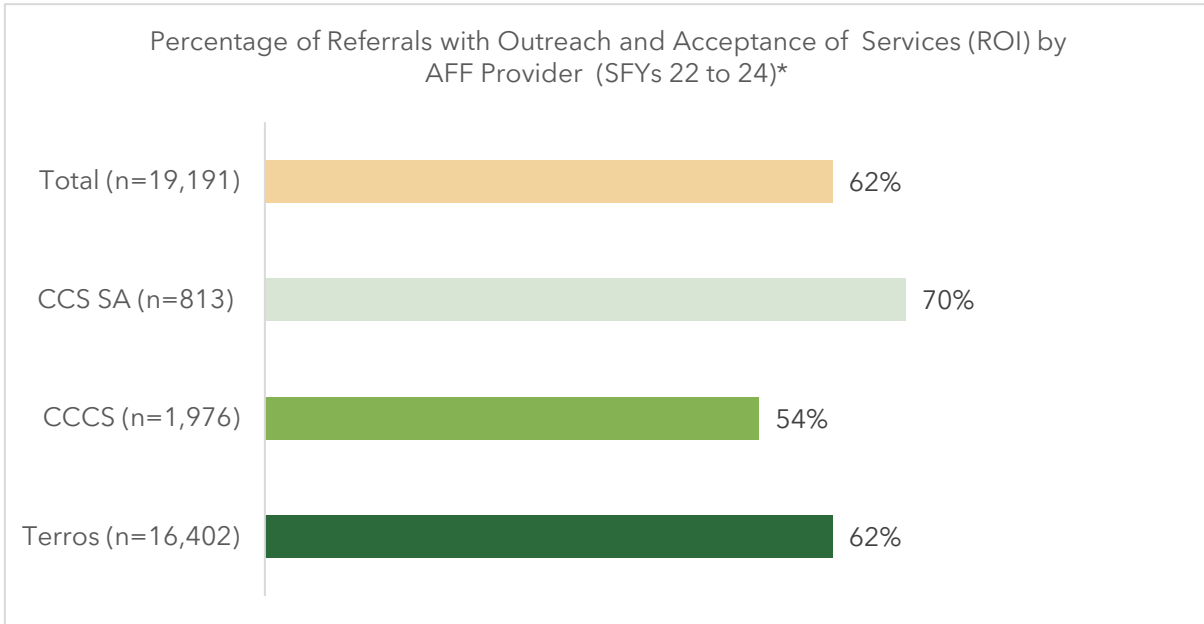


*There is a significant relationship between type of provider and length of time taken to complete outreach to a client. Terros is reaching clients through outreach in a longer time period than the other two providers, with 11% of clients reached in more than one business day (chi square=66.027, df=4, p<.001).

