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

Annual Evaluation Report

July 1, 2006—June 30, 2007

Center for
Applied Behavioral
Health Policy
ARIZONA STATE UNIVERSITY

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

Annual Evaluation Report

July 1, 2006—June 30, 2007

Prepared for
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Division of Children, Youth and Families
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Arizona Families F.I.R.S.T. Program
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Contents

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EXECUTIVE SUMMARY

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

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together – AFF) was established as a community substance abuse, prevention and treatment program by ARS 8-881. AFF is a program that provides family-centered substance abuse and recovery support services to parents or caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family or achieving self-sufficiency. The program provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through the Department of Economic Security, Division of Children, Youth and Families (DES/DCYF) contracted community providers in outpatient and residential settings, or through the Regional Behavioral Health Authority (RBHA) provider network under the supervision of the Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS). AFF emphasizes face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, transportation, housing, and aftercare services to manage relapse occurrences. The service delivery model incorporates essential elements based on family and community needs, such as culturally responsive services, gender-specific treatment, services for children, and motivational enhancement strategies to assist the entire family in its recovery.

The evaluation of AFF, required by ARS 8-884, focuses on the fidelity of program implementation of the AFF model, performance of service providers, factors that contribute to client success, and the extent to which the legislative outcome goals were met:

- Increases in timeliness, availability and accessibility of services
- Recovery from alcohol and drug problems
- Child safety and reduction of child abuse and neglect
- Permanency for children through family reunification when it is safe to do so
- Achievement of self-sufficiency through stable employment

This year's evaluation continued to focus on the documentation of program implementation through the analysis and reporting of client-level service data from AFF providers and the Department of Health Services, Division of Behavioral Health Services, and qualitative data gathered from AFF program directors and AFF clients. Analyses were conducted with respect to child welfare outcomes for the period July 1, 2006 through June 30, 2007.

Key Findings

Timeliness, Availability, and Accessibility of Services

Throughout the state, individuals experiencing difficulties with substance abuse and child abuse and neglect were engaged in treatment services at impressive rates. During the past state fiscal year, nearly 5,100 new individuals were referred to the AFF program, an 8% increase over the previous year. Over 96% of these individuals were contacted through outreach, most within two calendar days, and encouraged to seek treatment services, similar to the previous year; over 70% of those referred were assessed, resulting in an 8% increase in assessments. Over 3,100 new clients received AFF services this year, a 10% increase over the previous year. The process of reaching out to these families and encouraging them to seek help occurs in a rapid fashion, and continues to be one of the cornerstones upon which the program is based.

Individuals engaged in AFF services continued to receive a complementary set of services from both DES and DBHS, and for many of these individuals, the AFF program has facilitated access to behavioral health treatment services and supports.

Throughout the state, the majority of individuals participating in the AFF program are exposed to a comprehensive and coordinated array of wraparound services that are jointly funded through the state's Department of Economic Security and Department of Health Services. For many of these individuals, the AFF program serves as a portal to access not only substance abuse treatment and other behavioral health services, but also medical care for themselves and their children, as they are assessed for and enrolled in Medicaid services when eligible. In most communities throughout the state, AFF clients are provided with a seamless system of care that ensures timely access to those services needed to make their children safe, to stabilize their families, and to attain permanency in their role as parents to their children.

Arizona Families F.I.R.S.T. Client Demographic Characteristics

The demographic characteristics of AFF clients remain fairly consistent from year-to-year. Among AFF clients in SFY 2007, two-thirds (67%) were women, with an average age of 31 years. Persons of Hispanic, African-American, and American Indian heritage comprised 31%, 7%, and 4% of the AFF clients, respectively. Over 50% of the clients possessed at least a high school diploma or GED (lower than the previous year), with 39% employed either part- or full-time, somewhat higher than the two previous years.

Alcohol and Substance Use Among Arizona Families F.I.R.S.T. Clients

Based upon the initial assessment information collected on AFF clients, nearly

six out of ten clients (57%) used alcohol or one or more illegal substances in the 30 days immediately prior to their assessment (based on self-reports). Methamphetamine (27%), alcohol (25%), and marijuana (25%) were the most frequently reported substances used. These findings are consistent with similar findings reported last year.

Among AFF clients reporting substance use in the 30 days prior to their assessment, 51% reported using only one substance and 49% reported poly-substance use. The more common patterns of self-reported multiple substance use consisted of combinations of alcohol, methamphetamine, and marijuana, similar to that reported last year.

Services Used By Arizona Families F.I.R.S.T. Clients

While Assessment, Evaluation, and Screening services were provided to 93% of AFF clients receiving treatment services, individuals also received a variety of therapeutic and support services. Family (62%), Individual (25%), and Group (23%) counseling were common treatment modalities received by AFF clients. Among clients receiving support services, most clients received Case Management (97%) and Flex Fund Services (72%). Slightly less than a third of clients (29%) received Transportation services. Relatively few AFF clients were reported to have received personal care, peer services, home care and family training, supported housing, childcare, or aftercare services through the AFF or RBHA networks. It is possible, however, that AFF clients received these services through other DES programs (i.e., child care services from the DES case worker) or local agencies.

At the close of the reporting period, half (50%) of AFF clients in SFY 2007 had completed or were discharged from treatment services, while the remainder were still actively engaged in treatment services provided either by AFF or RBHA providers. Clients served only by the RBHA system experienced the longest length of service provision, 169 days on average; clients served only by AFF providers experienced an average of 143 days of service.

Recovery From Alcohol and Drug Problems

Individuals engaged in the AFF program received help that has facilitated reduction and/or abstinence of illicit substances and abuse of alcohol. Over 60% of clients who either completed their AFF treatment services or voluntarily terminated services, demonstrated no drug use at all during their participation in the AFF program, as verified by drug screening tests, similar to those reported last year. These findings are similar to those reported last year and in line with outcomes from other successful model treatment programs that use random drug testing as a program component.

Child Safety and the Reduction of Child Abuse and Neglect

Children of AFF parents or caregivers were returned to family environments that are safe and free of abuse or neglect, as demonstrated by the fact that the recur-

rence of child abuse and neglect were substantiated in only 105 cases. During SFY 2007, 98% of AFF clients (4,366) had no substantiated Child Protective Services (CPS) reports of recurrent abuse and neglect after their enrollment in the AFF program.

Permanency for Children Through Reunification

Children throughout the state whose parents have been engaged in AFF services were safely reunited with their parents at rates that exceeded state averages. Over 570 children, representing 25% of all of the children of AFF clients, achieved permanency this year, similar to last year's findings. The vast majority of the children who left care during the reporting period did so because they were either reunified with their families (82%), found a safe, permanent family through guardianship (10%), or were placed with relatives (8%). These outcomes may have been enhanced by the strategies implemented in accordance with *Strengthening Families – A Blueprint for Realigning Arizona's Child Welfare System.*

Conclusions and Recommendations

Identified areas of achievement include:

- Children throughout the state whose parents have been engaged in AFF services were safely reunited with their parents at rates that exceeded the child welfare population as a whole.

- Individuals engaged in the AFF program received effective help that has facilitated reduction in use and/or abstinence from illicit substances and/or abuse of alcohol.

- Throughout the state, individuals experiencing difficulties with substance abuse and child abuse and neglect were engaged in treatment services at impressive rates.

- Individuals engaged in AFF services received a complimentary set of family-centered services from both DES and DBHS, and for many of these individuals, the AFF program facilitated access to behavioral health treatment services and supports.

- AFF providers were innovative in meeting the needs of clients and incorporating best practice models, such as co-location within CPS offices, partnerships with Family Drug Courts, the use of sober living houses, and integrated family teams.

Identified areas of improvement include:

- Differences in the services reporting requirements of DES and DBHS impede adequate monitoring of the consistency of AFF service provision statewide. DES may want to convene a workgroup with DBHS representatives to examine ways in which DES-contracted treatment services can align with the DBHS Service Matrix.

- Past reporting requirements, particularly with regard to substance use and employment, limit the usefulness of the outcome findings from the AFF program. DES may want to examine the AFF provider contracts to assess whether these limitations have been adequately addressed.

- Regional variations in AFF service delivery suggest areas for enhanced program monitoring and technical assistance. DES AFF staff may want to convene providers and the evaluation team to examine the causes for regional variations in key practice areas.

- Explore methods and procedures to reduce days between initial referral to the AFF program and a subsequent referral and enrollment by the local RBHA. DES may want to convene a workgroup with DBHS representatives to examine the referral process between AFF providers and their local RBHAs, and suggest processes that may reduce unneccessary delays for treatment engagement.

The AFF program is a "mature" program in terms of program life cycle models. Given its stability and maturity, it may be time to consider the outcomes of the program from a longitudinal perspective. DES management may want to consider identifying AFF clients from earlier cohorts (i.e., those AFF clients referred in 2003, 2004, and 2005) whose children reenter out of home care, and whether or not substance use was a factor in the subsequent removal of their children.

Other areas for longitudinal investigation include:

- What are the effects of different patterns of service utilization on substance use and child welfare outcomes? For example, what set of factors, such as demographic characteristics, prior patterns of substance use, and treatment services might explain these outcomes.

- While the number of substantiated cases of the recurrence of maltreatment is small, what factors might account for the recurrence?

- In the past several years, a key finding from the AFF evaluations highlighted the significant number of AFF clients using methamphetamine. Does methamphetamine have a differential impact on outcomes for clients compared to other patterns of substance use?

- What factors discriminate between AFF clients whose children remain in care versus those who achieve permanency, especially those clients whose children are reunified with them?

- Finally, are there demographic characteristics, such as gender, age, or ethnicity that are important to a clear understanding of program outcomes?

In summary, since its inception in 2001, the AFF program has matured into a robust and well-coordinated program of family-centered services, fulfilling the intent of the enabling legislation that led to its development. During the past state fiscal year, over 4,400 individuals referred by Child Protective Services or the Jobs program for ongoing issues related to the abuse of alcohol and drugs, were served by this innovative program. Based upon the programmatic efforts this year:

- More than 450 children have been safely returned to the

custody of their parents without a recurrence of suspected abuse and neglect.

- Parents have experienced success in addressing their substance abuse problems through treatment.

- More than 60% of clients who completed their participation in AFF services demonstrated no drug use at all during their time in the program, as verified by drug tests.

Families have been able to access a seamless network of treatment services and supports designed to promote ongoing recovery and family stability.

1. INTRODUCTION

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together - AFF) was established as a community substance use disorder prevention and treatment program by A.R.S. 8-881 (Senate Bill 1280, which passed in the 2000 legislative session). Under the requirements of the Joint Substance Abuse Treatment fund that was established under the legislation, A.R.S. 8-884 requires an annual evaluation of AFF, which examines the implementation and outcomes of community substance use disorder treatment services delivered by AFF-contracted providers and the Regional Behavioral Health Authorities (RBHA) network. Background information on the development of the Arizona Families F.I.R.S.T. program is provided in Appendix A.

1.1 Brief Description of the AFF Program and Client Flow

The AFF enabling legislation recognized substance use disorders in families as a major problem contributing to child abuse and neglect, and that substance use can present significant barriers to those attempting to reenter the job market or maintain employment. In addition, federal priorities under the Adoption and Safe Families Act (ASFA), which address child welfare outcomes, such as permanency and shorter time frames for reunification, coupled with time limits established under the TANF block grant, also were factors considered in the legislation. However, the timeframes for recovery from substance abuse, currently viewed as a chronic recurring illness[1], sometimes conflict with the requirements of ASFA enacted in 1997. Currently states must file a petition to terminate parental rights and concurrently, identify, recruit, process and approve a qualified adoptive or permanent family on behalf of any child, regardless of age, that has been in foster care for 15 out of the most recent 22 months.

AFF provides contracted family-centered, strengths-based, substance abuse treatment and recovery support services to parents or caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family. The program is a public-private partnership that provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided by the Department of Economic Security, Division of Children, Youth and Families (DES/DCYF) through contracted community providers in outpatient and residential settings or through the RBHA provider network. In addition to traditional services, AFF includes: an emphasis on face-to-face outreach and engagement at the beginning of treatment; concrete supportive services, such as, transportation and housing; and an aftercare phase to manage relapse occurrences. Essential elements based on family and community needs – such as culturally responsive services, gender specific treatment, services for children, and motivational enhancement strategies to assist the entire family in its recovery – are incorporated into the service delivery.

The diagram on the following page shows the flow of clients through various stages of the AFF program.

1 Leshe, A. (2001). Addiction is a brain disease. *Issues in Science and Technology*.

FIGURE 1.1: AFF CLIENT FLOW CHART

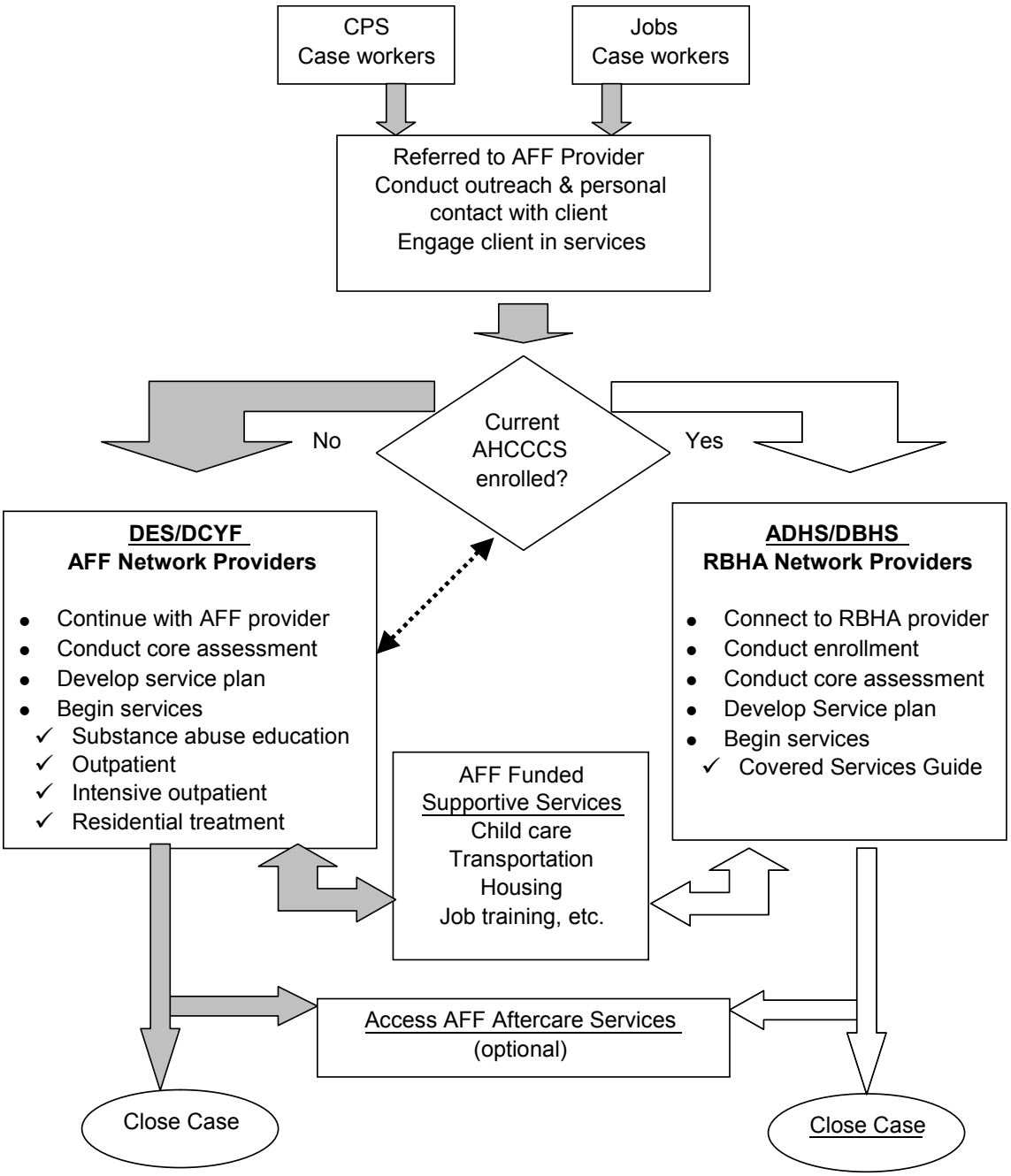

Table 1.1 summarizes the county, AFF provider agency and associated RBHA within each of six regional DES districts. AFF-contracted agencies in bold italics also participate in the RBHA network as either a RBHA or a RBHA network provider.

Table 1.1: List of DES Districts, Counties, AFF Providers, and RBHAs

DES District	County	AFF Provider Agency	Regional Behavioral Health Authority
I	Maricopa	***TERROS***	ValueOptions
II	Pima	***Community Partnership of Southern Arizona (CPSA)***	Community Partnership of Southern Arizona (CPSA)
III	Coconino	Arizona Partnership for Children (AZPAC-Coconino)	Northern Regional Behavioral Health Authority (NARBHA)
	Yavapai	Arizona Partnership for Children (AZPAC-Yavapai)	
	Apache and Navajo	Old Concho Community Assistance Center	
IV	Yuma	***Arizona Partnership for Children (AZPAC-Yuma)***	Cenpatico Behavioral Health of Arizona, Inc
	La Paz	WestCare Arizona	
	Mohave	WestCare Arizona	Northern Regional Behavioral Health Authority (NARBHA)
V	Gila and Pinal	***Horizon Human Services***	Cenpatico Behavioral Health of Arizona, Inc
VI	Cochise, Graham, Greenlee, and Santa Cruz	***Southern Arizona Behavioral Health Services (SEABHS)***	Community Partnership of Southern Arizona (CPSA)

1.2 Statewide Context of AFF Program and Substance Use and Treatment

In 2006, an estimated 22.6 million persons nationwide (9.2 percent of the U.S. population aged 12 or older) were classified with substance dependence or abuse in the past year based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). Of these, 3.2 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.8 million were dependent on or abused illicit drugs but not alcohol, and 15.6 million were dependent on or abused alcohol but not illicit drugs.[2]

The most recent data available on substance use in Arizona[3] indicate that 10% of Arizonans were classified with substance dependence or abuse in the past year, slightly higher than the national average. Fifteen percent of Arizonans 18-25 years of age and 5% of Arizonans 26 years of age or older used illicit drugs during the past month. Further, past month binge alcohol abuse was reported by 44% and 22% of individuals within these two age groups respectively. Finally, in a recent report on substance use in the 15 largest metropolitan areas,[4] 8% of persons living in the Phoenix metropolitan area aged 12 or older reported using any illicit drug in the past month, and 25% of all people living in the Phoenix area reported past month binge alcohol use, significantly higher than the national average.

Abuse and neglect of children is generally believed to be associated with substance abuse. In reports to Congress on this issue,[5,6] data was presented showing that parents who abuse drugs and alcohol generally do not attend to children's emotional cues, are poor role models, and discipline their children less effectively than other parents. It is within this context that the AFF program is meant to intervene and break the cycle of substance abuse and abuse or neglect of children. As noted by Breshears, Yeh and Young,[7] leading researchers and advocates in the child welfare system:

> *An effective partnership between the child welfare and alcohol and*

2 Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2006 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293). Rockville, MD.

3 SAMHSA, Office of Applied Studies, National Survey on Drug Abuse and Health, 2004-2005.

4 SAMHSA, Office of Applied Studies. (2007). The NSDUH Report.

5 U.S. Department of Health and Human Services (1999). *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection.* Washington, DC: US Department of Health and Human Services.

6 U.S. General Accounting Office (1994). *Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children.* GAO/HEHS-94-89.