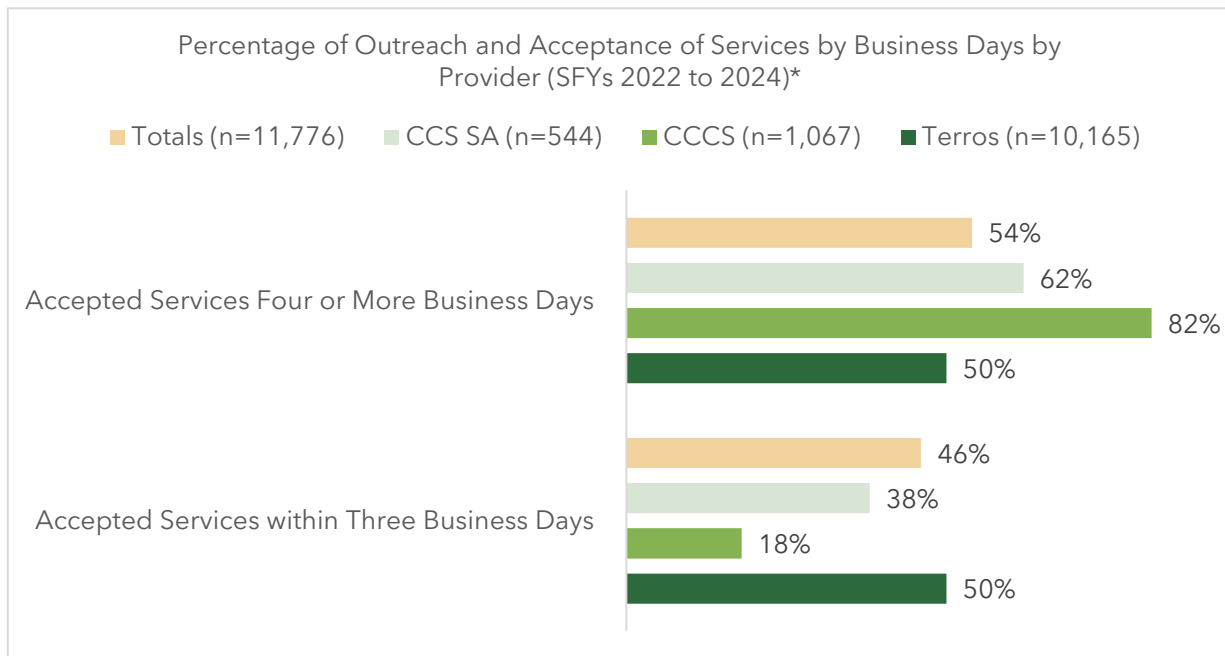
Average Business Days from Date of Referral to Date of First Outreach Attempt (99th percentile), SFYs 2022 to 2024*	95% Confidence Interval			
	Mean	SD	Lower	Upper
Terros (n=16,260)	2.06	1.08	2.04	2.08
CCCS (n=1,962)	1.55	.89	1.51	1.59
CCS SA (n=802)	1.36	1.05	1.28	1.43
Total (n=19,024)	1.98	1.08	1.96	1.99

*CCCS and CCS SA have significantly quicker time on average to first outreach compared to Terros (ANOVA: SS=773.408, df=2, F=345.226, p<.001).





*There is a significant relationship between type of provider and number of referrals with an outreach and acceptance of services. CCS SA (51%) and CCCS (52%) have significantly fewer clients accepting services than Terros (62%) (chi square=103.528, df=2, p<.001).



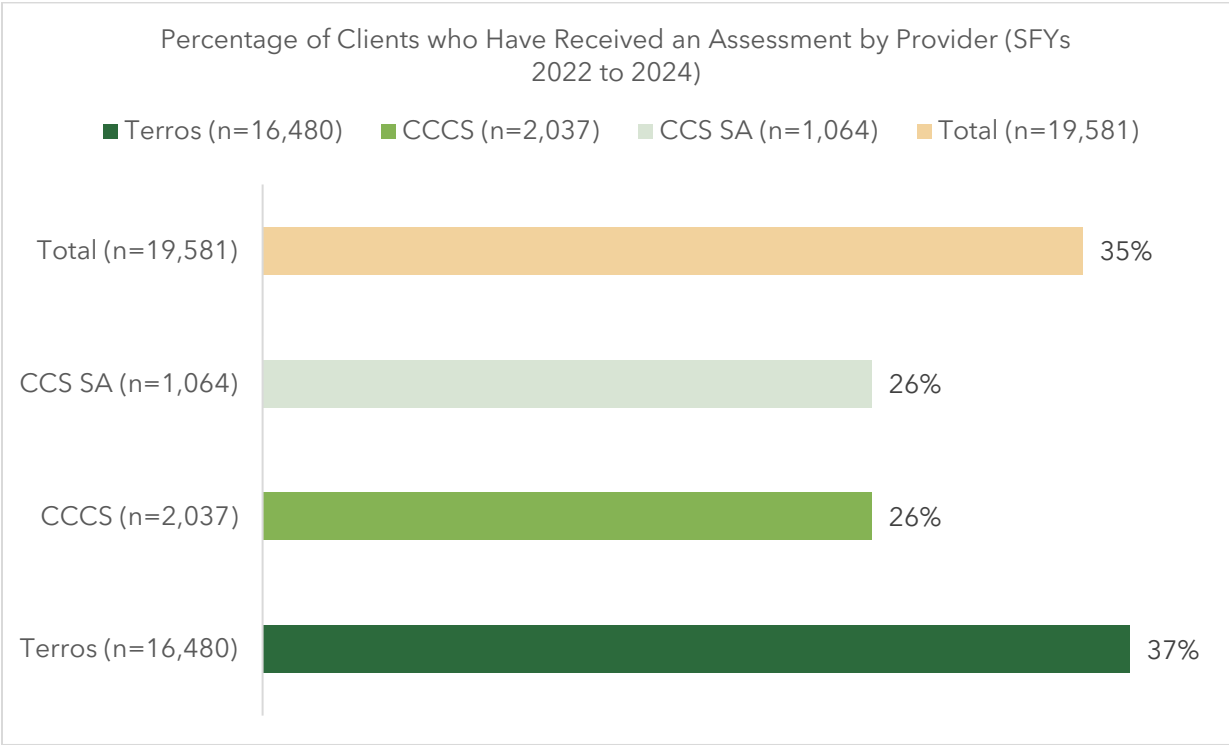
*There is a significant relationship between type of provider and how soon AFF clients accept services. More clients served by Terros (50%) are accepting services within three business days compared to the other two AFF providers (chi square=407.051, df=2, p<.001).



Average Business Days from Date of Referral to Date of Acceptance of Services (99th percentile), SFYs 2022 to 2024*

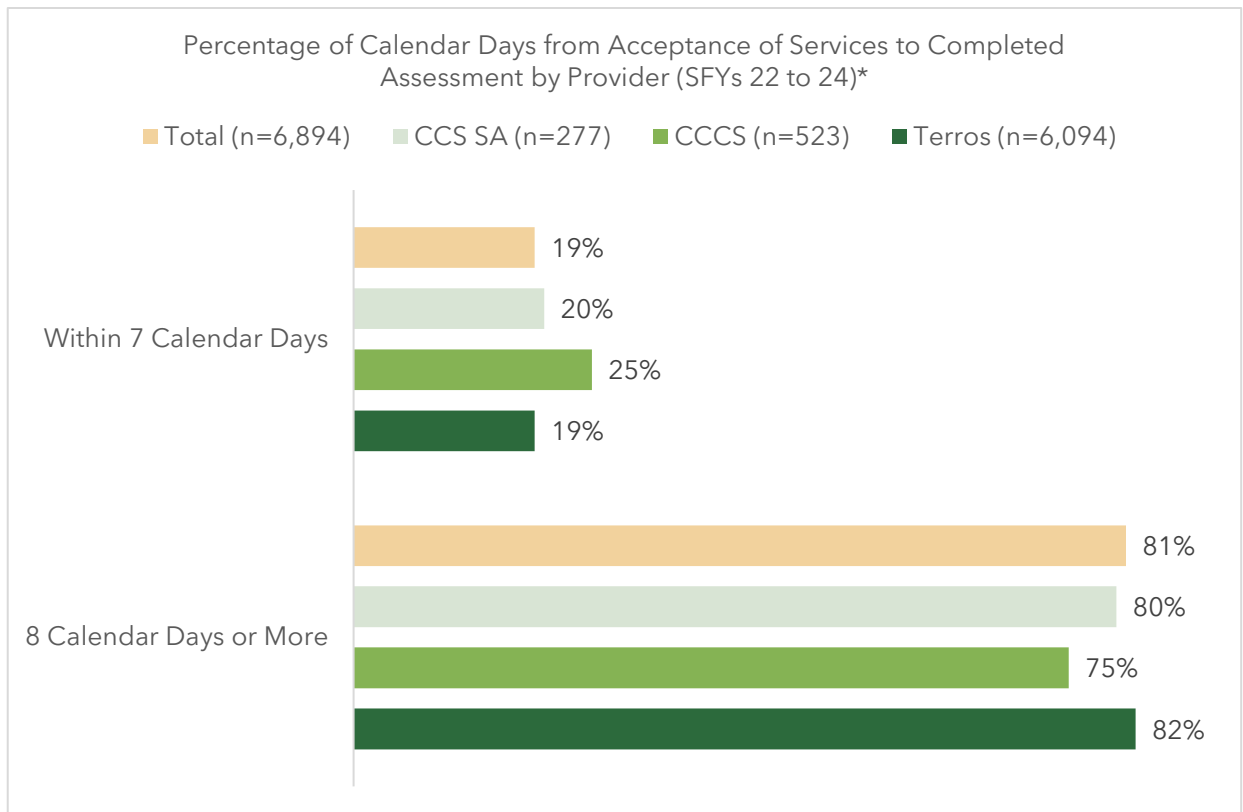
	Mean	SD	Lower	Upper
Terros (n=10,080)	5.49	5.21	5.39	5.59
CCCS (n=1,052)	8.64	6.36	8.26	9.03
CCS SA (n=530)	6.91	6.34	6.37	7.45
Total (n=11,662)	5.84	5.46	5.74	5.94