7 Breshears, E., Yeh, S., & Young, N. (2004). Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

> *drug treatment systems can help parents with substance abuse issues retain or gain a parental role with their child, while not putting the child at risk of harm. (page 1)*

In September 2005, the Arizona Department of Economic Security, Division of Children, Youth and Families released *Strengthening Families – A Blueprint for Realigning Arizona's Child Welfare System*. The Blueprint identifies five key objectives:

- Develop safe alternatives that result in fewer children placed in out-of-home care;
- Reduce the number of children in congregate care settings;
- Serve children ages birth to six years in their homes, kinship care or foster care without using group homes;
- Stop the placement of children ages birth to three years in shelter placements; and
- Reduce the length of stay of children in shelters to no more than 21 days.

In an update of the *Blueprint* in the Fall of 2006, DES/DCYF reported the following accomplishments:

- The number of children in settings such as group homes and shelters decreased by almost 16%;
- The number of children six years old or younger in group homes decreased by almost 62%;
- The number of children three years old or younger in shelters decreased by 55%;
- The number of filled CPS case manager positions increased by almost 10%;
- More than 1,000 CPS staff and other stakeholders trained on the impact of methamphetamine abuse, and increased participants' skills in engaging and providing substance abuse services to families; and
- An additional $2 million in AFF funding was appropriated to the Department for FY 2007.

The following chapters summarize the accomplishments of the AFF program for the period ending June 30, 2007. Chapter Two describes the methodology and

data sources used for the AFF annual evaluation, and enhancements in the evaluation design. AFF client characteristics, process measures, and services are summarized in Chapter Three. Chapter Four highlights child welfare outcomes, such as preventing maltreatment recurrence, timely reunification, maintaining permanency upon leaving care, as well as decreased use of alcohol and illegal drugs. Chapter Five presents innovative AFF practices and findings from client focus groups. Chapter Six discusses the annual findings and presents recommendations for program enhancements.

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2. EVALUATION FRAMEWORK AND DATA SOURCES

The evaluation design developed for the AFF program focuses on program implementation to determine whether AFF provider agencies implemented the service model as intended by the legislation and program administrators. The design also addresses whether the AFF outcome goals and performance measures, as well as other outcomes in the areas of recovery, family stability, safety, permanency, self-sufficiency, and systems change, were in fact achieved. The evaluation design is not a longitudinal study of AFF clients using data collected from individual client interviews, nor does it use any comparison group. Rather, the design uses primarily administrative data covering points in time.

This year's report draws upon data from multiple sources. Four core principles guided the use of data sources for the AFF program evaluation:

- Minimize the data collection burden to a level that satisfactorily meets the legislatively mandated evaluation requirements;
- Avoid duplicative data collection efforts;
- Use existing administrative data and formats whenever possible; and
- Respect the differing management information systems capabilities among the nine providers.

Data sets included:

- Service utilization data obtained directly from the nine AFF providers;
- Enrollment and encounter data provided by DBHS for services provided through the local RBHA network;
- DES CHILDS information system, which provides child welfare information, and the DES JAS/AZTEC information system, providing employment services information; and

- Qualitative information obtained from AFF program managers and clients, as well as client satisfaction surveys. Comments or findings from the program managers and clients are provided throughout the report. These comments are from a qualitative report on site visits conducted during the summer of 2007 and provided to the AFF program office. Site visit reports are available from the Center for Applied Behavioral Health Policy at Arizona State University.

AFF providers use a common data reporting format, revised by the AFF evaluation contractor, for the reporting period beginning July 1, 2006. The primary information used for the analysis of AFF program services was *service utilization data* obtained directly from the nine AFF providers. These data were collected by the AFF providers and sent to the evaluation team in a variety of electronic formats, and imported into a client-level database developed and maintained by the evaluation contractor. Service utilization data are reported for the annual reporting period that covers July 1, 2006 through June 30, 2007. For some service activities, data are also presented from program inception (March 2001) through June 30, 2007.

Another data set used for the analysis of the AFF program was *enrollment and encounter data* provided by DBHS for services utilized by Title XIX AFF clients. DBHS service utilization data are reported for the annual reporting period that covers July 1, 2006 through June 30, 2007. It should be noted that DBHS service utilization data is constantly updated and added to by the RBHAs and their providers, and there may be a reporting lag from service delivery to appearance in the DBHS information system of anywhere from 30 to 90 days. The service utilization data for Title XIX AFF clients is moderately complete through June 30, 2007 since DBHS provided the data set in early September 2007.

Three additional data sets used for this evaluation include: the ADES CHILDS information system, which provides child welfare information; the ADES JAZ/AZTEC information system, providing employment services information; and data from the TANF information systems. These data are reported for the annual reporting period that covers July 1, 2006 through June 30, 2007.

The third major source of data used for the analysis of the AFF program is AFF stakeholders. These stakeholders include AFF program managers and staff, and clients of the program. A variety of data collection methodologies were used with these stakeholders, including individual interviews, focus groups, and satisfaction surveys. The purpose for using this third data source was to document and assess programmatic successes, changes in program implementation, updates on collaborative partnerships, perceived barriers and facilitators to program implementation, changes in contextual issues, and other events that may have positively influenced service delivery.

The evaluation framework guiding this year's evaluation report is in Appendix B.

3. ARIZONA FAMILIES F.I.R.S.T. CLIENTS AND SERVICES RECEIVED

Section three provides descriptive information about individuals referred to the AFF program for the State Fiscal Year beginning July 1, 2006 and ending June 30, 2007.

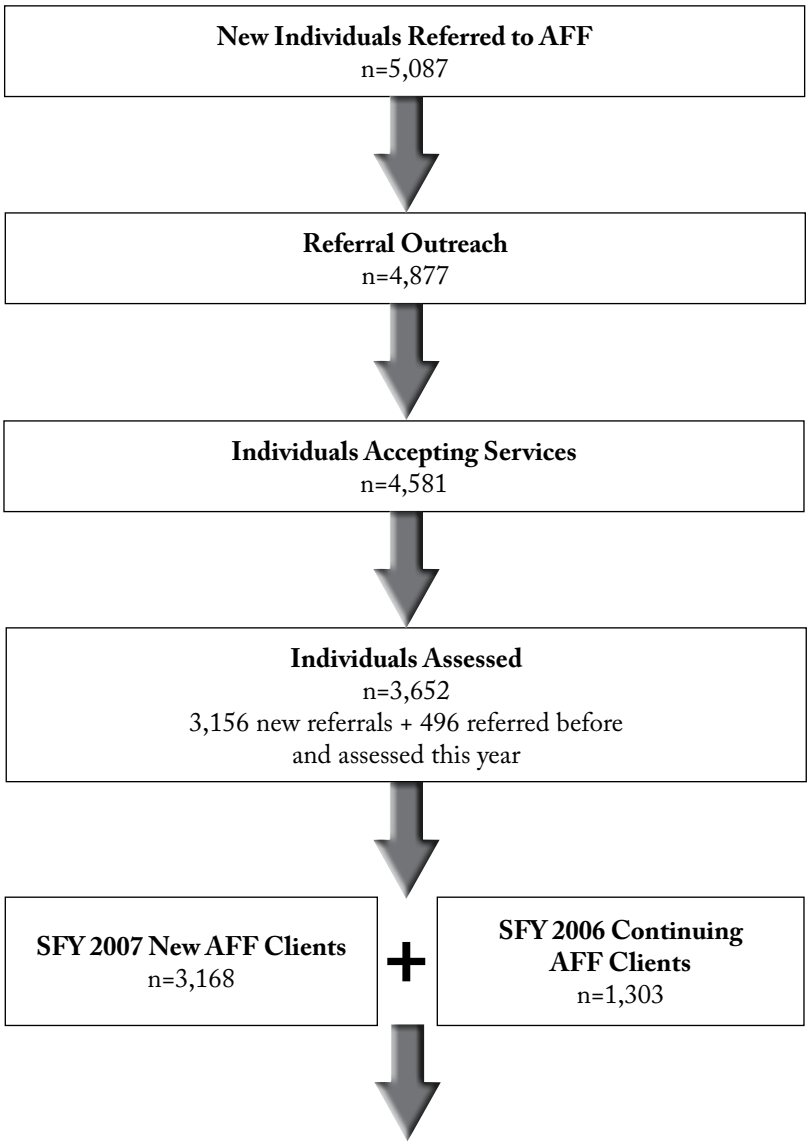
Topics addressed include:

- Referrals & Outreach
- Assessments
- Substance use
- Engagement in treatment
- Services received
- Demographic characteristics

A diagram summarizing client flow through the AFF program is shown in Figure 3.1. The flow diagram provides an organizing schema that will be followed throughout subsequent sections of this report. The diagram shows the number of individuals referred and assessed during the reporting period, the number of clients receiving services, and the partition of clients by RBHA or AFF funding source.

As described in the Introduction, AFF clients received substance abuse treatment services through a partnership between DES/DCYF and DBHS/RBHA provider network (See Table 1.1 on page 12 for a list of AFF providers and RBHAs). Some AFF clients (38%) received their treatment services from both funding partners and were designated as "shared funding clients." A slightly larger number of AFF clients (42%) received their treatment services only through the RBHA system and were designated as "RBHA funded clients." The final group of AFF clients (19%), designated as "AFF funded clients" received their treatment services through the AFF network. It should be noted that some providers, i.e., TERROS, CPSA, AZPAC-Yuma, Horizon, and SEABHS, were both AFF funded providers as well as RBHA funded providers.

Figure 3.1: SFY 2007 Referrals and Client Participation



Total AFF Clients, SFY 2007 N = 4,471							
AFF Funded Clients 870 clients received treatment services funded from AFF *only*		**Shared Funding Clients 1,715 clients received treatment services funded from *both* AFF & RBHA**				**RBHA Funded Clients 1,886 clients received treatment services funded from RBHA *only***	
522 client closed from services	348 clients continuing to receive services	580 clients closed in both systems	370 clients closed by AFF, continuing to receive services from RBHA	387 clients closed by RBHA, continuing to receive services from AFF	378 clients continuing to receive services from both systems	1162 clients closed from services	724 clients continuing to receive services

3.1 Referrals to the AFF Program

A total of 5,183 referrals (representing 5,087 unduplicated individuals)[1] were sent to AFF providers during State Fiscal Year (SFY) 2007, averaging 1,272 referrals per quarter. Referrals in DES District I constituted over half of all referrals (56%), followed by DES District II (20%) and District III (10%) as shown in Table 3.1. Nearly all referrals to the AFF program (97%) were provided by CPS caseworkers, a trend that has been consistent since the inception of the program. Only 12 referrals came from the Jobs program during the reporting period ending June 30, 2007.

Table 3.1: AFF Program Referrals by Provider and Quarter

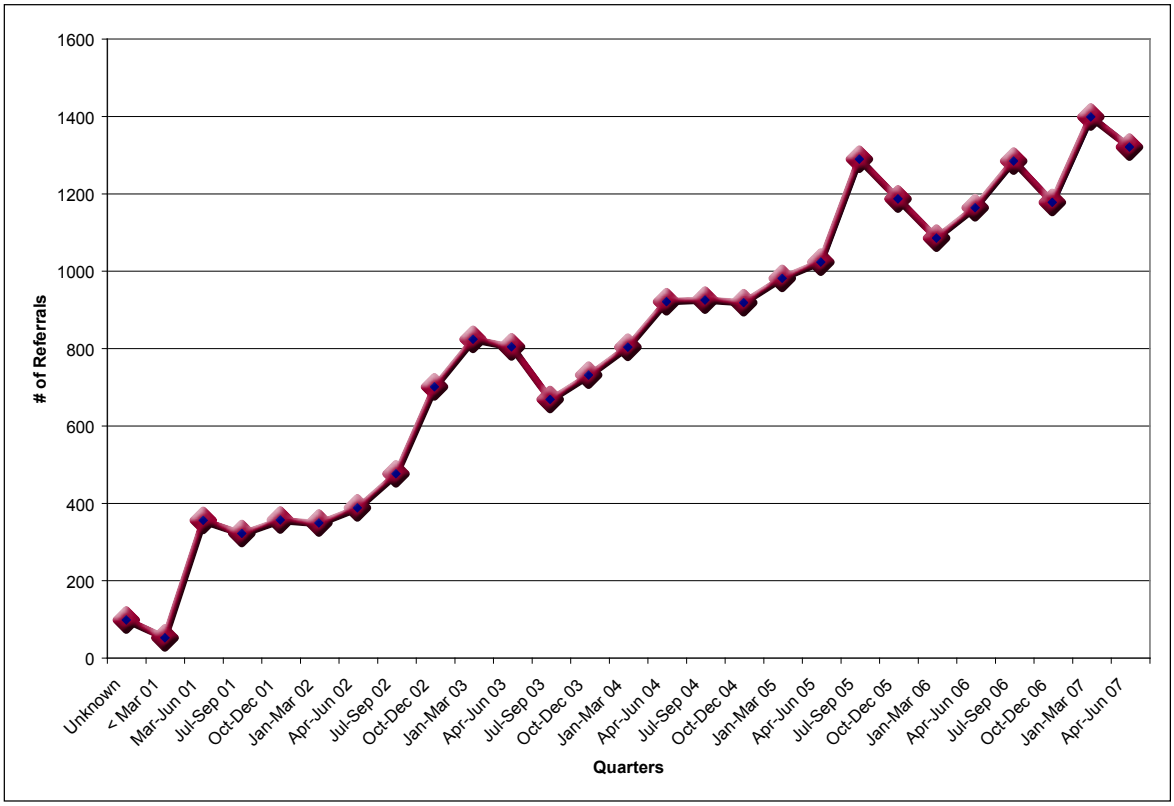
DES District	I	II	III			IV		V	VI	
AFF Provider	TERROS	CPSA	AZPAC-Coconino	AZPAC-Yavapai	Old Concho	AZPAC-Yuma	Westcare	Horizon	SEABHS	Quarterly Totals
Quarter 1 Jul-Sep 2005	706	261	27	53	47	35	36	64	56	**1285 (24.8%)**
Quarter 2 Oct-Dec 2005	598	267	20	62	50	35	32	81	33	**1178 (22.7%)**
Quarter 3 Jan-Mar 2006	833	274	16	49	40	30	45	74	38	**1399 (27.0%)**
Quarter 4 Apr-Jun 2006	743	252	22	76	56	16	52	74	30	**1321 (25.5%)**
Statewide Total	**2280 (55.6%)**	**1054 (20.3%)**	**85 (1.6%)**	**240 (4.6%)**	**193 (3.7%)**	**116 (2.2%)**	**165 (3.2%)**	**293 (5.7%)**	**157 (3.0%)**	**5183 100%**

More than 21,600 individuals were referred to the AFF program since its inception in the spring of 2001. In general, there has been a steady increase in the number of referrals over the six years of the program. It is interesting to note that over the past four years, the number of AFF referrals has been rising, while the number of reports of child abuse or neglect, substantiated reports, or new removals[2] has generally declined. The increase in AFF referrals most likely reflects the increased scrutiny and screening by CPS staff of parental or caregiver substance use during the early phase of case investigations. Figure 3.2 provides a historical summary of referrals by quarter to the AFF program since its inception.

1 Each referral is valid for a six-month period. If an individual does not engage in services within six months of the initial referral, a new referral is sent to the AFF provider.

2 Child Welfare Reporting Requirements Semi-Annual Report for the Period of October 1, 2006 through March 31, 2007. Arizona Department of economic Security, Division of Children, Youth and Families, Administration for children, Youth and Families. [page 10].

Figure 3.2: Total AFF Referrals by Quarter, March 1, 2001—June 20, 2007

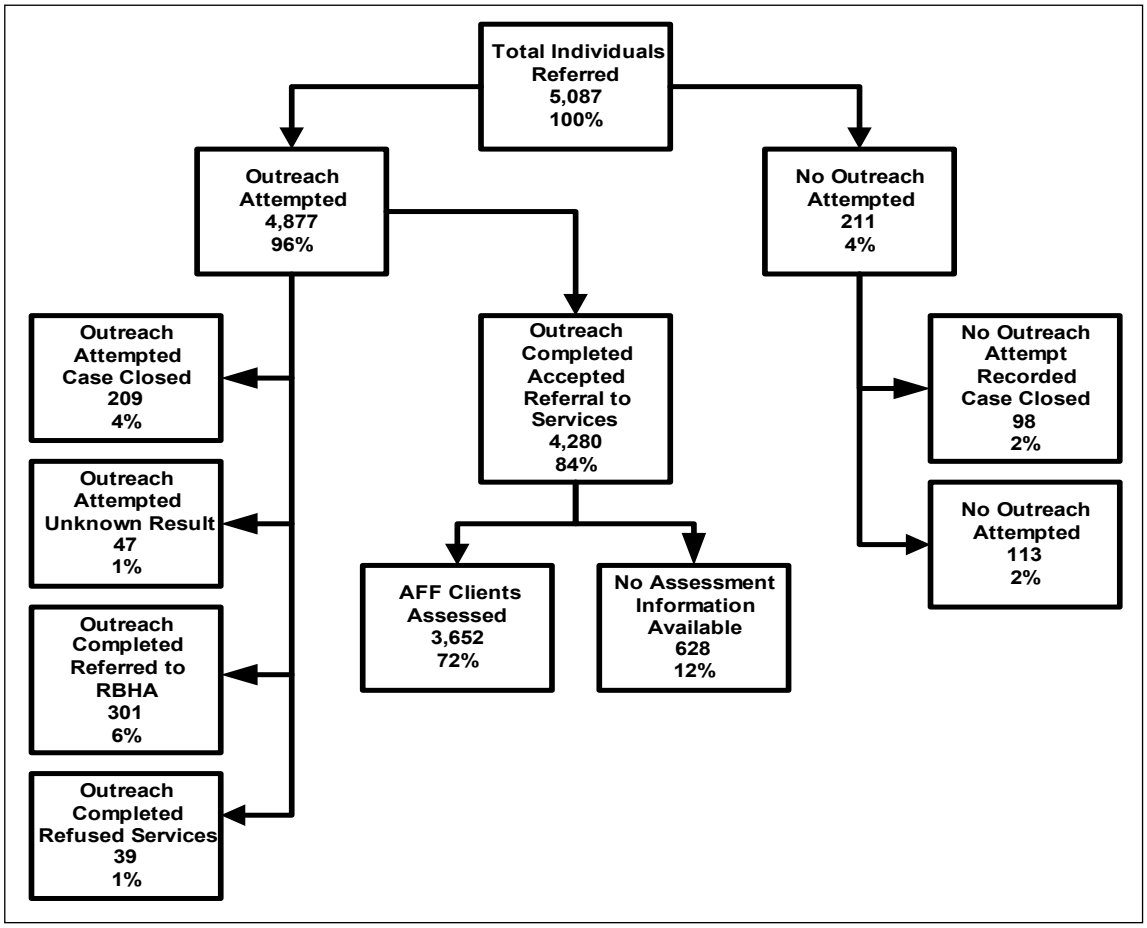


3.2 Client Outreach and Engagement

AFF providers are expected to actively outreach and engage into treatment all individuals who are referred to the program. These outreach services are expected to occur within 24 hours (excluding weekends and holidays) of receipt of the referral. Typical activities that providers deliver as part of the outreach and engagement process consist of informing the referred individual of the services available, identifying significant issues related to the referred individual's needs in accessing services or potential barriers to service use, and providing information to the referred individual about the expected benefits and outcomes of the services. It is generally at this point that an individual referred to the AFF program will either accept or decline enrollment in the AFF program. After an assessment, they engage in active treatment and support services.

Figure 3.3 provides a summary of the disposition of AFF referrals through the outreach and engagement process to the assessment point. Nearly all of the AFF referrals (96%) resulted in one or more outreach attempts by service providers. In a few cases (2%), the AFF provider reported closing the referral without recording any outreach attempts. For the remaining cases (2%), AFF providers reported no data on those individuals.

FIGURE 3.3: SUMMARY OF AFF REFERRALS THROUGH ASSESSMENT



Among individuals who responded to provider outreach and engagement efforts, 84% accepted the referral for AFF services, and an additional 6% of individuals were referred to their local RBHA for services. Only 1% of individuals specifically refused AFF services. Among the remaining referrals, in 4% of the cases the AFF service provider documented one or more outreach attempts that were unsuccessful and resulted in case closures. In a few cases (1%), the provider failed to document the outcome of outreach attempts.