*Terros and CCS SA have significantly quicker time on average to acceptance of services compared to CCCS. (ANOVA: SS=10118.808, df=2, F=174.864, p<.001).



*There is a significant relationship between AFF provider and assessments completed with AFF clients. Terros (37%) most often completes assessments with AFF clients compared to the other two AFF providers (chi square=143.044, df=2, p<.001).





* There is a relationship between AFF provider and length of time from date of acceptance of services to date of assessment. CCCS is conducting assessments with clients significantly more often within seven days (25%) compared to the other two AFF providers (chi square=12.017, df=2, p=.002).

Average Calendar Days from Date of Acceptance of Services to Assessment Date (99th percentile), SFYs 2022 to 2024*	95% Confidence Interval			
	Mean	SD	Lower	Upper
Terros (n=6,057)	21.60	17.47	21.16	22.04
CCCS (n=516)	24.52	20.95	22.71	26.33
CCS SA (n=269)	24.52	21.92	21.89	27.15
Total (n=6,842)	21.93	17.97	21.51	22.36

*Terros has a significantly quicker time on average conducting an assessment with a client from the date of acceptance of services to the assessment date, compared to CCCS and CCS SA (ANOVA: SS=5947.004, df=2, F=9.234, p<.001).



Percentage of First LoC for Services Assigned by AFF Provider, SFYs 22 to 24*								
	Terros		CCCS		CCS SA		Total	
	n	%	n	%	n	%	n	%
Assessment and No LoC for Services Assigned	1041	17%	208	40%	131	47%	1380	20%
Assessment and LoC Assigned for Services	5053	83%	315	60%	146	53%	5514	80%
Totals	6094	100%	523	100%	277	100%	6894	100%

*There is a significant relationship between AFF provider and whether or not services are assigned through a Level of Care at assessment. AFF clients served by Terros are more often (87%) assigned to services than the other two AFF providers (chi square=288.956, df=2, p<.001).



Percentage of Type of LoC Assigned by AFF Provider
at Assessment, SFYs 22 to 24

	Terros		CCCS		CCS SA		Total	
	n	%	n	%	n	%	n	%
Intensive Outpatient	1473	29%	9	3%	57	39%	1539	28%
Outpatient	1911	38%	131	42%	53	36%	2095	38%
Recovery Maintenance	787	16%	90	29%	30	21%	907	16%
Early Intervention / SUA	---	14%	---	27%	---	---	775	14%
Medium Intensity Residential Treatment Adult / Residential Treatment Child / Partial Hospitalization / Low Intensity Residential Level Adult / High Intensity Residential Treatment Adult	---	---	---	---	---	---	198	4%
Totals	5053	100%	315	100%	146	100%	5514	100%

*The following types of LoC services are not reported on due to small counts for each; Medium Intensity Residential Adult, Residential Treatment Child, Partial Hospitalization, Low Intensity Residential Adult and High Intensity Residential Treatment Adult. The total counts for each provider include all LoCs assigned.