Table 3.2: Outreach and Referral Activity by DES District and AFF Provider

DES District	I	II	III			IV		V	VI	Statewide
AFF Provider	TERROS	CPSA	AZPAC-Coconino	AZPAC-Yavapai	Old Concho	AZPAC-Yuma	Westcare	Horizon	SEABHS	
# unduplicated referrals[1]	2803	1041	84	240	192	116	163	293	155	**5087**
# outreached	2730	937	84	239	189	115	163	292	128	**4877**
% outreached	97.4%	90.0%	100%	99.6%	98.4%	99.1%	100%	99.7%	82.6%	**95.9%**
Avg. days referral to outreach (standard deviation)	2.07 (11.20)	4.31 (14.96)	0.40 (1.09)	0.55 (1.72)	0.08 (0.45)	1.78 (6.69)	1.32 (3.36)	1.00 (2.84)	7.26 (30.71)	**2.34 (11.81)**
# of referred clients accepting services[2]	2717	681	50	153	164	71	60	285	99	**4280**
% of referred clients accepting services	96.9%	65.4%	59.5%	63.8%	85.4%	61.2%	36.8%	97.3%	63.9%	**84.1%**
# referred to RBHA	0[3]	0[4]	27	74	8	43	100	3	46	**301**
% of referrals sent to RBHA	0%	0%	32.1%	30.8%	4.2%	37.1%	61.3%	1%	29.7%	**5.9%**

1 The term "referrals" is defined as the receipt of an AFF referral form from DES by an AFF provider. The referral identifies the name of an individual referred for AFF services.

2 The term "accepting referral" is defined as a referred individual indicating their willingness to accept AFF services upon outreach by an AFF provider.

3 TERROS is a contracted Title XIX provider to ValueOptions, therefore there is no need for TERROS to refer Title XIX clients to the RBHA.

4 CPSA is the designated RBHA for District II.

Data collections issues identified in earlier evaluation reports (2004 and 2005) improved again in 2007. For example, missing outreach documentation decreased to 4% in 2007 from 6% in 2006, and well below the 19% level in 2005. Further, outreach and engagement continues to be conducted in a timely manner. The average number of days from referral to outreach was about the same in 2007 (2.3 days) as the previous year (2.2 days), and significantly below the level reported in 2005 (2.9 days). Overall, the median[3] number of days from referral to outreach was one day, unchanged from last year.

Rapid treatment engagement is important because studies have found that individuals addicted to drugs may be uncertain about entering treatment. It is important for potential clients to take advantage of treatment opportunities when they are ready. If treatment is not readily accessible, then potential treatment applicants can be lost. [4]

Key highlights of these data reveal:

- Across the state, 96% of all individuals referred to the AFF program were provided outreach and engagement services.

- Seven AFF providers conducted outreach and engagement services to 95% or more of the individuals referred to the program. The AFF provider in District VI was well below the outreach process and evaluation completeness measures identified in the AFF Scope of Work.

- On average, outreach services occurred in about two days of receiving the referral.

- Most of the AFF providers were able to engage individuals in about two days, on average. However, two AFF providers took considerably longer, on average, to engage potential clients, ranging from four days to seven days.

- On average, 84% of individuals referred to the AFF program indicated a willingness to accept services from the AFF program, and an additional 6% of AFF referrals were sent to the local RBHA for services.

- Among AFF clients referred to the local RBHA (n = 301), nearly three-fourths (n = 225) of AFF clients received services from a designated RBHA provider, and for the remaining clients (n = 76) there were no indications of having received either assessments or services.

3 The number below and above which there is an equal number of values.

4 National Institute on Drug Abuse. (1999). Principles of Drug Addiction Treatment: A Research-Based Guide (Electronic version) NIH Publication No. 99-4180. Retrieved from www.nida.nih.gov/HSR/da-tre/BrownHIV.html

5 Reflects unique persons referred during the reporting period.

- Among AFF clients referred to the local RBHA (n = 301), 116 clients received an assessment. The median number of days from the initial AFF referral to the RBHA provider assessment was 21 days (average = 43 days).

- Finally, the AFF provider in DES District II reported a significantly higher proportion of closed AFF referrals (25%) than did other providers (1%). In fact, the DES District II provider accounted for the vast majority (86%) of closed AFF referrals. The DES AFF program coordinators may want to investigate the reasons for reporting such a high number of referral closures by this provider.

Additional outreach details by AFF provider are summarized in Appendix C.

3.3 AFF Provider Assessments and DBHS Enrollments

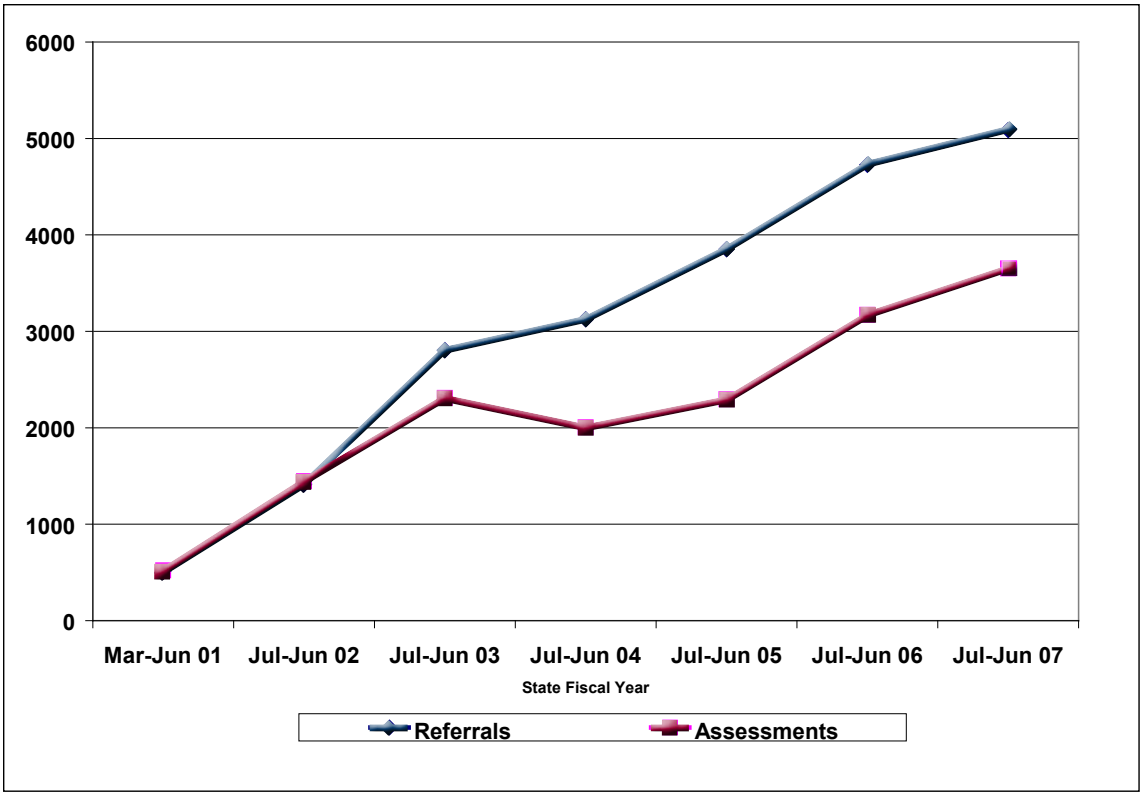
A total of 3,652[6] individuals (representing 72% of all individuals referred to the AFF program) received assessment and evaluation services[7] for substance abuse treatment during the 2007 state fiscal year. The rate of assessments conducted in state fiscal year 2007 is consistent with the historical trends of the AFF program. Since the inception of the program in the spring of 2001, more than 15,400 individuals, or 71% of all individuals referred to the AFF program, received assessments for substance abuse treatment either through AFF providers or local RBHAs. Even though there has been significant improvement in the reporting of assessments during the past three years, due in part to consistent use of the DBHS core assessment tool by all providers, and enhanced monitoring of monthly data from the AFF providers, not all referrals to the program resulted in assessments. This continues to be an area for monitoring with AFF providers.

Assessments were conducted by a contracted AFF provider and/or a DBHS/RBHA contracted provider, depending on the referred individual's eligibility status for Title XIX Medicaid funding. Assessment data were compiled from two sources: AFF provider data and ADHS/DBHS enrollment data. Of the 3,652 assessment/enrollment records,

6 Note. This figure includes individuals that had been referred to the AFF program in SFY 2006, but not assessed until SFY 2007, along with clients who were referred and assessed during SFY 2007.

7 The term "assessed" is defined as individuals having completed the ADHS-DBHS initial "Core Assessment."

Figure 3.4: Number of Referrals and Assessments by Year, March 1, 2001 – June 30, 2007

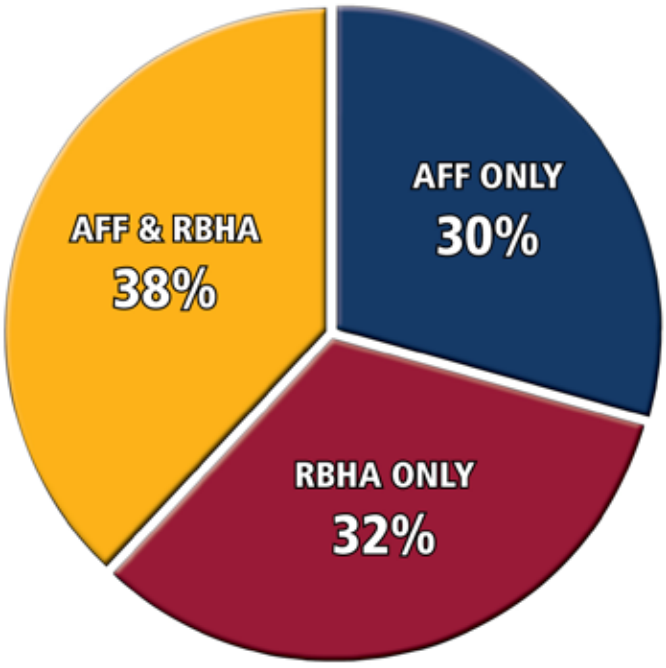


30% were unique assessments supplied by AFF providers, 32% were unique assessments reported from ADHS/DBHS enrollment data, and the remaining 38% of individuals assessed have records from both an AFF assessment and an ADHS/DBHS enrollment.[8]

8 For AFF clients with dual assessment records (n = 1,378), over half of the clients (55%) received a single assessment. The remaining AFF clients received multiple assessments of which 24% of clients received an assessment through a local RBHA provider prior to the AFF assessment, and 21% received an assessment from an AFF provider prior to an assessment from a local RBHA provider.

Figure 3.5: AFF Assessment and Enrollment by AFF and RBHA Providers, SFY 2007

(Total Assessments Conducted=3,652)



A summary of key performance indicators associated with the assessments from providers within each of the DES districts is shown in Table 3.3.

Table 3.3: Assessment Activity by DES District

DES District	I	II	III	IV	V	VI	Statewide
Total Assessments	2069	740	301	180	206	156	**3652**
Average days from referral to assessment (sd)	**39.1 (48.9)**	**37.5 (58.8)**	**41.2 (56.3)**	**31.9 (39.0)**	**49.4 (63.2)**	**49.0 (83.7)**	**39.6 (53.9)**
RBHA Only Assessments	275	452	163	144	102	39	**1175**
Average days from referral to assessment (sd)	138.3 (100.4)	53.6 (71.7)	60.4 (73.5)	33.3 (40.2)	67.6 (75.6)	87.6 (109.6)	68.6 (83.1)
AFF & RBHA Assessments	1074	95	84	3	46	76	**1378**
Average days from referral to assessment (sd)	29.8 (29.6)	19.7 (34.8)	23.6 (25.2)	83.7 (69.7)	18.9 (25.9)	17.1 (34.7)	27.8 (30.4)
AFF Only Assessments	720	193	54	33	58	41	**1099**
Average days from referral to assessment (sd)	32.6 (30.5)	15.5 (14.7)	24.4 (21.0)	22.9 (27.6)	47.7 (55.8)	89.7 (106.7)	31.4 (36.6)

Key highlights include:

- Over half (57%) of the total assessments for the past year were conducted for individuals within District I (Maricopa County), and an additional 20% of the assessments were conducted for individuals within District II (Pima County).

- On average, the time span between an individual referred to the AFF program and receiving an assessment for substance abuse (RBHA or AFF providers) was 40 days. Providers in District IV had the shortest period between referral and assessment at 32 days. In contrast, District V and VI providers had the longest duration between referral and assessment, at 49 days.

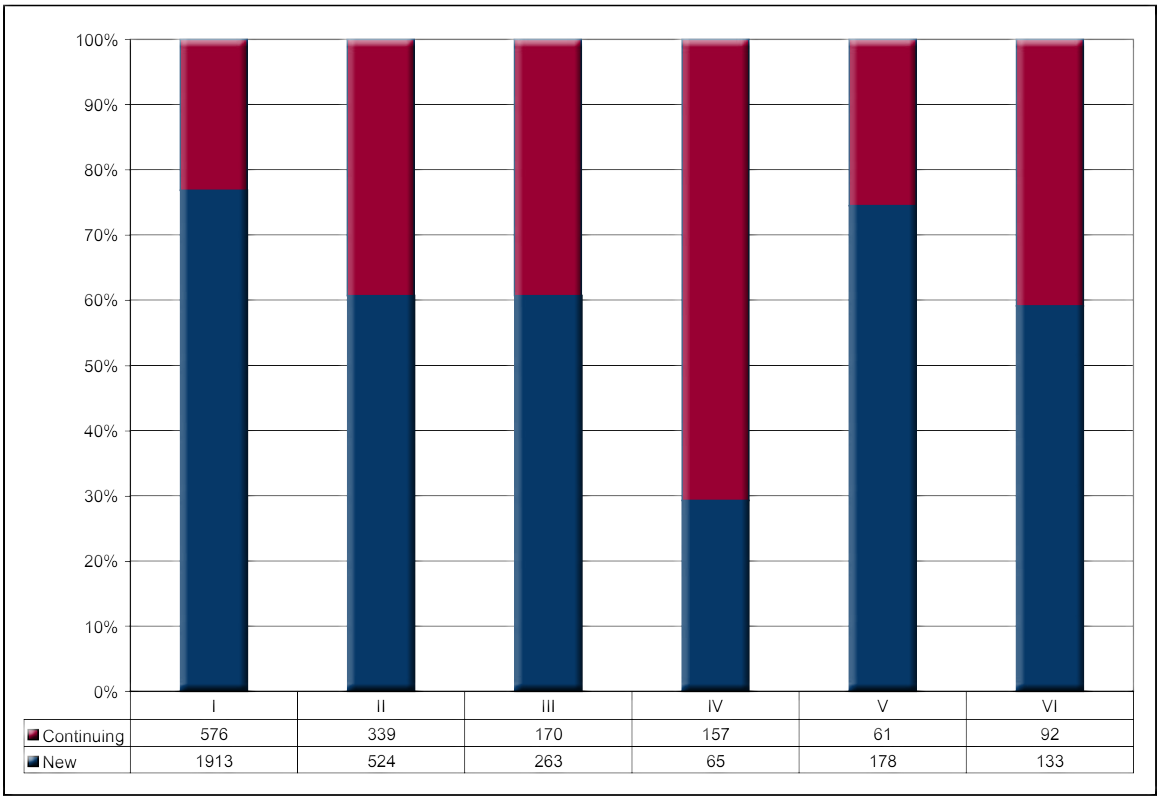
3.4 Characteristics of Arizona Families F.I.R.S.T. Clients

During the SFY 2007 reporting period, a total of 4,471 individuals statewide were AFF clients, a 12% increase over the previous year (4,000 clients). For the purposes of this report, AFF clients were defined as individuals who received any form of service from an AFF provider and/or a RBHA provider during the period of July 1, 2006 – June 30, 2007. AFF clients included individuals, who were referred, assessed, and received treatment in SFY 2007, along with clients who were referred and assessed in the prior year and continued to receive services in SFY 2007.

More than half (56%) of all AFF clients were located in District I, while District II and III accounted for an additional 19% and 10% respectively of all AFF clients. The remaining balance of AFF clients (15%) was distributed throughout the other three DES districts. Seventy-one percent of AFF clients were enrolled during the current reporting period and considered *new clients,* while the remainder (29%), were clients enrolled during the preceding year(s) and continued to receive services during the current reporting period.

Figure 3.6 provides a comparison by district of new and continuing clients. DES Districts I and V had the highest percentage of new clients, 77% and 74% respectively, while Districts IV had the lowest percentage of new clients (29%).

Figure 3.6: Proportion of New and Continuing AFF Clients by DES District, July 1, 2006-June 30, 2007



	I	II	III	IV	V	VI
Continuing	576	339	170	157	61	92
New	1913	524	263	65	178	133

The demographic profile of AFF clients has remained relatively consistent from year-to-year. Key findings of the demographic profile of AFF clients include:

- Two-thirds (67%) of AFF clients were women, somewhat less than last year (72%).
- Average age of an AFF client was 31 years, consistent with previous reports.
- 31% of all AFF clients were of Hispanic or Latino(a) descent, higher than last year (27%).
- 7% of AFF clients were African Americans, and 4% were American Indians, consistent with last year's report.
- Over half of AFF clients (51%) had at least a high school diploma or GED, significantly lower than the previous two years (69% in 2006 and 59% in 2005).
- 39% were employed either full or part-time, somewhat higher than last two years (34% in 2006 and 27% in 2005).

This information is useful in helping the AFF program meet the gender-specific and cultural needs of its clients. The high percentage of women as AFF clients would suggest that substance abuse treatment approaches should be gender specific and appropriate. Similarly, the program should accommodate those clients who are working by providing individual or group sessions at night or on weekends. Regional comparisons of the demographic profiles of AFF clients may be found in Appendix D.

3.5 Substance Use Among Clients at Time of AFF Assessment or RBHA Enrollment

Table 3.4 provides a summary of the substances used by AFF clients at the time of their initial assessment. These data should be interpreted with caution since they are reliant entirely upon self-report (prone to underreporting), with no physiological assessment (e.g., urinalysis or other drug screening) conducted for verification. These data reflect information derived from the AFF provider database (for those clients who were initially assessed by AFF providers) as well as the ADHS/RBHA management information system for those clients who were initially assessed by the RBHA provider. There was significant variation in the rates of self-reported substance use observed in the data provided by these two systems, indicating the need for some caution in the interpretation of the resulting information. These limitations notwithstanding, based on the initial assessment information collected on 4,471 AFF clients, 57% of individuals had used alcohol or one or more illegal substance in the 30 days immediately prior to their assessment. Methamphetamine (27%), alcohol (25%) and marijuana (25%) were the more commonly reported substances.

TABLE 3.4: SUBSTANCES USED BY AFF CLIENTS 30 DAYS PRIOR TO ENROLLMENT

Total AFF Clients=4,471		
	#	%
Clients Reporting Use	2,554	57.1%
Alcohol	1117	25.0%
Benzodiazepines	56	1.3%
Cocaine/crack	417	9.3%
Hallucinogens	51	1.1%
Heroin/Morphine	66	1.5%
Inhalants	13	0.3%
Marijuana	1142	25.5%
Methamphetamine	1188	26.6%
Other drugs	265	5.9%
Other Narcotics	121	2.7%
Other sedatives	37	0.8%
Other Stimulants	29	0.6%

Among the 2,554 AFF clients that reported substance use in the 30 days prior to their AFF assessment, 49% of individuals reported using more than one substance, significantly lower than last year's level (62%) of poly-substance use. The more common patterns of self-reported multiple substance use consisted of combinations of alcohol, methamphetamine, and marijuana.

Appendix E provides detailed information on self-reported substance use patterns by DES District. These data continue to document the elevated rates of methamphetamine use, particularly among new clients located in DES Districts I, III, and V with rates of methamphetamine use between 30% and 48% of AFF clients reporting use in the 30 days prior to their assessment.

3.6 Services Used by AFF Clients

Clients receiving services under the AFF program were provided with a continuum of treatment and other support services designed to promote their discontinuance of harmful and/or illegal substance use and the reunification and stabilization of their family. This is achieved through services funded exclusively by DES services, or DBHS for those meeting Title XIX Medicaid eligibility, or a combination of DES and DBHS. Information about the services provided to AFF clients is derived from data files provided by the AFF providers along with data provided by DBHS for those AFF clients receiving services from DBHS.[9] These data provide a rich portrayal about the types of services clients received. A description of services provided by DES and DBHS is contained in Appendix F. This taxonomy includes services arranged within eight broad service domains that are subdivided into 35 discrete service categories.

Continuing the trends witnessed in past years, the majority of clients received services funded jointly by DES and DBHS or by DBHS exclusively. A minority of AFF clients received all of their services funded exclusively by DES. During SFY 2007, over 80% of all AFF clients received services that were either funded com-

9 The services data tables in sections 3.6 through 3.9 do not reflect addtional data from the District II AFF provider, which were not not received as of the August 15, 2007 cutoff deadline for this report.

pletely by DBHS (n = 1,886; 42.2%) or funded jointly by DBHS and DES (n = 1,715; 38.3%). Less than one-fifth of all AFF clients (n = 870; 19.4%) received services that were funded exclusively by DES.

Table 3.5: Proportion of Service Provision by Service for AFF Clients

Total AFF Clients =4,471*		
	# clients	% participating
Treatment Services	4181	93.5%
Rehabilitation Services	792	17.7%
Medical Services	3136	70.1%
Support Services	4376	97.9%
Crisis Intervention Services	566	12.7%
Inpatient Services	139	3.1%
Residential Services	379	8.5%
Behavioral Health Day Programs	240	5.4%

* Because clients received services in multiple domains, the number of clients reported across all service domains exceeds the total number of participating clients.

3.7 Service Access and Service Mix

Table 3.5 provides a summary of the number and proportion of AFF clients that received one or more services during SFY 2007. More detailed information about the relative mix of services within each DES district may be found in Appendix G.

Key highlights from these data include the following:

- Treatment and Support Services continue to be the most common services provided to clients, received by 93% and 98% of all clients, respectively.

- Relative to SFY 2005 and SFY 2006, the proportion of clients receiving medical services rose significantly, up from 38% and 63% of the clients respectively to 70% of the clients in the current reporting period. This change was due primarily to an increase in drug screening procedures.

- Inpatient services increased somewhat to 3.1% from 2.2% in SFY 2005, as did residential services (8.5% from 6.6% in SFY 2005).

- The proportion of AFF clients receiving treatment services has remained consistently high this year across the six districts, ranging from 87% of clients in District II to 96% in District I. In contrast, fairly wide variances were observed in the rates of rehabilitation services and medical services. With regard to medical services the rates of reported use ranged from a low of 43% of clients in District II to a high of 90% of clients in District IV (the statewide average was 70%). While 18% of clients statewide reportedly received rehabilitation services, 35% of the clients in District VI received this service in contrast to 12% Districts I and V. The use of residential and inpatient services was highest in District VI (17% and 10% respectively) compared to other districts (8% and 3% respectively). Based upon the information available, it is not evident if these regional fluctuations represent real differences in the nature of services provided, or simple variation in data entry and service definition.

3.8 Services Mix within Services Domains

Tables 3.6 and 3.7 provide detailed information regarding the rates of service utilization within the two largest service domains: treatment services and support services. The data contained in these tables show little variance from that observed in preceding reporting periods. Appendix H provides detailed information regarding service utilization rates for each DES district.

Table 3.6: Services Mix within Treatment Services Domain

Total AFF Clients = 4471*		
AFF clients receiving treatment services = 4,181	# clients	% *all* clients
Individual Counseling	1045	25.0%
Family Counseling	2607	62.4%
Group Counseling	968	23.2%
Assessment, Evaluation and Screening Services	3875	92.7%
Other Treatment Services by Professionals	320	7.7%
Intensive Outpatient Services	143	3.4%
Outpatient Services	684	16.4%

* Because clients received services in multiple domains, the number of clients reported across all service domains exceeds the total number of participating clients.

Table 3.7: Services Mix within Support Services Domain

Total AFF Clients = 4,471**		
AFF clients receiving support services = 4376	# clients	% *all* clients
Case Management	4246	97.0%
Personal Care Services	52	1.2%
Home Care Training Family	82	1.9%
Self-Help/Peer Services	461	10.5%
Unskilled Respite Care	24	0.5%
Supported Housing	105	2.4%
Sign Language Services	20	0.5%
Flex Fund Services***	3146	71.9%
Transportation	1279	29.2%
Child Care Services	7	0.2%
After Care	153	3.5%
Other Services	612	14.0%

** Because clients received services in multiple domains, the number of clients reported across all service domains exceeds the total number of participating clients.
*** Previously, this service was labeled "supportive services" and is comprised primarily of payments to assist with such items such as utility bills, car repairs, etc.

Key findings from these tables include:

- Within the Treatment Services domain, Assessment, Evaluation, and Screening Services continued to dominate as the one area in which nearly all clients received at least one service (93%). Substantially less (62%) received Family Counseling and even fewer, about one-fourth of all clients, received Individual or Group Counseling.

- Within the Support Services Domain, nearly every client (97%) received case management services and nearly three-fourths (72%) received flex fund services. Relatively few clients received any other form of support service. (See Appendix H).

- The constellation of support services most closely affiliated with Family Support (Home Care, parent training, respite care, and child care) continued to be less utilized by or available to clients (1%).

- Wide variations exist in some of the treatment and support service domains. In District I, for example, 41% of the clients received Individual Counseling services compared to 3% in other districts. Likewise, District II provided transportation services to 9% of their clients compared to 35% of clients in other districts. Further analysis is needed to better understand the reasons for regional variations in the mix of services provided.

3.9 Funding Mix by Service Domain

One of the hallmarks of the AFF program is the integration of treatment services between DES and DBHS. Clients entering the DES system are routinely assessed for Medicaid eligibility and if determined eligible, they receive all or a portion of the services from DBHS using a combination of Medicaid-Title XIX and SAPT[10] funding. Medicaid eligibility is a relatively fluid process and, as a result, clients' eligibility may fluctuate over time, and the services may be funded from DBHS SAPT funds and/or DES funding. Finally, the mix of services made available through the AFF program represents a blending of services that may be provided by one system (e.g., DES), but not available by another (e.g., DBHS). This partnership between DES and DBHS and the AFF partners is truly one of the more innovative aspects of the AFF program and epitomizes the concept of a "no wrong door" policy for ensuring access to substance abuse treatment services.

As summarized in Table 3.8, most of clients received their treatment services with funding provided jointly by DES and DBHS. In contrast, the majority of clients, over 73% received their rehabilitation services funded exclusively by DBHS, while most clients (64%) received their medical services (primarily drug screens) funded by DES. Crisis intervention services were funded almost entirely by DBHS (99%). Closer inspection of the Medical Services domain reveals that the majority of the services provided in this domain were associated with laboratory costs since providers made increased use of urinalysis and other drug screens to verify AFF client abstinence from substance use.

10 Substance Abuse Prevention and Treatment (SAPT) block grant provided to DBHS from the Substance Abuse & Mental Health Services Administration.

TABLE 3.8: FUND SOURCE MIX

Proportion of Participating AFF Clients Receiving Services Within a Service Domain by Fund Source				
	# of Clients receiving Services	DES Funds *Only*	DES *and* DBHS Funds	DBHS Funds *Only*
Treatment Services	4181	24.9%	41.3%	33.8%
Rehabilitation Services	792	25.4%	1.4%	73.2%
Medical Services	3136	63.9%	17.8%	18.3%
Support Services	4376	24.1%	66.3%	9.6%
Crisis Intervention Services	566	0.0%	0.2%	99.8%
Inpatient Services	139	0.0%	0.0%	100%
Residential Services	379	7.7%	4.7%	87.6%
Behavioral Health Day Programs	240	0.0%	0.0%	100%

Analysis of the fund source distribution for discrete service categories (i.e., individual counseling, family counseling, etc.) within the two largest service domains (Treatment and Support Services) is summarized in Tables 3.9 and 3.10. AFF clients could appear in different columns for discrete service categories. For example, if a client received individual counseling services that were paid exclusively by DES,

the client would be represented in the DES column. However, the same client may have also received Assessment and Evaluation services that were paid by both DES and DBHS, in which case the client would also be included in the "DES & DBHS Funds" column for this service. Accordingly, data presented in Tables 3.9 and 3.10 reflect the fund sources used to provide clients with services at the level of the discrete category, whereas the data previously presented in Table 3.8 reflected the fund sources used to provide services for clients who received *all of their services within a service domain* (i.e., "Treatment Services") by fund source.

Table 3.9: Funding Mix for AFF Clients

Receiving Services within the Treatment Services Domain				
	DES Funds Only	DES and DBHS Funds	DBHS Funds Only	Total Clients Receiving Service
Individual Counseling	91.5%	1.5%	7.0%	1045
Family Counseling	0.2%	0.6%	99.2%	2607
Group Counseling	99.3%	0.0%	0.7%	968
Assessment, Evaluation and Screening Services	34.0%	34.0%	32.0%	3875
Other Treatment Services by Professionals	0.0%	0.0%	100%	320
Intensive Outpatient Services	100%	0.0%	0.0%	143
Outpatient Services	100%	0.0%	0.0%	684

These data reflected both actual organizational behavior in terms of expenditure patterns, as well as organizational policies and billing structures. As an example, the fact that 100% of all Intensive and Non-Intensive Outpatient Services were funded by DES funds was reflective of the fact that DBHS does not recognize those service categories within its covered services matrix; the same service may be captured within the DBHS system as Individual, Group, or Family Counseling. Similarly, the fact that Personal Care Services were funded exclusively from DBHS funds was due, in part, because this service was not recognized by the DES billing system; this same service may be captured by the service category Other Services within the DES system. As such, caution must be exercised when interpreting these data. They provide a perspective of the overall "braiding" or mixing of fund sources used to provide a comprehensive continuum of services to AFF clients, but do not provide a full or complete assessment of either the funding policies of the participating agencies or their relative economic contributions to the provision of services to these participating AFF clients.

Notwithstanding these limitations, these data provide compelling documentation that the intent of the AFF program was realized: Individuals receive a flexible and integrated system of care from both the Department of Economic Security and the Division of Behavioral Health Services' network of Regional Behavioral Health Providers and Community Based Agencies. It should be noted that service descriptions, i.e., "family counseling", "intensive outpatient" may be unique to DES or DBHS. Consider that:

- Assessment, evaluation and screening services were funded in a relatively even pattern from each of the three fund sources,

similar to the preceding year.

- Home Care Training Family services, provided to relatively few clients (n = 82), was funded predominately by DBHS (93% AFF clients receiving this service).

- The proportion of clients receiving supported housing services funded exclusively by DES was lower this year (57%) compared to last year (74%); conversely, the level of services funded exclusively by DBHS increased this year (42%) compared to last year (26%).

- All other fund source distributions remained relatively unchanged from SFY 2006.

Detailed summaries of the mix of fund sources by discrete service category by DES District are in Appendix I.

Table 3.10: Funding Mix for AFF Clients

Funding Mix for AFF Clients Receiving Services within the Support Services Domain				
	DES Funds *Only*	DES & DBHS Funds	DBHS Funds *Only*	Total Clients Receiving Service
Case Management	22.9%	54.1%	23.0%	4246
Personal Care Services	0.0%	0.0%	100%	52
Home Care Training Family	6.1%	1.2%	92.7%	82
Self-Help/Peer Services	0.0%	0.0%	100%	461
Unskilled Respite Care	0.0%	0.0%	100%	24
Supported Housing	57.1%	0.9%	42.0%	105
Sign Language Services	0.0%	0.0%	100%	20
Flex Funds	100%	0.0%	0.0%	3146
Transportation	4.5%	3.4%	92.2%	1279
Child Care Services	100%	0.0%	0.0%	7
After Care	100%	0.0%	0.0%	153
Other Services	100%	0.0%	0.0%	612

3.10 Service Closure and Service Duration

Review of the data files provided by DBHS and AFF providers identified a total of 2,264 (50%) unique AFF clients whose cases were completely closed during the reporting period, and an additional 17% of clients whose cases were partially closed as indicated by closure notes in their case files. A third of AFF cases (33%) were open and active at the close of the reporting period. A closer inspection of partially closed cases revealed multiple permutations in closure activity. For example, 8% of AFF clients were closed with AFF and still receiving services through the RBHA, while 9% of AFF clients were closed with the RBHA and receiving services with AFF.

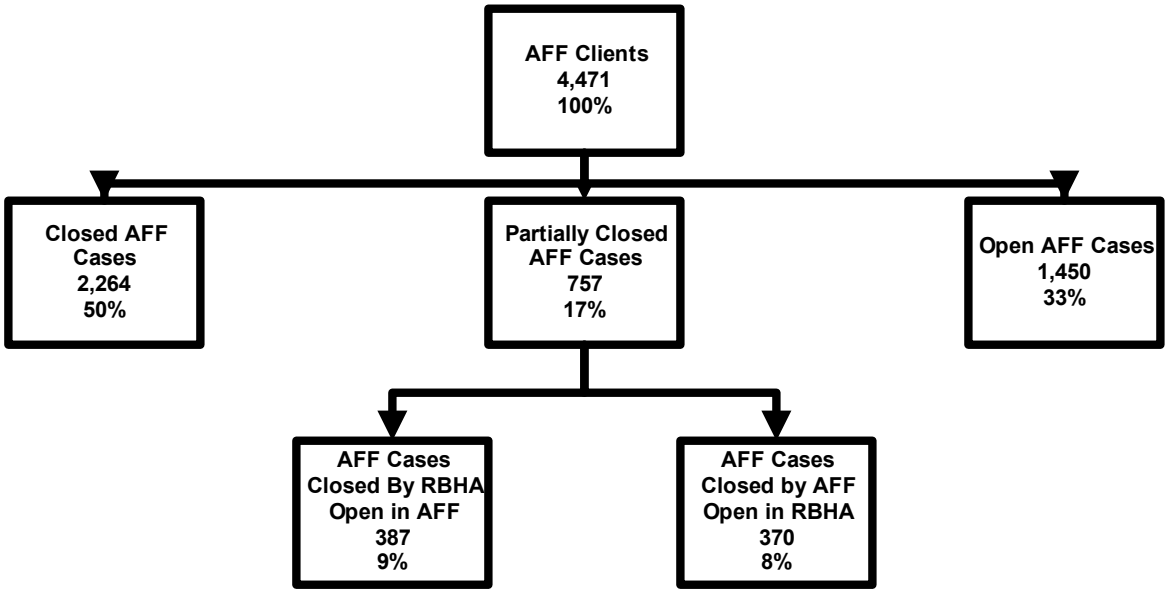
Further, AFF clients whose cases were closed and served exclusively by one system had longer average length of stays (169 days for RBHA services only and 143 days for AFF services only) than clients whose cases were closed and served by both systems (61 days).

These findings are important because studies have demonstrated that the longer clients stay engaged in treatment (six months or longer), the greater the likelihood of treatment success. Furthermore, given that most people in drug abuse treatment programs have a variety of chronic problems, it is recommended that they remain in treatment.[11]

Additional details on case closures are summarized in Appendix J.

11 United Nations- Office on Drugs and Crime. (2002). Contemporary Drug Abuse Treatment: A Review of the Evidence Base (Electronic Version) Retrieved from www.unodc.org/pdf/report_2002-11-30_1.pdf

FIGURE 3.7: SUMMARY OF AFF CASE CLOSURES



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4. AFF PROGRAM OUTCOMES

The mission of DES is to promote the safety, well-being, and self-sufficiency of children, adults, and families. Further, the Department envisions a future where every child, adult, and family in the state of Arizona is safe and economically secure. Under the requirements of the Joint Substance Abuse Treatment fund that established the Arizona Families F.I.R.S.T. program (AFF), three priority outcome areas were identified:

- Increase the availability, timeliness and accessibility of substance abuse treatment to improve child safety, family stability and permanency for children in foster care or other out-of-home placement, with a preference for reunification with a child's birth family where safety can be assured.

- Increase the availability, timeliness and accessibility of substance abuse treatment to persons receiving temporary assistance for needy families to achieve self-sufficiency through employment.

- Increase the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

This chapter presents AFF outcome data that address the issues of child safety, family stability and permanency, self-sufficiency as reflected in employment, and recovery from alcohol and drug problems.

4.1 Child Welfare Outcomes Among AFF Clients

Recurrence of Child Abuse and Neglect Among CPS Families Participating in Arizona Families F.I.R.S.T.

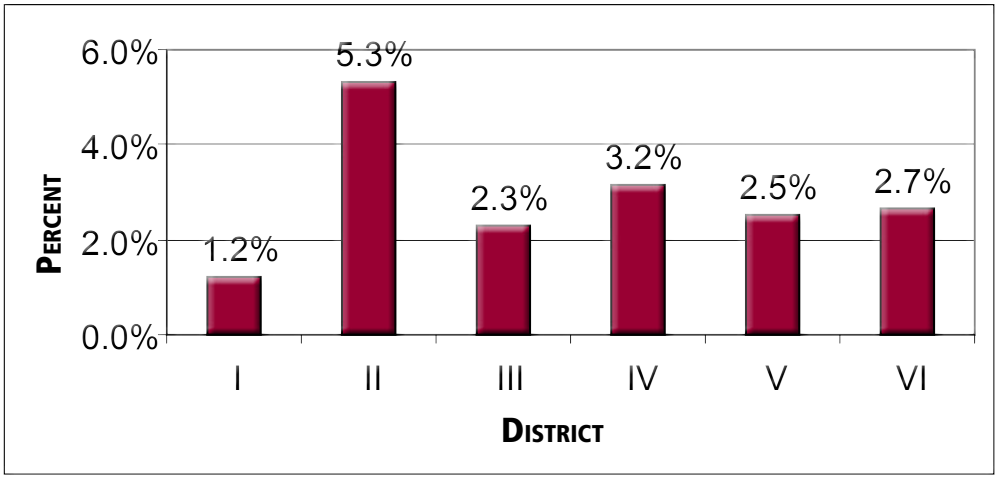
This section examines the extent to which the AFF program promotes and contributes to the Department's mission of ensuring that children are safe from child abuse and neglect. Specifically, the evaluation question examined whether AFF clients identified in the CHILDS data system experienced a recurrence of substantiated maltreatment of their children after their enrollment in the AFF program.

During the reporting period, there has been no change, compared to the last two years, in the percentage of AFF clients with substantiated reports of the recurrence of child abuse and neglect. There were a total of 4,471 clients in the AFF program; only 2% (n = 105) of AFF clients had a recurrence of substantiated maltreatment after their enrollment in the AFF program. The recurrence of substantiated child maltreatment among AFF participants was highest in DES District II (5%) compared to other districts. The percentage of recurrence of substantiated CPS child abuse/neglect reports for AFF clients in each of the six districts is presented in Figure 4.1. For informational purposes, the latest data (2005) available from the National Child Abuse and Neglect Data System (NCANDS) indicates that 3.1% of maltreated Arizona children and 8.1% of maltreated U.S. children experienced a recurrence of maltreatment within a six month period of their initial abuse or neglect.[1]

The data indicated that the vast majority of recurrent substantiated maltreatment was for neglect (94%), and the remainder (6%) for physical or sexual abuse.

1 U.S. Department of Health and Human Services, Administration on child, Youth and Families. Child Maltreatment 2005 (Washington, D.C.: U.S. Government Printing Office, 2007).