	Average Calendar Days from First Service Date to Case Closure or EO SFY24 for Clients with an Assessment by AFF Provider, SFYs 22 to 24 (99th percentile)		95% Confidence Interval	
	Mean	SD	Lower	Upper
Terros (n=5053)	93.68	73.53	91.65	95.70
CCCS (n=315)	97.31	72.14	89.31	105.30
CCS SA (n=146)	103.77	65.89	92.99	114.55
Total (n=5514)	94.15	73.28	92.22	96.08



Percentage of Initial Non SA Service Types Assigned for All Clients by AFF Provider, SFYs 22 to 24*								
	Terros		CCCS		CCS SA		Total	
	n	%	n	%	n	%	n	%
Parenting Supports	3901	63%	112	15%	209	29%	4,222	55%
Job Readiness / Employment	898	15%	120	16%	97	13%	1,115	15%
Mental Health Supports	1,065	17%	29	4%	44	6%	1,138	15%
Case Management	83	1%	241	33%	298	41%	622	8%
Domestic Violence Services	199	3%	---	0.3%	83	11%	284	4%
Basic Life Skills	0	0%	185	25%	0	0%	185	2%
Other Services: Medical / Peer Support / Social Skills / Crisis Services	---	---	49	7%	---	---	58	1%
Totals	6153	100%	738	100%	733	100%	7624	100%

*There is a relationship between AFF provider type and the kinds of non-substance abuse treatment services provided to AFF clients. For example, while Parenting Supports is the kind of service provided most often to all clients, Terros is providing this service significantly more often (65%) compared to CCCS (15%) and CCS SA (29%) (chi square=4587.188,df=12, p= p<.001).



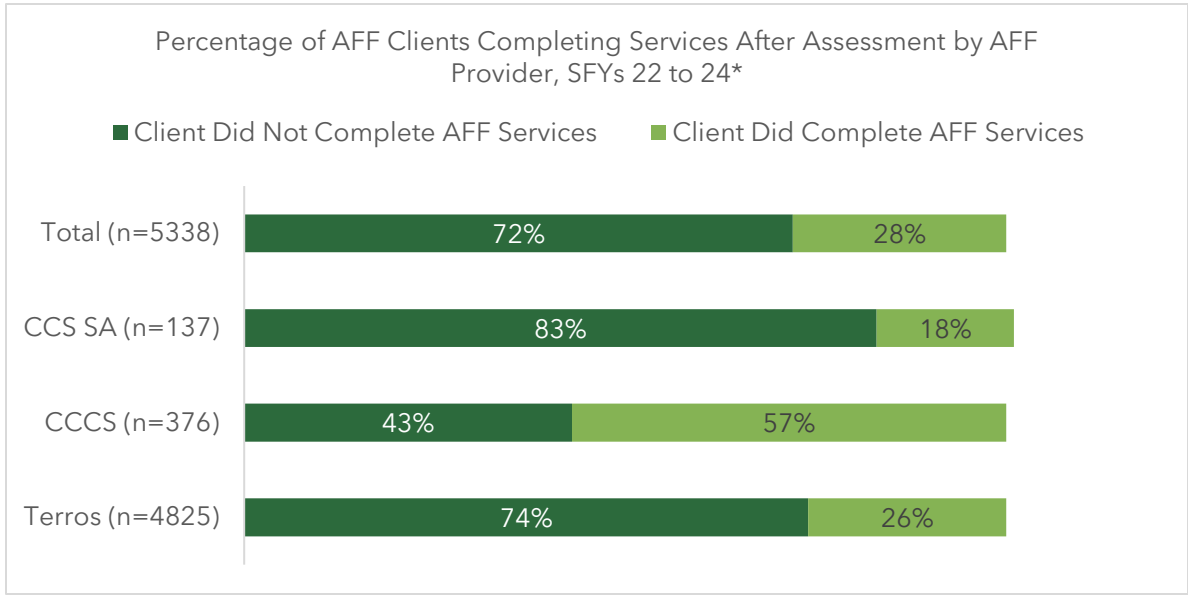
Average Calendar Days from Date Client Accepts Services to Date of Case Closure or Last Date in SFY24 (99th percentile)*			95% Confidence Interval	
	Mean	SD	Lower	Upper
Terros (n=10,072)	104.18	98.47	102.26	106.11
CCCS (n=1,048)	89.79	91.14	84.26	95.31
CCS SA (n=540)	115.78	88.83	108.27	123.29
Total (n=11,660)	103.43	97.52	101.66	105.20

*CCCS has significantly shorter durations of service on average, 90 days, compared to both Terros and CCS SA (ANOVA: SS=283038.541, df=2, F=14.916, p<.001).