Figure 4.1: Recurrence of Maltreatment by AFF Clients within DES Districts July 1, 2006 – June 30, 2007



These findings are consistent with other studies that showed substance abusing care-givers tend to be linked with neglect referrals rather than with sexual or physical abuse referrals.[2]

Children in CPS Care Whose Caregivers Enroll in AFF Achieve Permanency

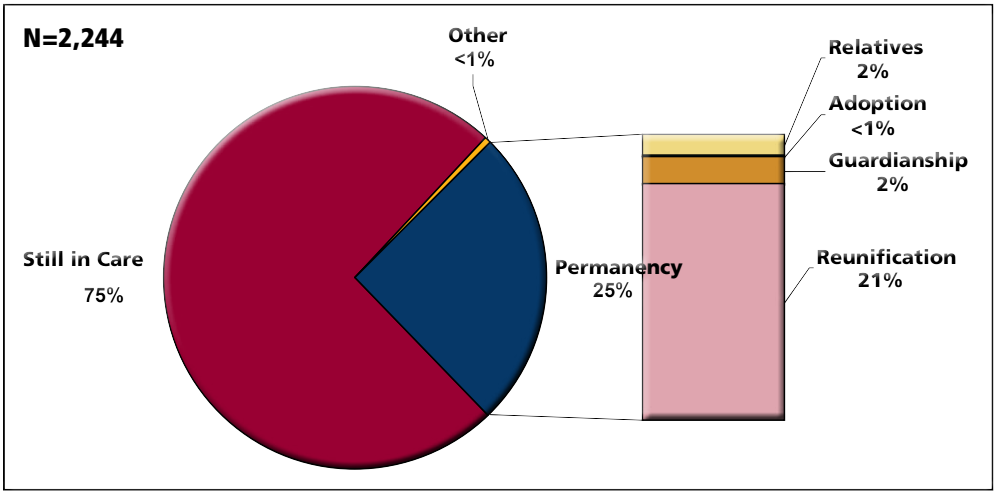
A total of 2,244 children whose parents were AFF clients in SFY 2007 were in CPS care at some point during the reporting period. As depicted in Figure 4.2, the overwhelming majority of these children were still in out of home placements at the end of the reporting period.[3] One-fourth (25%) of these children achieved permanency, most through reunification with their parents or caregivers. An additional 1% of children were discharged from care for other reasons (e.g. emancipation, discharge to another agency). Rates of reunification varied across the six districts, with District V having the highest level of reunification and District IV having the lowest level. Among the 581 children of AFF clients discharged from DES care during the reporting period, 80% were reunified with parents or caregivers. For informational purposes, 50% of children who left the care of DES between October 1, 2006 and March 31, 2007 were reunified with parents or caregivers.

Among the 570 children who achieved permanency (Table 4.1), the median num-

2 Sun, A., Shillington, A.M., Hohman, M., & Jones, L. (2001). Caregiver AOD Use, Case Substantiation, and AOD Treatment: Studies Based on Two Southwestern Counties. Child Welfare, 80(2), 151-177.

3 Included in this group are children who are participating in trial visits with relatives, guardians, or potential adoptive families.

Figure 4.2: Placement Outcomes for Children of AFF Clients, SFY 2007



ber of days in out-of-home care for children subsequently living with relatives was 5 days, followed by 6 days for children where guardianship was arranged, and 44 days for children reunified with parents/caregivers. It should be noted that the median number of days in care for reunified children in District I (18.5 days) was significantly lower than the statewide median average. Additional details on days in care by DES District are summarized in Appendix K.

Table 4.1: Days in Out-of-Home Placement, Only for Children Achieving Permanency

n = 570			
	n	Median	Average
Relatives	44	5	10
Reunification	469	44	100
Guardianship	54	6	125
Adoption	3	1,113	888

4.2 Employment Outcomes Among Arizona Families F.I.R.S.T. Clients

This section examines the extent to which the AFF program promotes and contributes to the Department's mission of promoting economic security for families. As stated in the enabling legislation for the AFF program, AFF program services are provided to recipients of Temporary Assistance for Needy Families (TANF) whose substance use is a significant barrier to maintaining or obtaining employment. These individuals are referred to the AFF providers through the Department's Jobs program.

Employment outcome data were available for 1,666 AFF clients who received services and were discharged from the RBHA network during the reporting period. A summary of the proportion of discharged clients and their employment status at intake and discharge is shown in Table 4.2. While there was little change in employment status from the time of client intake to the time of discharge, 2% of AFF clients unemployed at intake were reported employed at discharge. Among those employed at intake, 77% were employed at discharge, a decline from the 90% reported last year.

Table 4.2: Employment Status Among Discharged AFF Clients From RBHA

AT DISCHARGE	AT INTAKE				
	Employed	Unemployed	Other	Unknown	Total
# of Clients	417	976	79	194	1,666
Employed	77%	2%	1%	3%	21%
Unemployed	15%	87%	16%	13%	57%
Other	2%	1%	64%	2%	4%
Unknown	6%	10%	19%	82%	18%
Total	25%	58%	5%	12%	100%

Other data that have a bearing on maintaining employment come from DES Jobs data. A small number of AFF clients (n = 237) received services from the Jobs program at some time during the reporting period. Among AFF clients who were discharged from either an AFF or RBHA provider during SFY 2007 (2,264 individuals), 142 clients received Jobs services during the year. Of these discharged "AFF-Jobs" clients, 59% maintained employment for 30 days, 45% maintained employment for 60 days, and 32% maintained employment for 90 days.

The other data related to client self-sufficiency comes from DES TANF data. Among AFF clients who were discharged during SFY 2006, 24% (545 clients) received TANF benefits during the year. A summary of the number of months discharged clients received TANF benefits is shown in Table 4.3. In general, the average number of benefit months was similar among clients with closed TANF cases at the time of AFF discharge (average 10.6 months) compared to clients with open TANF cases at time of AFF discharge (10.1 months). These data are similar to the findings reported last year.

Table 4.3: TANF Status Among Discharged Clients

	Open TANF	Closed TANF
# of cases	164	381
Average # months	10.1	10.7
Std. Deviation	13.1	10.6
Minimum # months	1	1
Maximum # months	76	92
Median # months	6	7

4.3 Recovery from Substance Use

Information about reductions in substance use among AFF clients was available from drug screening data. For a sample of clients that received their AFF services either completely or partially from an AFF provider, information was available on the frequency and results of physiological screening (urinalysis[4]) of their substance use during their course of program participation. During the SFY 2007, a total of 2,264 clients were closed from AFF services, either because they successfully completed the program, dropped out, or otherwise were no longer actively engaged in AFF-related services.[5] For 53% (n = 1,199) of these clients, usable results from urinalysis tests were available, a significant improvement over the 44% reported in 2006 and the 12% reported in 2005. These results are summarized in Table 4.4. AFF provider contracts beginning July 1, 2005 required that "Therapeutic random screening shall be performed a minimum of two times per month based on client therapeutic needs." Despite this expectation, the average number of screenings per client increased slightly this year to 9.2 from 8.9. In addition, there was a slight decrease in the percentage of "all clean" screenings this year to 58% from 60%.

4 Information provided by AFF providers does not allow for a determination of the substances that were assessed by the urinalysis.

5 Current data collection procedures do not allow for a clear delineation of the reasons or methods of AFF program termination.

TABLE 4.4: SUBSTANCE USE, AFF CLOSED CLIENTS *ONLY*, SFY 2007

	Statewide Averages
# of closed clients with UA results	1199
Mean (sd) UAs per client	9.2 (26.7)
# (%) w/ all positive UAs	165 (14%)
# (%) closed clients w/ all negative UAs	699 (58%)
# (%) closed clients w/ mixed UAs	335 (28%)

The second source of information regarding reductions of substance use patterns among AFF clients is an examination of self-reports of alcohol and drug use completed by clients as part of the uniform assessment, at intake and at discharge. A total of 1,662 clients were discharged from the RBHAs with usable intake-discharge comparisons. Table 4.5 provides a summary of these data. Key highlights from the table include:

- 42% AFF clients reported no substance use at both intake and at discharge based on the uniform assessment, unchanged from last year;
- 16% of AFF clients reporting substance use at intake reported

no substance use at discharge based on the uniform assessment, about the same as last year (17%);

- 19% AFF clients reporting methamphetamine use at intake reported no substance use at discharge based on the uniform assessment, unchanged from last year; and

- 31% of AFF clients reporting marijuana use at intake reported no substance use at discharge, a significant increase from 19% last year.

TABLE 4.5: SUBSTANCE USE, RBHA CLOSED CLIENTS *ONLY*, SFY 2006

	Statewide totals/ averages
# closed clients with useable intake-discharge comparisons	**1,662**
# (%) clients reporting no drug use at intake and discharge	**609 (42%)**
# clients reporting any substance use at intake % no substance use at discharge	**956** **16%**
# clients reporting methamphetamine use at intake % no substance use at discharge	**300** **19%**
# clients reporting marijuana use at intake % no substance use at discharge	**160** **31%**
# clients reporting alcohol use at intake % no substance use at discharge	**221** **13%**

These findings, taken together, indicate that the AFF program is having an impact for parents or caregivers in reducing their substance and/or alcohol use. Generally, about 60% of clients are showing no substance use at discharge based on either drug screening data or intake-discharge comparisons.

Detailed information on substance use reduction patterns by DES district is provided in Appendix L.

5. INNOVATIVE AND BEST PRACTICES AND CLIENT PERSPECTIVES

AFF providers are urged to develop a continuum of services that is family centered, child focused, comprehensive, coordinated, flexible, community based, accessible and culturally responsive. This section of the report summarizes information from AFF site visits with clients and AFF program managers.

First, we summarize several innovative and best practices used by AFF providers to deliver treatment services to their clients. Second, we provide a summary of client satisfaction that speaks to the provision of services responsive to clients' needs and cultural, demographic and geographic diversity. Finally we end this chapter with a summary of similar and contrasting viewpoints of AFF services during the past year based on interviews with AFF program managers.

5.1 Innovative and Best Practices Used by Selected AFF Providers

Service Integration Through Co-Location

A growing body of research demonstrates that integrated services produce better outcomes for individuals. One strategy of service integration is co-locating services in a single location for "one-stop shopping" for clients.[1] The idea of co-locating AFF services within CPS offices was first suggested by TERROS in their original response to the AFF RFP released in 2000. It was not until 2005, with the signing of a new contract for AFF services, that TERROS was able to implement co-located services in selected CPS offices.

To address earlier co-location barriers, TERROS staff implemented the strategy in a methodical fashion by establishing a co-location workgroup in late November 2005. The workgroup met monthly and a pilot CPS site was identified. Some of the barriers that the workgroup faced included:

- Client's Perspective: Some clients were overly guarded around CPS workers; clients had trouble separating treatment providers from CPS; and the CPS environment distracted and interrupted clients.

- TERROS/CPS Perspectives: Some clients were uncomfortable coming to CPS for treatment; staff availability to provide client services was reduced; client confidentiality was compromised; and the AFF team building was compromised.

Upon the successful implementation of the first pilot co-location site, the next site was rolled out. From this experience, the group developed a process for future co-location efforts. Currently, TERROS staff members are co-located at eight CPS sites. The role of the co-located TERROS staff includes the following objectives:

- **Provider** of substance abuse expertise at Team Decision Making (TDM)[2] meetings;

- **Facilitator** of coordination and communication regarding

1 Center for Substance Abuse Treatment. *Systems Integration.* COCE Overview Paper 7. Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.
Department of Health and Human Services (DHHS). *Report of a Surgeon General's working meeting on the integration of mental health services and primary health care;* 2000 Nov 30 – Dec 1; Atlanta, Georgia. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
Stroul, B. (2007) *Integrating Mental Health Service into Primary Care Settings – Summary of the Special Forum Held at the 2006 Georgetown University Training Institutes.* Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

2 The Team Decision Making meeting is a process by which all information about the family relating to the protection of the children and functioning of the family is shared with participants. The goal is to reach consensus on a decision regarding placement, and to make a plan which protects the children and preserves or reunifies the family.

substance abuse treatment within the CPS system;

- **Educator** of both CPS staff on addiction and addiction treatment, as well as AFF staff on CPS philosophy; and

- **Innovator** at increasing opportunities to engage families in substance abuse treatment offered at co-location sites.

In addition to these objectives, both CPS and TERROS staff reported improved communication and improved case coordination. This, in itself, improved service to clients. Another key benefit toward meeting these objectives was the improved coordination and communication with other CPS contracted providers, such as Family Preservation and Reunification, as well as the RBHAs children's providers, who are also co-located at the same CPS sites.

Currently, there are no plans for co-locating TERROS staff in additional CPS offices. However, there are plans to expand existing substance abuse services in the Glendale and Avondale CPS sites.

The Role of Family Drug Court

The recently enacted Adoption and Safe Families Act of 1997 has added impetus to the establishment of juvenile and family drug courts[2] by calling for states to initiate termination of parental rights proceedings for children who have been in foster care for 15 of the previous 22 months. The short timeframe to deal with these issues increases the need for court systems to develop mechanisms to ensure judicial supervision, coordination, and accountability of the services provided to juveniles and families in crisis. Developing a juvenile and family drug courts seems a more complex task than developing the adult drug court, because the juvenile and family courts require the involvement of more agencies and community representatives than the adult drug courts.

The Yavapai County Family Drug Court (FDC) was started by a local judge in 1999, and AFF has been involved with FDC since the onset of the AFF program in 2001. All CPS open cases that involve substance abuse have the opportunity to be referred to FDC, and participation is voluntary. Prior to enrollment, clients are provided full knowledge of the sanctions and incentives of the program. For a missed or dirty drug screen, clients are sentenced to 24 to 48 hours in jail. Depending on the seriousness, other sanctions may include increased 12-Step meetings, drug screens, or additional community service time.

Incentives for doing well include decreased community service time, drug screens, or 12-Step meetings. Clients are provided the opportunity of speaking with the judge concerning any problems involving their case. They also receive praise from the judge and moral support from the client's team, which attends all court meetings with the judge. During program staffings, everyone involved in the case (counselors, Probation Officers, CPS case manager, etc.) reports on the clients.

2 Juvenile and Family Drug Courts: An Overview. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. 1998. Washington, DC.

There are three phases to the program:

- In Phase I, clients and their team are required to appear for a court staffing with the judge twice a month. Also, clients must provide urine samples for three drug screens weekly, and 90 twelve-step meetings in 90 days. After three months of successful compliance with the Phase I requirements, clients advance to Phase II.

- Phase II requires monthly court meetings and two drug screens each week. After a client has successfully met the requirements of Phase II, he or she enters Phase III.

- Phase III requires monthly court meetings and only one drug screen per week. The program is intended to be completed within one year. In situations were there are multiple instances of relapse, the judge may require the client to restart the program beginning with Phase I requirements or repeat a Phase.

Since 2001 less than half of all AFF clients in Yavapai County (166 clients; 45%) chose to participate in FDC. Of those 166 AFF clients, 70 (42%) have successfully completed FDC, and 11 children have been born drug-free and healthy. AFF currently has 20 clients enrolled in the FDC program. According to the AFF Coordinator, the FDC program gives clients the "structure and stability they need when they first get clean and sober."

Involving Families: Family Team Meetings

The Integrated Family Team Meeting protocol established by SEABHS is a strategy for providing family-focused services to AFF clients. Rather than having separate teams, one to work with children's issues and another to work with adult issues, the Family Team attends to the needs of all family members.

Family Team Meetings, which began in January 2006, have supplanted all other team processes in the SEABHS District. Protocols from all teams were combined into one unified process. Each area has a certified facilitator, and teams meet as often as necessary, but at least once a month. The team consists of the SEABHS clinician, CPS, parent/s, and may also include extended family, the child, foster parent, or any other persons the client chooses to include.

The facilitator is responsible for inviting and engaging all parties in the process. The team meetings start with a long-range vision, or *family goal*. The SEABHS staff strives to individualize extensive plans to fit the needs, strengths, and abilities of each client. Even treatment timelines are individualized, with no set length of time or program intensity. The team process is "about slowing things down to identify needs, and meeting needs of families, rather than prescribing services."

Using all existing treatment plans, SEABHS makes (and from then on uses) one unified plan. SEABHS conducts its own assessment, which may not always coincide with the psychological evaluation of CPS. It is their position that other

assessments may not sufficiently identify a family's strengths and supports. It is the responsibility of the SEABHS clinical liaison to ensure treatment is medically justified before it becomes part of the treatment plan. Even if the client receives residential treatment and is unavailable for Family Team Meetings, the team continues to meet at least monthly.

Since Family Team Meetings began, the AFF Coordinator has seen more children returning to the care of parents, or finding a safe place with a relative. Many AFF clients have remained in service well into the aftercare phase. SEABHS has succeeded in receiving incentive payments for helping children reunify with parents/caregivers, and helping clients stay clean and remain in aftercare services. According to the AFF Coordinator, "this wasn't happening before. People [AFF clients] are sticking around much more."

Sober Living Housing: Meeting a Housing Need in a Rural Setting

In Mohave County, there are too few residential treatment facilities and insufficient housing for AFF clients. Westcare has addressed these needs through the development of sober living facilities that provide a safe, structured, and sober living environment for AFF clients.

Blossom House, a sober living house for women and their children, was acquired by Westcare in 2003. Westcare received HUD funding for Blossom House. Blossom House and its residents must follow HUD guidelines to receive continued HUD funding support. Residents receive services, such as employment readiness, and random drug screenings, as well as domestic violence, individual, and substance abuse counseling.

Emery House is a sober living house for men, and has been under AFF management since 2005. AFF funds were used for program development for Emery House. Both Blossom House and Emery House are managed by AFF case management staff, and both residential environments have Senior Peers, who volunteer to be on-site managers. Residents are required to seek and maintain employment and they must pay reasonable rent. Along with all of the groups and treatment plan requirements, clients are also responsible for day-to-day chores as residents of the homes. Residents of both homes are provided with bus tickets, vouchers for the Westcare Thrift Store, all household supplies, and staple foods.

Both houses provide safe, structured, and sober living environments for residents. Residents are held accountable for house rules, and are provided with services that teach or enhance the skills they need to make the transition into the community. Residents of Blossom House have commented that because they have a safe living environment, they have more access to their children, and are able to have overnight visits with their children sooner. This has helped some clients reunify faster with their children. Although tracking clients is challenging once they leave residential treatment, Westcare estimates that of the clients they have been able to keep formal or informal contact, approximately 25% to 30% remain sober after one year.

A new residential project on the horizon targets sober *transitional* housing for single women. Westcare understood that fewer options were available to single

women without children. The Westcare Board of Directors conducted a needs assessment and researched the most cost-effective approach for added residential options, taking into account zoning regulations and the number of residents needed for financial sustainability. Donated to Westcare by community foundation, Sage House is scheduled to open in late 2007. Sage House will house four women, who will have a history stable employment, and will live in the home for at least 12 months.

The next two sections summarize information obtained from client focus groups and interviews with AFF program managers at each of the nine AFF provider sites.

5.2 Summary of Annual AFF Client Focus Groups

Client Characteristics and Services

Eighty-seven AFF clients throughout the state participated in focus groups and were asked about the services they received as well as the timeliness of and their satisfaction with those services. As shown in Table 5.1, client participation ranged from four to 18 clients in 10 different focus groups.

When clients were asked about AFF program services, clients in all areas mentioned substance abuse education and counseling, and clients in seven of the nine areas cited assistance with basic needs, such as food boxes, household needs, and clothing. Clients in seven of the nine AFF service areas mentioned they received some sort of financial support (e.g., housing, utilities, medications, auto repairs, or even membership to the YWCA). Clients in four of nine AFF service areas reported receiving parenting skills education, transportation assistance, and domestic violence education.

Table 5.1: Client Participation in Focus Groups

District	Provider	Location of focus group	Number of focus groups	Number of clients
I	TERROS	Phoenix	2	15
II	CPSA	Tucson	1	11
III	AzPaC	Prescott	1	18
III	AzPaC	Flagstaff	1	9
III	Old Concho	Winslow	1	4
IV	WestCare	Bullhead City	1	9
IV	AzPaC	Yuma	1	9
V	Horizon	Casa Grande	1	8
VI	SEABHS	Nogales	1	4

Both TERROS and CPSA, metropolitan area providers, were able to offer additional services not commonly found in the rural areas. TERROS clients mentioned receiving both credit and peer support counseling. AFF clients of CPSA reported receiving parent/child bonding services

Most clients reported receiving services in a timely manner and felt they were receiving the services they needed. AFF clients in Yuma reported that the intake/assessment process often took weeks when referred to a non-AFF provider. The majority of focus group clients from Yavapai County (89%) reported that during the enrollment process, they were not provided with sufficient information about the program. CPSA clients whose Title XIX status changed during treatment services reported needing better transition planning when changing from a Title XIX provider to a non-Title XIX provider.

Satisfaction with Program

All AFF clients participating in the focus groups expressed satisfaction with the program. The prevailing sentiment expressed by focus group participants was that the AFF program provided them with emotional support, or a sense of having "someone on your side." Descriptions of changes in clients' lives as a result of the AFF program included:

- increased self-confidence;
- improved parenting;
- more motivation;
- less stress; and
- increased hope.

5.3 Summary of Annual AFF Coordinator Interviews

Both CPSA and TERROS AFF coordinators reported more AFF clients this year than in past years. Other AFF coordinators mentioned the use of the Matrix Model in treatment services. Other changes that occurred among AFF providers include:

- Horizon added more staff, including a person to do in-home intake and assessment and a peer support person;
- The provider in Flagstaff has expanded their residential facility, adding a new building and more staff;
- The provider in Prescott added a Spanish-speaking staff member and person to do in-home assessments;
- Old Concho now has a housing program for the Seriously Mentally Ill;
- SEABHS is in the first full year of using Recovery Support Specialists for outreach, engagement and support, and in their first full year of Integrated Family Team meetings (see case review), and also added a relapse prevention program called Smart Recovery;
- TERROS now has an SA counselor co-located in nine CPS offices in Maricopa County;
- Bullhead City has two new Westcare sober living homes (see case review).

Barriers and Strategies

Consistent with previous reports, the largest barrier to outreach reported by program coordinators was the lack of complete and accurate information about the clients' location. Transient populations especially pose a problem with locating and maintaining client engagement. In order to help overcome this challenge, two AFF coordinators reported accompanying the CPS investigator on their first visit. Another AFF coordinator has recently asked for court disclosure information, which provides the names of attorneys and, if applicable, the probation officer as a means of locating and maintaining contact with the clients. In two Districts, AFF program coordinators educated new CPS investigators on information needed for AFF program outreach. In addition, two AFF coordinators reported using "graduated" AFF clients as peer support for outreach, engagement and retention.

Although not mentioned by clients, AFF Coordinators in two Districts reported that wait times for Title XIX client assessment and treatment services were problematic. Except for attempting to collaborate with RBHA subcontractors, they

thought their hands were tied on this matter. Where the assessment was not subcontracted, many AFF providers were offering in-home assessments to help engage and retain clients. For AFF clients with long wait times for Title XIX treatment services, AFF program coordinators were placing clients in AFF substance abuse education programs until the client was provided with Title XIX services. Also, to expedite services, many AFF program coordinators sought to schedule assessment and counseling appointments immediately upon contact with the clients.

Other challenges included client engagement and motivation, transportation, affordable housing, employment opportunities (especially in the rural areas), a wait list for residential treatment in some districts, childcare, and (in one district) a reported a lack of domestic violence education in the remote, rural towns.

In addition to the Peer Support staff and Family Team Meetings provided by two AFF providers, other successful engagement and intervention strategies included developing service plans that are more meaningful and individualized in order to overcome client motivation barriers. Other providers have offered more flexible treatment hours by offering evening and weekend services. To assist with the expense of transportation, most AFF service agencies provided gas, bus, or taxi vouchers; despite this assistance, AFF clients still considered that transportation was an area where more assistance was needed. Finally, one AFF provider compensated for the long wait time by placing clients in "sober houses" until they were admitted to residential treatment. The shortage of appropriate housing remained a barrier to successful treatment outcomes in many areas, especially rural areas.

6. SUMMARY AND CONCLUSIONS

This report examined the AFF program as it completed its sixth year of operation. The evaluation focused on program implementation to determine whether AFF provider agencies implemented the service model as intended by the legislation and program administrators. In addition, it addresses whether the AFF outcome goals and performance measures were achieved.

Multiple data sources were used from which to describe program implementation and outcomes that minimized the data collection burden, avoided duplicative efforts, used existing administrative data sets, and respected differing management information capabilities among the nine AFF providers. A limitation of the evaluation is that the original evaluation design was never constructed in a way that permitted longitudinal data collected from individual client interviews, nor was there a provision data collection from a comparison group.

Not withstanding these limitations, the evaluation data have contributed to a better understanding of the:

- Characteristics of AFF clients;
- Types of drugs used across the six DES Districts, including poly-drug use patterns;
- Referral and engagement patterns across the nine AFF providers;
- Service utilization patterns between the AFF providers and the RBHA network providers;
- Lengths of stay in treatment; and
- Child-welfare outcomes related to recurrence of abuse and neglect, and permanency.

The findings from this year's evaluation continue to indicate that the program is achieving the outcomes and having the impact for which it was designed. Further, there is innovation occurring at each of the AFF provider sites in meeting the needs of clients and incorporating best practice models within their engagement and treatment approaches. Among the achievements and accomplishments of the AFF program during the SFY 2007 period, several critical outcomes and achievements stand out.

6.1 Critical Outcomes and Achievements

Children throughout the state whose parents have been engaged in AFF services continue to be reunited with their parents at rates that exceed state averages. Children of AFF parents experienced less recurrence of maltreatment compared to the state average.

Data contained in this report document that of the 2,244 children whose parents were enrolled in the AFF program, 25% (570 children) experienced permanency placements this year. The vast majority of the children who left care in the past 12 months did so because they were either reunified with their families (82%), or they found a safe, permanent family through guardianship (10%), or with relatives (8%). Furthermore, children are returned to family environments that are safe and free of abuse or neglect, as demonstrated by the fact that there were only 105 cases with substantiated CPS reports of the recurrence of child abuse and neglect filed among the more than 4,400 clients of the AFF program this year.

Individuals engaged in the AFF program received effective help that has facilitated the reduction of and/or abstinence from illicit substances and abuse of alcohol during treatment.

About six out of ten clients (58%) who have completed their participation in AFF services demonstrated no drug use at all during their participation in the AFF program, as verified by drug screening tests. This level is about the same as that reported last year (60%).

Throughout the state, individuals experiencing difficulties with substance abuse and child abuse or neglect were engaged in treatment services at impressive rates.

During this past year, over 5,000 individuals were referred to the AFF program, an 8% increase over the previous year. The vast majority of these individuals (96%) were contacted through outreach and encouraged to seek treatment services, unchanged from the level reported last year; over 70% of those referred received an assessment, and over 3,100 newly referred individuals received treatment services this year, a 10% increase over the previous year. The process of reaching out to these families and encouraging them to seek help occurs in a rapid fashion, with contact from an AFF staff person occurring in less than two calendar days for most individuals who have been referred to the program. This is a tremendous accomplishment and continues to be one of the cornerstones upon which the program is based. One element of an effective substance abuse treatment program is the rapidity with which individuals are engaged and begin receiving treatment services after their initial inquiry or referral.

Individuals engaged in AFF services received a complimentary set of services from DES, and for many of these individuals, the AFF program continues to facilitate access to behavioral health treatment services and supports.

Throughout the state, the majority of individuals participating in the AFF program are exposed to a comprehensive and coordinated array of wraparound services that are jointly funded through the state's Department of Economic Security and Department of Health Services. For many of these individuals, the AFF program continues to serve as a portal for their ability to access not only substance abuse treatment and other behavioral health services, but also medical care for themselves and their children, as they are assessed for and enrolled in Medicaid services. In most communities throughout the state, AFF clients are provided with a seamless system of care that ensures timely access to those services

needed to make their children safe, to stabilize their families, and to attain permanency in their role as parents to their children.

AFF providers are innovative in meeting the needs of clients and incorporating best practice models, such a co-location within CPS offices, partnerships with Family Drug Courts, the use of sober living houses, and Integrated Family Teams.

Several AFF agencies have demonstrated innovative practices in meeting the needs of their clients and the unique service challenges in their geographic areas. TERROS, the AFF provider in District I, has implemented engagement and treatment services at selected CPS offices throughout the Phoenix metropolitan area. AzPaC-Yavapai, the AFF provider serving Yavapai County, has partnered with the local Family Drug Court in helping clients decrease their use of alcohol and illegal substances. SEABHS, the AFF provider in District VI, has implemented a strategy of using a single team to work with a family. In the past, a family usually had two teams of professionals, one working with the children's needs and another, an adult team, working with the parents. Now the needs of all family members are addressed and met through a single team of professionals and family members. Finally, because of the lack of adequate residential treatment facilities in rural Mohave County, WestCare, the AFF provider for that area, developed and implemented sober living houses as a way of providing a safe, structured, and sober living environment for AFF clients.

6.2 Programmatic and Reporting Enhancements

The 2006 evaluation report highlighted a number of areas for consideration of programmatic or reporting enhancements. There has been little change or improvement over the past year regarding these issues:

- *Differences in the services reporting requirements of DES and DBHS impede adequate monitoring of the consistency of AFF service provision statewide. DES may want to convene a workgroup with DBHS representatives to examine ways in which DES-contracted treatment services can align with the DBHS Service Matrix.*

- *Past reporting requirements, particularly with regard to substance use and employment, limit the usefulness of the outcome findings from the AFF program. DES may want to examine the new AFF provider contracts, effective July 1, 2005, to assess whether these limitations have been adequately addressed.*

- *Regional variations in AFF service delivery suggest areas for enhanced program monitoring and technical assistance. DES AFF Staff may want to convene providers and the evaluation team to examine the causes for regional variations in key practice areas.*

- *Explore methods and procedures to reduce days between initial referral to the AFF program and a subsequent referral and enrollment by the local RBHA. DES may want to convene a workgroup with DBHS representatives to examine the referral process between AFF providers and their local RBHAs, and suggest processes that may reduce unnecessary delays for treatment engagement.*

The AFF program has entered its seventh year of operation and could be considered as a "mature" program in terms of a program life cycle model. Given its stability and maturity, it may be time to consider the program from a longitudinal perspective. DES management may want to consider identifying AFF clients from earlier cohorts (i.e., those AFF clients referred in 2003, 2004, and 2005) whose children reenter out of home care, and whether or not substance use was a factor in the subsequent removal of their children.

Other areas for longitudinal investigation include:

- *What are the effects of different patterns of service utilization on substance use and child welfare outcomes? For example, what set of factors, such as demographic characteristics, prior patterns of substance use, and treatment services might explain these outcomes.*

- *While the number of substantiated cases of the recurrence of maltreat is small, what factors might account for the recurrence?*

- *In the past several years, a key finding from the AFF evaluations highlighted the significant number of AFF clients using methamphetamine. Does methamphetamine have a differential impact on outcomes compared to other patterns of substance use?*

- *What factors discriminate between AFF clients whose children remain in care versus those who achieve permanency, especially those clients whose children are reunified with them?*

- *Finally, are there demographic characteristics, such as gender, age, or ethnicity that are important to a clear understanding of program outcomes?*

6.3 Summary

In summary, Arizona Families F.I.R.S.T. program continues to meet the needs of DES clients by providing a well coordinated program of substance abuse treatment services, thus fulfilling the intent of the enabling legislation that led to its development. During SFY 2007, over 4,400 individuals under supervision by the Child Protective Services for abuse or neglect of their children, and known to have ongoing issues related to the use of alcohol and drugs have been served by this innovative program. Based upon the programmatic efforts this year:

- More than 469 children have been returned to the custody of their parents without a recurrence of suspected abuse or neglect during the reporting period.

- Parents have experienced success in addressing their substance use problems.

- Six out of ten clients (60%) who completed their participation in AFF services demonstrated no drug use at all during their participation in the program, as verified by drug tests.

- Families have been able to access a seamless network of treatment services and supports designed to promote ongoing recovery and family stability.

APPENDICES

Appendix A: Background Information on the Arizona Families F.I.R.S.T. Program (AFF)

The AFF program is administered jointly by the Arizona Department of Economic Security/Division of Children, Youth and Families (ADES/DCYF) and the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), with DES designated as the lead agency. The legislation established a statewide program for substance disordered families entering the child welfare system, as well as those families receiving cash assistance through Temporary Assistance for Needy Families (TANF). The legislation recognized that substance disorder in families is a major problem contributing to child abuse and neglect, and that substance abuse can present significant barriers for those attempting to reenter the job market or maintain employment. Federal priorities under the Adoption and Safe Families Act (ASFA) that address child welfare outcomes, such as permanency and shorter time frames for reunification, coupled with lime limits established under the TANF block grant were also factors behind the legislation.

The purpose of AFF is to develop community partnerships and programs for families whose substance disorder is a barrier to maintaining, preserving, or reunifying the family, or is a barrier to maintaining self-sufficiency in the workplace. The joint Substance Abuse Treatment Fund was established to coordinate efforts in providing a continuum of services that are family-centered, child-focused, comprehensive, coordinated, flexible, community based, accessible, and culturally responsive. These services were to be developed through government and community partnerships with service providers (including subcontractors and the RBHAs) and other entities such as faith based organizations, domestic violence agencies, and social service agencies.

The Arizona Legislature mandated in ARS 8-884 that the following outcome goals be evaluated:

- Increase the availability, timeliness, and accessibility of substance abuse treatment to improve child safety, family stability, and permanency for children in foster care or other out-of-home placement, with a preference for reunification with the child's birth family.

- Increase the availability, timeliness and accessibility of substance abuse treatment to achieve self-sufficiency through employment.

- Increase the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

The initial AFF program Steering Committee[1] required that the following performance measures be used to evaluate the effectiveness of the program:

- Reduction in the recurrence of child abuse and/or neglect.
- Increase in the number of families either obtaining or maintaining employment.
- Decrease in the frequency of alcohol and/or drug use.
- Decrease in the number of days in foster care per child.
- Increase in the number of children in out-of-home care who achieve permanency.

In the spring of 2001, nine provider agencies received contracts through DES to implement a community substance abuse prevention and treatment program under AFF. The DES district geographic service areas, AFF provider agencies and Regional Behavioral Health Authorities (RBHA) during the report period are summarized in the following table.

1 The initial AFF program Steering Committee was a policy committee chaired by the Governor's Office that provided guidance and oversight to the program during the start-up phase of the program. The committee disbanded after the initial start-up year of program operations.

Table 1.1: List of DES Districts, Counties, AFF Providers, and RBHAs

DES District	County	AFF Provider Agency	Regional Behavioral Health Authority
I	Maricopa	TERROS	ValueOptions
II	Pima	Community Partnership of Southern Arizona (CPSA)	Community Partnership of Southern Arizona (CPSA)
III	Coconino	Arizona Partnership for Children (AZPAC-Coconino)	Northern Regional Behavioral Health Authority (NARBHA)
III	Yavapai	Arizona Partnership for Children (AZPAC-Yavapai)	Northern Regional Behavioral Health Authority (NARBHA)
III	Apache and Navajo	Old Concho Community Assistance Center	Northern Regional Behavioral Health Authority (NARBHA)
IV	Yuma	Arizona Partnership for Children (AZPAC-Yuma)	Cenpatico Behavioral Health of Arizona, Inc
IV	La Paz	WestCare Arizona	
IV	Mohave	WestCare Arizona	Northern Regional Behavioral Health Authority (NARBHA)
V	Gila and Pinal	Horizon Human Services	Cenpatico Behavioral Health of Arizona, Inc
VI	Cochise, Graham, Greenlee, and Santa Cruz	Southern Arizona Behavioral Health Services (SEABHS)	Community Partnership of Southern Arizona (CPSA)

Among the nine AFF providers, three are Title XIX providers (Horizon, SEABHS, and TERROS) that provide treatment services for both Title XIX and non-Title XIX AFF clients. CPSA, an AFF contractor and RBHA, does not provide direct client services, but instead, contracts with other local providers for actual service delivery. The remaining five providers are non-Title XIX providers (AZPAC-Coconino, AZPAC-Yavapai, AZPAC-Yuma, Old Concho, and WestCare) and must refer Title XIX AFF clients to the local RBHA or a Title XIX provider for treatment services.

APPENDIX B: AFF EVALUATION PLAN FOR FISCAL YEAR JULY 1, 2006 THROUGH JUNE 30, 2007

OUTCOME GOALS – ARS 8-884

- Increase the availability, timeliness and accessibility of substance abuse treatment to improve child safety, family stability and permanency for children in foster care or other out of home placement, with a preference for reunification with the child's birth family.
- Increase the availability, timeliness and accessibility of substance abuse treatment to achieve self-sufficiency through employment.
- Increase the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Did the AFF program improve the timeliness of drug treatment services in each catchment area? How?	• Number of days between referral & screening; • Number of days between screening and assessment; • Number of days between assessment & service plan completion • Number of days between service plan and first treatment service • Engagement rate: # receiving at least one treatment service / # of referrals x 100% • Retention Rates: 30 Days: 2+ treatment services within first 30 days; 60 Days: 2+ treatment services each 30 day period 90 Days: 2+ treatment services each 30 day period 180 Days: To be defined	AFF provider service data ADHS/DBHS CIS data for RBHA providers	Provider electronic data files ADHS/DBHS electronic data files	Monthly Annually	Descriptive statistics
	• Number of days between referral & screening • Number of days between screening and assessment • Number of days between assessment & service delivery plan • Average wait time for appointments • Timing of scheduled transportation • Staff perception of time frames in which clients receive services • Barriers to receiving services • Role of collaborative partnerships	AFF program managers Key stakeholders	Interviews	Annually	Qualitative analyses
	• Clients' perceptions of time frames within which they receive services	AFF participants	Focus groups	Annually	Qualitative analyses

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Did the AFF program improve the availability of drug treatment services in each catchment area? How?	• Program capacity • Service gaps • Service additions or deletions • Perception of sufficiency of community's services	AFF program managers Key stakeholders	Interviews	Annually	
	• Clients' perceptions of services offered by the program • Clients' perception of whether service needs are met • Client contact with case manager	AFF participants	Focus groups	Annually	Qualitative analyses
Did the AFF program improve the accessibility of drug treatment services in each catchment area? How?	• Available slots • Service utilization • Wait time • Hours of operation • Transportation • Perception of clients' access to services • Barriers to receiving services • Role of collaborative partnerships • Role of referral system	AFF program managers Key stakeholders	Interviews	Annually	Qualitative analyses
	• Clients' perceptions of whether they actually receive services they need • Clients' perceptions of how well they understand how service delivery stem operations • Proximity of services • Contact with case managers	AFF participants	Focus groups	Annually	Qualitative analyses
How did improvements in timeliness, availability, and accessibility affect child safety?	• Subsequent allegations of abuse & neglect • Subsequent birth with prenatal drug exposure?	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
How did improvements affect family stability and permanency for children in foster care or other out-of-home placement?	• Adoption • Family reunification • Guardianship • Long-term foster care • Child(ren) remaining at home while caregiver receives treatment	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
	• Client perceptions of family stability	AFF participants	Focus groups	Annually	Qualitative analyses

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
How did improvements result in the reunification with birth families for children who had been placed in out of home care?	• Family reunification	DES CHILDS data set	DES electronic data file	Annually	Qualitative analyses
How did improvements affect TANF participants' ability to achieve self-sufficiency through employment?	• Receipt of TANF • Secured employment • Maintain employment status for 90 days	JAS	DES electronic data file	Annually	Descriptive statistics
	• Lose employment status and regain TANF benefits	AZTEC	DES electronic data file	Annually	Descriptive statistics
	• Client perceptions of ability to achieve self-sufficiency	AFF participants	Focus groups	Annually	Qualitative analyses
How did improvements promote recovery from drug and alcohol problems?	• Drug and alcohol use past 30 days	ADHS/DBHS core assessment	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	At initial assessment Change in status Every 12 months At closure	Longitudinal analysis
	• Drug screens	AFF client drug screens	Date file submitted by providers	Monthly	Descriptive statistics