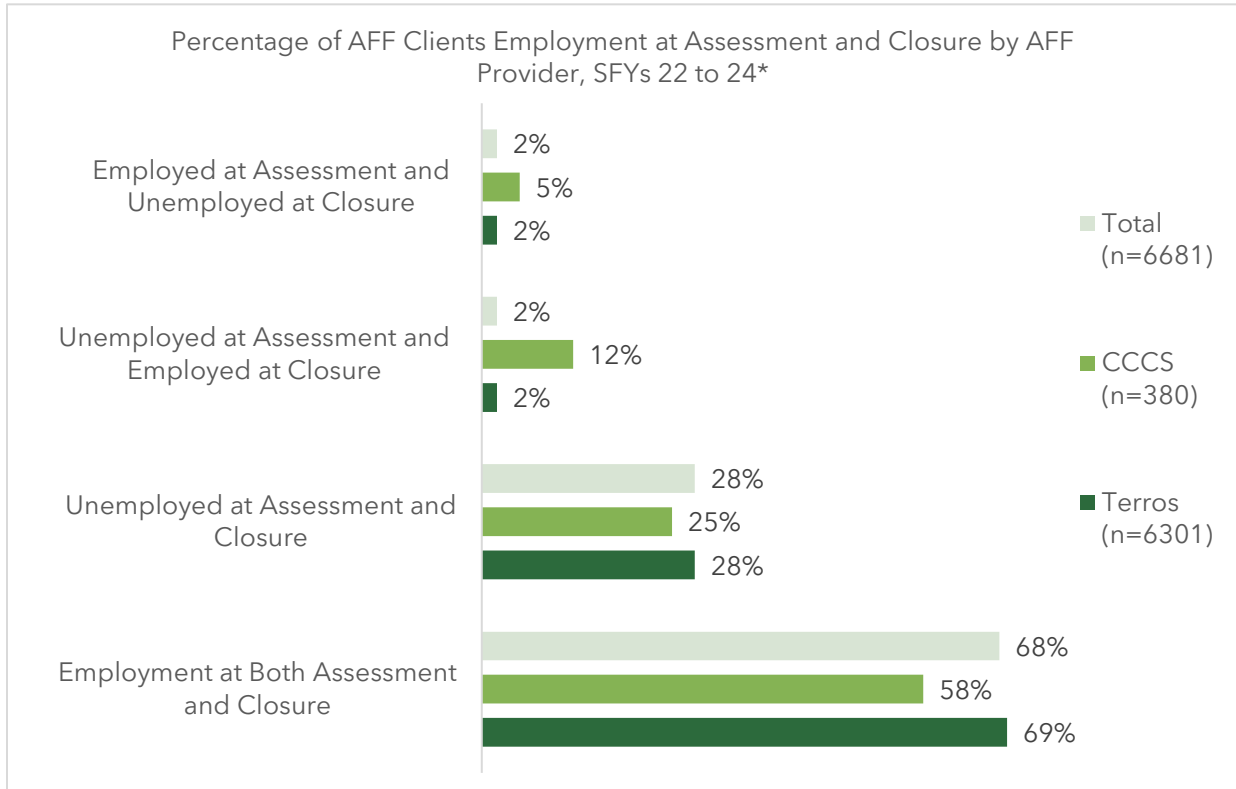


Percentage of Closure Reasons by AFF Provider, SFYs 22 to 24	Terros (n=16, 480)	CCCS (n=2037)	CCS SA (n=1064)	Totals (n=19,581)
	%	%	%	%
Unable to Locate for Initial Outreach	28%	17%	2%	26%
Unable to Locate for Intake	21%	5%	2%	18%
Refused services at initial referral or assessment	6%	13%	18%	7%
Client Refused Service / Unable to Engage or Re-Engage At / After Intake	0%	13%	8%	2%
Unable to locate (post-intake)	1%	<1%	<1%	1%
Client Refused Service / Unable to Engage or Re-Engage At / After Assessment	0%	4%	7%	1%
No SA problem identified	2%	5%	10%	2%
Client Discontinued without Completing Services (excluding unable to locate)	20%	7%	7%	18%
Client Discontinued Substance Use Awareness Services Before Completion	<1%	3%	<1%	1%