PERFORMANCE MEASURES – SCOPE OF WORK, III-1: REQUIRED PERFORMANCE MEASURES:

- Reduction in the recurrence of child abuse and/or neglect;
- Decrease in the frequency of alcohol and/or drug use
- Decrease in the number of days in foster care per child
- Increase in the number of children in out-of-home care who achieve permanency

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Was there a reduction in the recurrence of child abuse and/or neglect?	• Reports of suspected child abuse/neglect	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
For those who had abuse/neglect allegations at program entry, what percent subsequently had children placed in foster care?	• Reports of suspected child abuse/neglect • Foster care entry	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
Was there an increase in the number of families either obtaining or maintaining employment?	• Length of time receiving TANF • Average monthly amount received from TANF • Secured employment • Maintained employment at 90 day follow-up	DES JAS data set DES AZTEC data set	DES electronic data file	Annually	Descriptive statistics
Was there a decrease in the frequency of alcohol and/or drug use?	• Drug and alcohol use past 30 days • Drug screens	ADHS/DBHS core assessment AFF participant drug screens	Date file submitted by providers	At initial assessment Change in status Every 12 months At closure	Descriptive statistics
Was there a decrease in the number of days in foster care per child?	• Days in foster care	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
Was there an increase in the number of children in out-of-home care that achieved permanency?	• Reunification • Adoption	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
What percentage of clients successfully completed their treatment service plans?	• Service plan completion	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	Monthly Annually	Descriptive statistics

Scope of Work, III-4: DES Strategic Plan Key Indicators

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Goal 1: To promote recovery from alcohol and drug abuse for AFF program participants	• Number of referrals for substance abuse treatment • Participants who have engaged in at least one therapeutic service • Participants who have engaged in AFF treatment for 3 months • Participants who have engaged in AFF treatment for 6 months	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	AFF Provider electronic data files ADHS/DBHS electronic data files	Monthly Annually	Descriptive statistics
Goal #2: To reduce the recurrence of child abuse and neglect of AFF program participants' children	• Individuals referred who have engaged in substance abuse treatment program and do not have a subsequent substantiated CPS report after 6 months of enrollment.	AFF provider service data DES/CPS data set	AFF Provider electronic data files DES/CPS electronic data files	Monthly Annually	Descriptive statistics
Goal #3: To establish permanency for the children of AFF program participants	• # of children of referred individuals who participate in substance abuse treatment that achieve permanency through reunification, adoption or guardianship following at least 6-months parental participation in the substance abuse treatment program.	AFF provider service data DES/CPS data set	AFF Provider electronic data files DES/CPS electronic data files	Monthly Annually	Descriptive statistics

Appendix C: Outreach and Engagement by AFF Provider

DES Districts	I	II	III	III	III	III	IV	IV	IV	V	VI	
AFF Provider	TERROS	CPSA	AZPAC Coconino	AZPAC Yavapai	Old Concho	Total	AZPAC Yuma	West Care	Total	Horizon	SEABHS	Total
Days from Referral to Outreach	2730	937	84	239	189	428	115	163	278	292	128	4877
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	1	1	0	0	0	0	0	0	0	0	0	1
Maximum	303	235	7	17	4	17	62	36	62	30	184	303
Mean	2.07	4.31	0.40	0.55	0.08	0.34	1.78	1.32	1.51	1.00	7.26	2.34
Standard Deviation	11.20	14.96	1.09	1.72	0.45	1.29	6.69	3.36	5.03	2.84	30.71	11.81
Days from Referral to Service Acceptance	2680	672	51	153	164	368	71	59	130	285	99	4234
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	0	8	0	0	0	0	0	0	0	0	0	0
Maximum	261	174	92	65	3	92	5	280	280	14	155	280
Mean	1.71	15.26	3.45	3.95	0.02	2.13	0.07	14.68	6.70	0.09	2.36	3.95
Standard Deviation	14.81	22.85	14.82	9.88	0.25	8.60	0.59	50.13	34.40	0.89	15.74	17.17
Days from Referral to Client Refusal	0	0	7	8	13	28	0	0	0	4	5	37
Minimum	N/A	N/A	0	1	3	0	N/A	N/A	N/A	0	1	0
Median	N/A	N/A	6	9.5	7	7	N/A	N/A	N/A	20.5	22	8
Maximum	N/A	N/A	77	54	35	77	N/A	N/A	N/A	24	29	77
Mean	N/A	N/A	18.14	20.50	11.54	15.75	N/A	N/A	N/A	16.25	19.20	16.27
Standard Deviation	N/A	N/A	27.05	20.72	11.67	18.74	N/A	N/A	N/A	10.97	11.71	17.03
Days from Referral to RBHA referral	0	0	26	71	8	105	43	95	138	3	47	293
Minimum	N/A	N/A	2	1	1	1	2	1	1	0	0	10.84
Median	N/A	N/A	11	8	1	8	10	7	7	9	3	7
Maximum	N/A	N/A	65	87	5	87	74	109	109	14	33	109
Mean	N/A	N/A	15.42	10.93	2.13	11.37	13.07	12.28	12.53	7.67	4.89	10.84
Standard Deviation	N/A	N/A	14.40	11.78	1.81	12.42	13.16	19.31	17.58	7.09	6.50	14.63

Appendix C: Outreach and Engagement by AFF Provider (continued)

DES Districts	I	II	III	III	III	III	IV	IV	IV	V	VI	
			AZPAC	AZPAC	Old	Total	AZPAC		Total			
AFF Provider	TERROS	CPSA	Coconino	Yavapai	Concho		Yuma	West Care		Horizon	SEABHS	Total
Days from Service Acceptance to Assessment	1528	219	8	68	4	80	17	11	28	83	45	1983
Minimum	0	0	4	0	6	0	4	7	4	0	0	0
Median	21	0	20	9	7.5	9.5	15	9	15	14	7	19
Maximum	225	218	44	125	218	218	66	29	66	259	117	259
Mean	30.33	7.11	24.00	15.21	59.75	18.31	22.88	13.73	19.28	33.29	18.60	26.98
Standard Deviation	28.55	31.47	14.64	18.71	105.51	28.93	18.21	7.62	15.45	45.85	27.53	30.60
Days from Referral to Assessment Referred Current Period	1660	249	16	99	4	119	18	13	31	86	85	2230
Minimum	0	0	2	0	6	0	4	7	4	0	0	0
Median	22	11	27	13	7.5	15	15	9	15	14	7	20
Maximum	345	227	142	155	218	218	66	98	98	259	187	345
Mean	36.95	27.41	41.69	22.01	59.75	25.92	21.89	18.62	20.51	32.77	23.55	34.40
Standard Deviation	45.91	42.80	40.91	26.25	105.51	33.96	18.17	24.47	20.71	45.16	37.37	44.62
Days from Referral to Assessment Referred Previous Period	102	29	6	12	0	18	4	1	5	14	33	201
Minimum	8	2	14	6	N/A	6	15	153	15	6	0	0
Median	43	17	54.5	40	N/A	50	89	153	147	52.5	203	45
Maximum	679	459	77	392	N/A	392	190	153	190	323	741	741
Mean	77.70	51.48	51.67	80.92	N/A	71.17	95.75	153.00	107.20	73.00	246.03	101.40
Standard Deviation	113.88	106.29	21.91	105.68	N/A	87.00	86.07	N/A	78.81	80.93	191.97	139.50
Days from Assessment to Service Plan	1644	35	10	58	2	70	17	6	23	92	72	1936
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	0	3	26	21.5	0	21	0	0	0	0	0	0
Maximum	89	246	54	300	0	300	139	0	139	0	225	300
Mean	0.05	41.17	25.00	46.41	0.00	42.03	18.59	0.00	13.74	0.00	14.38	3.08
Standard Deviation	2.20	60.79	20.15	64.69	0.00	60.16	40.96	0.00	35.91	0.00	43.96	19.47

Appendix C: Outreach and Engagement by AFF Provider (continued)

DES Districts	I	II	III	III	III	III	IV	IV	IV	IV	V	VI	
			AZPAC	AZPAC	Old	Total	AZPAC	West Care		Total			
AFF Provider	TERROS	CPSA	Coconino	Yavapai	Concho		Yuma				Horizon	SEABHS	Total
Days from Service Plan to any Service	1550	21	0	41	1	42	16	5	21		52	50	1736
Minimum	0	0	N/A	0	0	0	0	1	0		0	0	0
Median	0	0	N/A	0	0	0	7	6	6		19.5	10	0
Maximum	273	0	N/A	280	0	280	61	14	61		202	158	280
Mean	3.05	0.00	N/A	13.00	0.00	12.69	10.75	5.80	9.57		27.52	20.40	4.55
Standard Deviation	12.20	0.00	N/A	46.88	N/A	46.35	15.17	5.36	13.52		33.44	30.37	16.49
Days from Service Plan to 1st treatment Service	1273	0	0	7	1	8	16	5	21		48	40	1390
Minimum	0	N/A	N/A	0	0	0	0	1	0		0	0	0
Median	0	N/A	N/A	0	0	0	7	7	7		14.5	12.5	0
Maximum	171	N/A	N/A	19	0	19	61	21	61		107	200	200
Mean	5.56	N/A	N/A	6.14	0.00	5.37	10.75	8.80	10.28		23.19	22.78	6.73
Standard Deviation	15.07	N/A	N/A	8.97	N/A	8.58	15.17	8.67	13.72		24.33	33.73	16.77
Days from Referral to 1st treatment Service	1215	0	0	10	39	49	38	28	66		56	68	1454
Minimum	0	N/A	N/A	24	1	1	6	3	3		4	0	0
Median	26	N/A	N/A	41.5	29	30	29.5	21.5	28		48.5	29	27
Maximum	300	N/A	N/A	82	243	243	100	222	222		263	236	300
Mean	36.41	N/A	N/A	45.10	45.67	45.55	38.58	30.32	35.07		69.84	45.00	38.34
Standard Deviation	34.77	N/A	N/A	20.74	53.25	48.22	24.72	42.31	33.29		61.34	50.44	37.97

Appendix D: AFF Client Demographic Characteristics by DES District

AFF Referral Demographic Characteristics

Year to Date July 2006-June 2007

	DES Districts	I	II	III	III	III	IV	IV	V	VI		
	AFF Providers	TERROS	CPSA	AZPAC Coconino	AZPAC Yavapai	Old Con-cho	AZPAC Yuma	West Care	Horizon	SEABHS	All Sites Total	All Sites %
Gender												
	Female	2028	631	49	135	120	79	100	202	118	3462	66.8%
	Male	852	408	36	105	72	37	65	91	39	1705	32.9%
	Unknown	0	15	0	0	1	0	0	0	0	16	0.3%
Average Age												
	Average Age	30.40	31.20	31.57	30.62	31.05	33.25	30.53	30.39	29.58	30.66	
Race/Ethnicity												
	American Indian/ Alaska Native	113	21	23	6	34	3	2	10	5	217	4.3%
	Asian	8	3	0	1	0	0	0	0	2	14	0.3%
	Black/African American	275	42	0	3	0	2	0	17	6	345	6.8%
	Caucasian/White	2433	935	41	212	131	33	139	252	116	4292	84.7%
	Native Hawaiian/ Pacific Islander	5	1	0	1	3	1	2	2	0	15	0.3%
	Multiple Races	33	0	0	0	0	0	0	0	0	33	0.7%
	Other	0	11	5	9	13	76	21	9	6	150	3.0%
Ethnicity												
	Hispanic/Latino	915	374	10	36	25	75	19	83	67	1604	31.2%
	Not Hispanic/Latino	1965	641	55	177	167	41	144	207	81	3478	67.6%
	Unknown	0	39	13	9	1	0	1	2	1	66	1.3%

Appendix D: AFF Client Demographic Characteristics by DES District (continued)

AFF Assessment Demographic Characteristics
Year to Date July 2006–June 2007

DES Districts	I	II	III	III	III	IV	IV	V	VI		
AFF Providers			AZPAC	AZPAC	Old	AZPAC				All Sites	
	TERROS	CPSA	Coconino	Yavapai	Concho	Yuma	West Care	Horizon	SEABHS	Total	%
Marital Status											
Married	347	62	12	38	1	12	5	28	34	539	21.9%
Registered Domestic Partner	0	0	0	1	0	0	1	2	1	5	0.2%
Divorced	204	33	3	14	0	0	0	5	6	265	10.7%
Single, never married	985	167	6	47	2	10	7	60	43	1327	53.8%
Separated	130	13	1	16	0	0	0	6	7	173	7.0%
Legally Separated	6	0	0	0	0	0	0	1	0	7	0.3%
Widowed	23	2	1	1	1	0	1	1	1	31	1.3%
Unknown	82	5	1	1	0	0	0	1	29	119	4.8%
Education											
Less than 1 year	6	0	0	2	0	2	0	1	0	11	0.4%
Grades 1 to 11	840	123	9	50	1	14	5	63	40	1145	46.4%
High School Graduate or GED	460	77	9	36	1	3	6	24	27	643	26.1%
Vocational/Technical School	30	0	0	0	0	0	0	1	2	33	1.3%
Some College, no degree	310	67	3	23	1	3	3	11	18	439	17.8%
College – AA/BA degree	43	6	2	4	0	0	0	2	3	60	2.4%
Graduate or Post Graduate degree	7	1	1	1	0	0	0	0	0	10	0.4%
Unknown	81	8	0	2	1	0	0	2	31	125	5.1%

Employed Full Time w/o supports	466	0	4	41	1	2	11	22	13	560	22.7%
Employed Part Time w/o supports	145	122	3	5	1	1	0	5	1	283	11.5%
Employed Full Time w/supports	8	78	0	5	0	3	1	1	5	101	4.1%
Employed Part Time w/supports	2	0	0	0	0	0	0	2	3	7	0.3%
Transitional Employment	0	67	1	1	0	0	0	0	0	69	2.8%
Community-based work Adj/Work Activities	0	6	0	0	0	0	0	0	0	6	0.2%
Facilities-based Work Adj/Work Activities	0	1	0	0	0	0	0	0	0	1	0.0%
Unemployed	1058	0	11	51	1	16	0	58	46	1241	50.3%
Education/Training - (w/o supports-unemployed)	0	0	0	0	0	0	1	0	0	1	0.0%
Education/Training - (w/supports-unemployed)	1	0	0	0	0	0	0	0	0	1	0.0%
Volunteer - (unemployed)	0	0	0	0	0	0	0	1	0	1	0.0%
Other Community Activities - (unemployed)	0	0	0	0	0	0	0	1	0	1	0.0%
Retired, homemaker, student	0	0	0	0	0	0	0	7	18	25	1.0%
Disabled – not able to work	0	0	1	3	0	0	0	4	0	8	0.3%
Looking for employment	1	0	4	10	0	0	1	1	0	17	0.7%
Unknown	96	8	0	2	1	0	0	2	35	144	5.8%

Appendix E: Substance Use Patterns by DES District

AFF Clients Substances Use											
DES Districts	I	II	III	III	III	IV	IV	V	VI		
AFF Providers			AZPAC	AZPAC	Old	AZPAC				All Sites	
Substances	TERROS	CPSA	Coconino	Yavapai	Concho	Yuma	West Care	Horizon	SEABHS	Total	%
Total Participating Clients	2489	863	62	240	131	76	146	239	225	4471	
Clients Reporting use	58.6%	55.6%	54.8%	68.8%	48.1%	57.9%	54.1%	54.8%	44.0%	2554	57.1%
Alcohol	29.4%	15.8%	35.5%	30.8%	17.6%	17.1%	19.9%	23.4%	13.8%	1117	25.0%
Benzodiazepines	1.7%	0.9%	0.0%	1.7%	0.0%	0.0%	0.0%	0.8%	0.0%	56	1.3%
Cocaine/crack	10.4%	11.5%	8.1%	3.3%	2.3%	1.3%	0.7%	9.2%	8.9%	417	9.3%
Hallucinogens	1.4%	0.0%	4.8%	2.1%	0.8%	0.0%	0.0%	2.1%	0.4%	51	1.1%
Heroin/Morphine	1.9%	1.0%	0.0%	2.5%	0.8%	1.3%	0.0%	0.4%	0.4%	66	1.5%
Inhalants	0.3%	0.0%	0.0%	1.3%	0.0%	1.3%	0.0%	0.4%	0.0%	13	0.3%
Marijuana	28.6%	17.5%	33.9%	32.9%	19.1%	19.7%	21.2%	21.3%	25.3%	1142	25.5%
Methamphetamine	34.1%	8.8%	17.7%	33.3%	9.2%	26.3%	15.8%	29.7%	20.9%	1188	26.6%
Other drugs	4.9%	11.2%	1.6%	1.7%	1.5%	0.0%	0.0%	5.4%	11.6%	265	5.9%
Other Narcotics	3.9%	0.8%	0.0%	2.5%	1.5%	1.3%	0.0%	2.5%	0.4%	121	2.7%
Other sedatives	1.3%	0.2%	0.0%	0.0%	0.8%	0.0%	0.0%	0.8%	0.0%	37	0.8%
Other Stimulants	0.6%	0.1%	0.0%	3.3%	1.5%	0.0%	0.0%	0.8%	0.0%	29	0.6%

Appendix F: Taxonomy of AFF and DBHS Services

Service Labels and Definitions Recognized by the Department of Economic Security

Substance Abuse Education: These services are short-term in duration and are appropriate for clients who are unwilling to commit to more intensive services. Attendance at substance abuse awareness groups and individual counseling to consider the effect of substance abuse in one's life would be included under substance abuse education.

Outpatient Treatment Services: Outpatient treatment services are intended for clients who can benefit from therapy, are highly motivated, and have a strong support system. These clients need a minimum level of intervention and other supports. Service providers are required to provide a minimum of three hours per week of individual or group treatment (or a combination of both).

Intensive Outpatient Treatment Services: Intensive outpatient services are intended for clients who can benefit from structured therapeutic interventions, are motivated, and have some social supports. This continuum of services is appropriate for clients who need a moderate amount of therapy and supports. At a minimum, service providers are expected to provide nine hours per week of therapy for a minimum of eight weeks. This therapeutic involvement can include individual, group, and family therapy; substance abuse awareness; and social skills training.

Residential Treatment: Residential treatment services are intended for clients who need an intensive amount of therapeutic and other supports to gain sobriety. These services include 24-hour care and supervision. Similar to intensive outpatient treatment, residential treatment can include individual counseling, group therapy, family therapy, substance abuse awareness, and social skills training. Residential treatment may include children residing with parents while the parents are in treatment.

Aftercare Services: Aftercare services are provided for clients at the end of their treatment plan through the AFF provider. It should be noted that aftercare service is not a recognized service category within the ADHS/DBHS system. At a minimum, the aftercare plan includes a relapse prevention program, identification and linkage with supports in the community that encourage sobriety, and available interventions to assist clients in the event that relapse occurs. Development of the aftercare plan is expected to begin while the client is in treatment. It should be noted that while aftercare is not a billable service under the ADHS/DBHS covered services guide, there is an expectation that RBHA service plans will address recovery management and relapse management.

Service Domains/Definitions Recognized by the Division of Behavioral Health Services.[1]

Treatment Services: Services provided by or under the supervision of behavioral health professionals to reduce symptoms and improve or maintain functioning. These services have been further grouped into three subcategories: Behavioral Health Counseling and Therapy; Assessment, Evaluation and Screening Services; and Other Professional.

Rehabilitation Services: These services include the provision of education, coaching, training, demonstration and other services, including securing and maintaining employment to remediate residual or prevent anticipated functional deficits. Four subgroups of services are defined.