Completed Substance Use Awareness Services	3%	11%	1%	3%
Completed AFF at the conclusion of Substance Abuse Treatment	3%	3%	4%	3%
Completed AFF at the conclusion of Recovery Maintenance	2%	3%	2%	2%
Client Discontinued Services After DCS Involvement Ended	1%	4%	7%	2%
Case Closed Due to No 6-month Services Authorization	1%	1%	9%	1%
Moved out of area / Incarcerated / Passed Away	1%	7%	6%	2%
Information on Case Closure Missing	4%	0%	6%	4%
Case Still Open End of SFY24	7%	4%	11%	7%



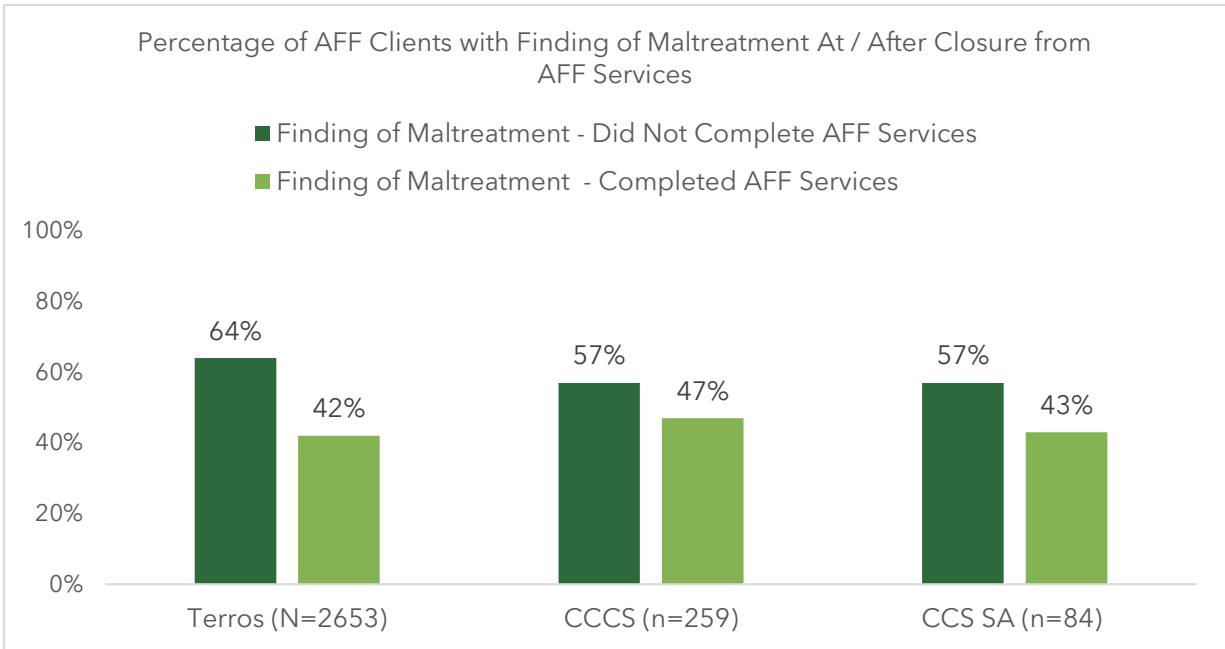


*There is a relationship between type of AFF provider and clients completing AFF services. More CCCS clients are completing services (57%) than Terros (26%) and CCS SA (18%) clients (chi square=175.686, df=2, p<.001).



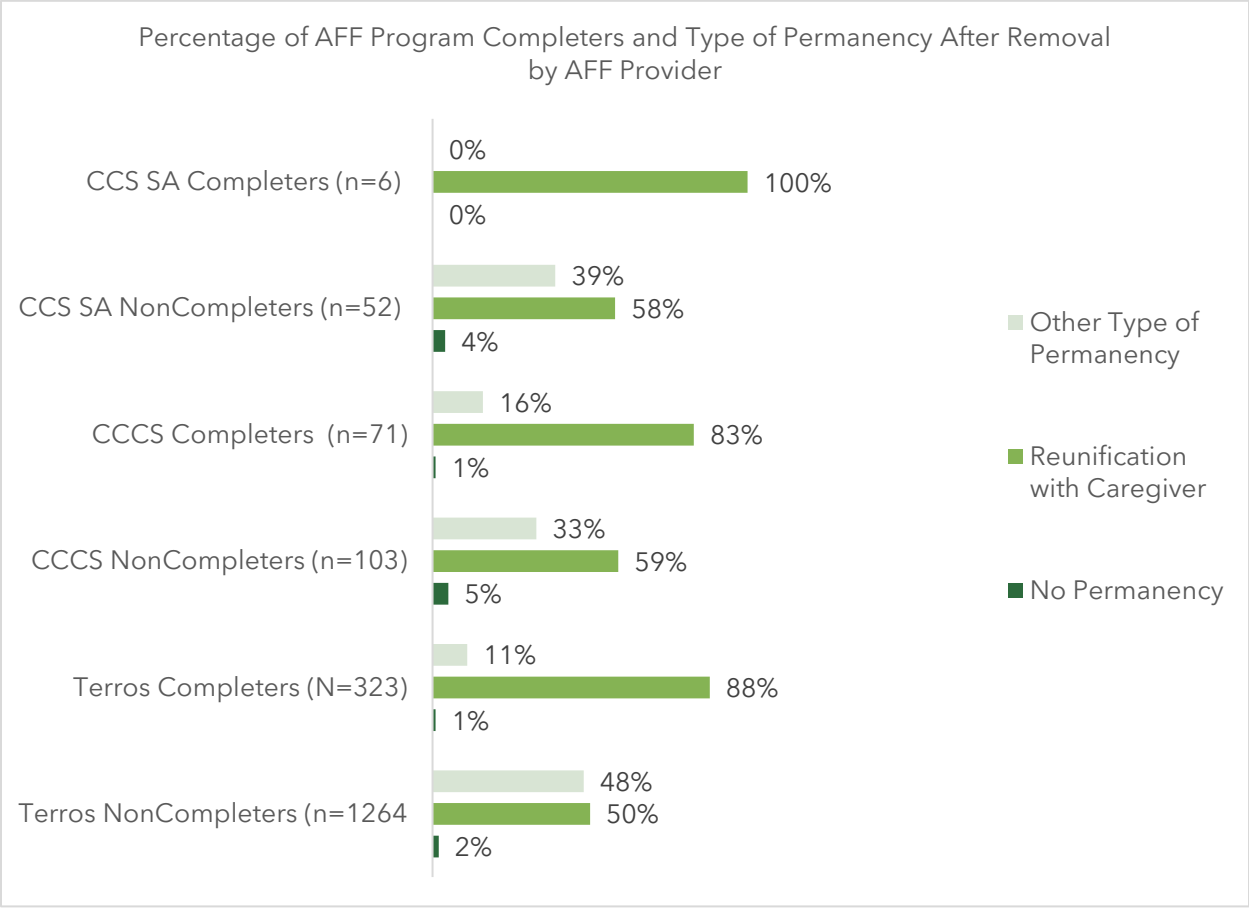
*There is a relationship between AFF provider type and employment status. Significantly more clients with Terros (69%) are employed at Assessment and Closure compared to clients with CCCS (58%) (chi square=197.758, df=3, p<.001). CCS SA had missing data for this result.





*Statistical comparisons cannot be made as CCS SA has too few clients with completed services for an analysis comparing AFF provider type. Overall, clients that complete AFF services have fewer findings of maltreatment after program completion compared to clients that do not complete services (chi square=63.064, df=1, p<.001).





*Statistical comparisons cannot be made as CCS SA has too few clients with completed services for an analysis comparing AFF provider type. Overall, clients that complete AFF services are more often reunified with their child after program completion (chi square=170.752, df=2, p<.001).