Medical Services: Medical services are provided by or ordered by a licensed physician, nurse practitioner, physician assistant, or nurse to reduce a person's symptoms and improve or maintain functioning. These services are further grouped into the following subcategories: Medication; Laboratory; Medical Management; and Electro-Convulsive Therapy.

Support Services: Support services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. These services are further grouped into the following categories: case management; personal care services; family support; self-help/peer services; therapeutic foster care services, unskilled respite care; supported housing; sign language or oral interpretive services; supportive services; and transportation.

Crisis Intervention Services: Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially deleterious behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings.

Inpatient Services: Inpatient services (including room and board) are provided by an Office of Behavioral Health Licensure (OBHL) licensed Level I behavioral health agency and include hospitals, sub-acute facilities, and residential treatment centers. These facilities provide a structured treatment setting with daily 24-hour supervision and an intensive treatment program, including medical support services.

Residential Services: Residential services are provided on a 24-hour basis and are divided into the following subcategories based on the type of facility providing the services: Level II behavioral health residential facilities and Level III behavioral health residential facilities.

Behavioral Health Day Programs: Day program services are scheduled on a regular basis either on an hourly, half day or full day basis and may include services such as therapeutic nursery, in-home stabilization, after school programs, and specialized outpatient substance abuse programs. These programs can be provided to a person, group of persons, and/or families in a variety of settings. Day programs are further grouped into the following three subcategories: supervised; therapeutic; and psychiatric/medical.

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1 See http://www.azdhs.gov/bhs/covserv.htm

Appendix G: Service Access and Service Mix by DES District

AFF Participating Clients Services														
DES Districts	I		II		III		IV		V		VI		Statewide	
Participating Clients	2489		863		433		222		239		225		4471	
Services	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services	2391	96.1%	753	87.3%	400	92.4%	212	95.5%	218	91.2%	207	92.0%	4181	93.5%
Rehabilitation Services	313	12.6%	227	26.3%	96	22.2%	49	22.1%	29	12.1%	78	34.7%	792	17.7%
Medical Services	1950	78.3%	372	43.1%	340	78.5%	200	90.1%	140	58.6%	134	59.6%	3136	70.1%
Support Services	2481	99.7%	811	94.0%	425	98.2%	220	99.1%	224	93.7%	215	95.6%	4376	97.9%
Crisis Intervention Services	277	11.1%	200	23.2%	34	7.9%	12	5.4%	14	5.9%	29	12.9%	566	12.7%
Inpatient Services	62	2.5%	20	2.3%	22	5.1%	9	4.1%	3	1.3%	23	10.2%	139	3.1%
Residential Services	150	6.0%	121	14.0%	39	9.0%	22	9.9%	9	3.8%	38	16.9%	379	8.5%
Behavioral Health Day Prgms	211	8.5%	4	0.5%	24	5.5%	0	0.0%	0	0.0%	1	0.4%	240	5.4%

Appendix H: Service Utilization by DES Districts

AFF Participating Clients Services														
DES Districts														
Services	**I**		**II**		**III**		**IV**		**V**		**VI**		**Statewide**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Treatment Services	**2391**		**753**		**400**		**212**		**218**		**207**		**4181**	
Family Counseling	1428	59.7%	438	58.2%	307	76.8%	149	70.3%	149	68.3%	136	65.7%	2607	62.4%
Individual Counseling	991	41.4%	9	1.2%	8	2.0%	11	5.2%	17	7.8%	9	4.3%	1045	25.0%
Group Counseling	884	37.0%	0	0.0%	24	6.0%	44	20.8%	1	0.5%	15	7.2%	968	23.2%
Assessment, Evaluation and Screening Services	2352	98.4%	644	85.5%	319	79.8%	188	88.7%	186	85.3%	186	89.9%	3875	92.7%
Other Treatment Services by Professionls	129	5.4%	112	14.9%	20	5.0%	21	9.9%	7	3.2%	31	15.0%	320	7.7%
Intensive Oupatient Services	119	5.0%	0	0.0%	5	1.3%	0	0.0%	2	0.9%	17	8.2%	143	3.4%
Outpatient Services	513	21.5%	0	0.0%	14	3.5%	8	3.8%	68	31.2%	81	39.1%	684	16.4%
Rehabilitation Services	**313**		**227**		**96**		**49**		**29**		**78**		**792**	
Skills Training and Development	128	40.9%	180	79.3%	41	42.7%	25	51.0%	2	6.9%	64	82.1%	440	55.6%
Behavioral Health Prevention/Promotion Education	156	49.8%	23	10.1%	31	32.3%	10	20.4%	1	3.4%	4	5.1%	225	28.4%
Psychoeducational Services	71	22.7%	93	41.0%	49	51.0%	20	40.8%	27	93.1%	28	35.9%	288	36.4%
Medical Services	**1950**		**372**		**340**		**200**		**140**		**134**		**3136**	
Medication Services	59	3.0%	20	5.4%	3	0.9%	1	0.5%	2	1.4%	0	0.0%	85	2.7%
Laboratory Services	1835	94.1%	149	40.1%	294	86.5%	194	97.0%	118	84.3%	112	83.6%	2702	86.2%
Medical Management	409	21.0%	203	54.6%	116	34.1%	39	19.5%	39	27.9%	59	44.0%	865	27.6%
Pharmacy Services	410	21.0%	235	63.2%	97	28.5%	28	14.0%	42	30.0%	63	47.0%	875	27.9%
Support Services	**2481**		**811**		**425**		**220**		**224**		**215**		**4376**	
Case Management	2407	97.0%	778	95.9%	420	98.8%	213	96.8%	218	97.3%	210	97.7%	4246	97.0%
Personal Care Services	29	1.2%	13	1.6%	3	0.7%	2	0.9%	2	0.9%	3	1.4%	52	1.2%
Home Care Training Family	6	0.2%	27	3.3%	10	2.4%	14	6.4%	1	0.4%	24	11.2%	82	1.9%
Self-Help/Peer Services	260	10.5%	61	7.5%	12	2.8%	16	7.3%	30	13.4%	82	38.1%	461	10.5%
Unskilled Respite Care	0	0.0%	7	0.9%	0	0.0%	1	0.5%	16	7.1%	0	0.0%	24	0.5%
Supported Housing	30	1.2%	0	0.0%	57	13.4%	9	4.1%	0	0.0%	9	4.2%	105	2.4%
Sign Language Services	7	0.3%	8	1.0%	1	0.2%	0	0.0%	0	0.0%	4	1.9%	20	0.5%
Flex Fund Services	1894	76.3%	554	68.3%	267	62.8%	152	69.1%	162	72.3%	117	54.4%	3146	71.9%
Transportation	855	34.5%	72	8.9%	150	35.3%	61	27.7%	67	29.9%	74	34.4%	1279	29.2%
Child Care Services	0	0.0%	0	0.0%	3	0.7%	4	1.8%	0	0.0%	0	0.0%	7	0.2%
After Care	77	3.1%	0	0.0%	21	4.9%	38	17.3%	1	0.4%	16	7.4%	153	3.5%
Other Support Services	308	12.4%	0	0.0%	92	21.6%	122	55.5%	18	8.0%	72	33.5%	612	
Crisis Intervention Services	**277**		**200**		**34**		**12**		**14**		**29**		**566**	
Crisis Intervention Services Mobile	140	50.5%	24	12.0%	16	47.1%	8	66.7%	10	71.4%	17	58.6%	215	38.0%
Crisis Intervention Services Stabilization	195	70.4%	190	95.0%	22	64.7%	5	41.7%	6	42.9%	16	55.2%	434	76.7%
Inpatient Services	**62**		**20**		**22**		**9**		**3**		**23**		**139**	
Residential Services	**150**		**121**		**39**		**22**		**9**		**38**		**379**	
Behavioral Health Short-Term Residential Level II	150	100.0%	121	100.0%	39	100.0%	22	100.0%	8	88.9%	37	97.4%	377	99.5%
Behavioral Health Long-Term Residential Level III	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Residential Services w/Parent	1	0.7%	0	0.0%	0	0.0%	0	0.0%	1	11.1%	3	7.9%	5	1.3%
Behavioral Health Day Programs	**211**		**4**		**24**		**0**		**0**		**1**		**240**	
Supervised Behavioral Health Treatment and Day Programs	9	4.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	3.8%
Therapeutic Behavioral Health Services and Day Programs	203	96.2%	4	100.0%	24	100.0%	0	0.0%	0	0.0%	1	100.0%	232	96.7%

Appendix I: Mix of Funding Sources by Service Categories by DES Districts

AFF Participating Clients Services

DES Districts	DES District I						Statewide Averages					
Services	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services (A)												
Family Counseling (1.0, 1.2)	1	0.1%	1421	99.5%	6	0.4%	4	0.2%	2583	99.2%	16	0.6%
Individual Counseling (1.1)	927	93.5%	38	3.8%	26	2.6%	955	91.4%	63	6.0%	27	2.6%
Group Counseling (1.3)	879	99.4%	5	0.6%	0	0.0%	961	99.3%	7	0.7%	0	0.0%
Assessment, Evaluation and Screening S	1088	46.3%	183	7.8%	1081	46.0%	1388	35.1%	1241	31.4%	1321	33.4%
Other Treatment Services by Professionl	0	0.0%	129	100.0%	0	0.0%	0	0.0%	319	100.0%	0	0.0%
Intensive Oupatient Services (4.0)	119	100.0%	0	0.0%	0	0.0%	145	100.0%	0	0.0%	0	0.0%
Outpatient Services (5.0)	513	100.0%	0	0.0%	0	0.0%	920	100.0%	0	0.0%	0	0.0%
Rehabilitation Services (B)	**1428**											
Skills Training and Development (1.0)	2	1.6%	125	97.7%	1	0.8%	23	5.3%	412	94.1%	3	0.7%
Behavioral Health Prevention/Promotion	147	94.2%	9	5.8%	0	0.0%	186	82.7%	39	17.3%	0	0.0%
Psychoeducational Services (4.0)	0	0.0%	71	100.0%	0	0.0%	0	0.0%	288	100.0%	0	0.0%
Medical Services ©												
Medication Services (1.0)	0	0.0%	59	100.0%	0	0.0%	0	0.0%	85	100.0%	0	0.0%
Laboratory Services (2.0)	1613	87.9%	99	5.4%	123	6.7%	2456	87.0%	153	5.4%	213	7.5%
Medical Management (3.0)	0	0.0%	409	100.0%	0	0.0%	9	1.0%	860	98.9%	1	0.1%
Pharmacy Services (5.0)	31	7.6%	301	73.4%	78	19.0%	32	3.7%	762	87.3%	79	9.0%
Support Services (D)												
Case Management (1.0)	731	30.4%	240	10.0%	1436	59.7%	1042	24.2%	971	22.5%	2300	53.3%
Personal Care Services (2.0)	0	0.0%	29	100.0%	0	0.0%	0	0.0%	52	100.0%	0	0.0%
Home Care Training Family (3.0)	0	0.0%	6	100.0%	0	0.0%	5	6.3%	73	92.4%	1	1.3%
Self-Help/Peer Services (4.0)	0	0.0%	260	100.0%	0	0.0%	0	0.0%	460	100.0%	0	0.0%
Unskilled Respite Care (6.0)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	24	100.0%	0	0.0%
Supported Housing (7.0)	0	0.0%	30	100.0%	0	0.0%	60	57.1%	44	41.9%	1	1.0%
Sign Language Services (8.0)	0	0.0%	7	100.0%	0	0.0%	0	0.0%	20	100.0%	0	0.0%
Flex Fund Services (9.0)	1894	100.0%	0	0.0%	0	0.0%	3254	100.0%	0	0.0%	0	0.0%
Transportation (10.0)	2	0.2%	849	99.3%	4	0.5%	57	4.5%	1176	92.2%	43	3.4%
Child Care Services (11.0)	0	0.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%
After Care (12.0)	77	100.0%	0	0.0%	0	0.0%	209	100.0%	0	0.0%	0	0.0%
Other Support Services (14.0)	308	100.0%	0	0.0%	0	0.0%	625	100.0%	0	0.0%	0	0.0%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.0%	140	100.0%	0	0.0%	0	0.0%	215	100.0%	0	0.0%
Crisis Intervention Services Stabilization	1	0.5%	194	99.5%	0	0.0%	1	0.2%	434	99.8%	0	0.0%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residentia	22	14.7%	120	80.0%	8	5.3%	44	11.1%	320	81.0%	31	7.8%
Behavioral Health Long-Term Residentia	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Residential Services w/Parent (4.0)	1	100.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment	0	0.0%	9	100.0%	0	0.0%	0	0.0%	9	100.0%	0	0.0%
Therapeutic Behavioral Health Services a	0	0.0%	203	100.0%	0	0.0%	0	0.0%	232	100.0%	0	0.0%

AFF Participating Clients Services

DES Districts	DES District II						Statewide Averages					
Services	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services (A)												
Family Counseling (1.0, 1.2)	0	0.0%	434	100.0%	0	0.0%	4	0.2%	2583	99.2%	16	0.6%
Individual Counseling (1.1)	0	0.0%	9	100.0%	0	0.0%	955	91.4%	63	6.0%	27	2.6%
Group Counseling (1.3)	0	0.0%	0	0.0%	0	0.0%	961	99.3%	7	0.7%	0	0.0%
Assessment, Evaluation and Screening Service	154	21.4%	503	70.0%	62	8.6%	1388	35.1%	1241	31.4%	1321	33.4%
Other Treatment Services by Professionls (3.0)	0	0.0%	111	100.0%	0	0.0%	0	0.0%	319	100.0%	0	0.0%
Intensive Oupatient Services (4.0)	2	100.0%	0	0.0%	0	0.0%	145	100.0%	0	0.0%	0	0.0%
Outpatient Services (5.0)	236	100.0%	0	0.0%	0	0.0%	920	100.0%	0	0.0%	0	0.0%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	0	0.0%	178	100.0%	0	0.0%	23	5.3%	412	94.1%	3	0.7%
Behavioral Health Prevention/Promotion Educat	0	0.0%	23	100.0%	0	0.0%	186	82.7%	39	17.3%	0	0.0%
Psychoeducational Services (4.0)	0	0.0%	93	100.0%	0	0.0%	0	0.0%	288	100.0%	0	0.0%
Medical Services ©												
Medication Services (1.0)	0	0.0%	20	100.0%	0	0.0%	0	0.0%	85	100.0%	0	0.0%
Laboratory Services (2.0)	238	88.5%	30	11.2%	1	0.4%	2456	87.0%	153	5.4%	213	7.5%
Medical Management (3.0)	6	2.9%	201	96.6%	1	0.5%	9	1.0%	860	98.9%	1	0.1%
Pharmacy Services (5.0)	0	0.0%	233	100.0%	0	0.0%	32	3.7%	762	87.3%	79	9.0%
Support Services (D)												
Case Management (1.0)	187	22.1%	290	34.3%	368	43.6%	1042	24.2%	971	22.5%	2300	53.3%
Personal Care Services (2.0)	0	0.0%	13	100.0%	0	0.0%	0	0.0%	52	100.0%	0	0.0%
Home Care Training Family (3.0)	0	0.0%	24	100.0%	0	0.0%	5	6.3%	73	92.4%	1	1.3%
Self-Help/Peer Services (4.0)	0	0.0%	60	100.0%	0	0.0%	0	0.0%	460	100.0%	0	0.0%
Unskilled Respite Care (6.0)	0	0.0%	7	100.0%	0	0.0%	0	0.0%	24	100.0%	0	0.0%
Supported Housing (7.0)	0	0.0%	0	0.0%	0	0.0%	60	57.1%	44	41.9%	1	1.0%
Sign Language Services (8.0)	0	0.0%	8	100.0%	0	0.0%	0	0.0%	20	100.0%	0	0.0%
Flex Fund Services (9.0)	662	100.0%	0	0.0%	0	0.0%	3254	100.0%	0	0.0%	0	0.0%
Transportation (10.0)	0	0.0%	69	100.0%	0	0.0%	57	4.5%	1176	92.2%	43	3.4%
Child Care Services (11.0)	0	0.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%
After Care (12.0)	56	100.0%	0	0.0%	0	0.0%	209	100.0%	0	0.0%	0	0.0%
Other Support Services (14.0)	13	100.0%	0	0.0%	0	0.0%	625	100.0%	0	0.0%	0	0.0%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.0%	24	100.0%	0	0.0%	0	0.0%	215	100.0%	0	0.0%
Crisis Intervention Services Stabilization (2.0)	0	0.0%	191	100.0%	0	0.0%	1	0.2%	434	99.8%	0	0.0%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential Level	17	12.2%	108	77.7%	14	10.1%	44	11.1%	320	81.0%	31	7.8%
Behavioral Health Long-Term Residential Level	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Residential Services w/Parent (4.0)	0	0.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and D	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	100.0%	0	0.0%
Therapeutic Behavioral Health Services and Da	0	0.0%	4	100.0%	0	0.0%	0	0.0%	232	100.0%	0	0.0%

AFF Participating Clients Services

DES Districts	DES District III						Statewide Averages					
Services	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
							#	%	#	%	#	%
Treatment Services (A)												
Family Counseling (1.0, 1.2)	2	0.7%	299	97.4%	6	2.0%	4	0.2%	2583	99.2%	16	0.6%
Individual Counseling (1.1)	8	100.0%	0	0.0%	0	0.0%	955	91.4%	63	6.0%	27	2.6%
Group Counseling (1.3)	24	100.0%	0	0.0%	0	0.0%	961	99.3%	7	0.7%	0	0.0%
Assessment, Evaluation and Screening Services	39	12.2%	209	65.5%	71	22.3%	1388	35.1%	1241	31.4%	1321	33.4%
Other Treatment Services by Professionls (3.0)	0	0.0%	20	100.0%	0	0.0%	0	0.0%	319	100.0%	0	0.0%
Intensive Oupatient Services (4.0)	5	100.0%	0	0.0%	0	0.0%	145	100.0%	0	0.0%	0	0.0%
Outpatient Services (5.0)	14	100.0%	0	0.0%	0	0.0%	920	100.0%	0	0.0%	0	0.0%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	0	0.0%	41	100.0%	0	0.0%	23	5.3%	412	94.1%	3	0.7%
Behavioral Health Prevention/Promotion Educatic	27	87.1%	4	12.9%	0	0.0%	186	82.7%	39	17.3%	0	0.0%
Psychoeducational Services (4.0)	0	0.0%	49	100.0%	0	0.0%	0	0.0%	288	100.0%	0	0.0%
Medical Services ©												
Medication Services (1.0)	0	0.0%	3	100.0%	0	0.0%	0	0.0%	85	100.0%	0	0.0%
Laboratory Services (2.0)	286	97.3%	5	1.7%	3	1.0%	2456	87.0%	153	5.4%	213	7.5%
Medical Management (3.0)	1	0.9%	115	99.1%	0	0.0%	9	1.0%	860	98.9%	1	0.1%
Pharmacy Services (5.0)	0	0.0%	97	100.0%	0	0.0%	32	3.7%	762	87.3%	79	9.0%
Support Services (D)												
Case Management (1.0)	45	10.7%	117	27.9%	258	61.4%	1042	24.2%	971	22.5%	2300	53.3%
Personal Care Services (2.0)	0	0.0%	3	100.0%	0	0.0%	0	0.0%	52	100.0%	0	0.0%
Home Care Training Family (3.0)	0	0.0%	9	90.0%	1	10.0%	5	6.3%	73	92.4%	1	1.3%
Self-Help/Peer Services (4.0)	0	0.0%	12	100.0%	0	0.0%	0	0.0%	460	100.0%	0	0.0%
Unskilled Respite Care (6.0)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	24	100.0%	0	0.0%
Supported Housing (7.0)	57	100.0%	0	0.0%	0	0.0%	60	57.1%	44	41.9%	1	1.0%
Sign Language Services (8.0)	0	0.0%	1	100.0%	0	0.0%	0	0.0%	20	100.0%	0	0.0%
Flex Fund Services (9.0)	267	100.0%	0	0.0%	0	0.0%	3254	100.0%	0	0.0%	0	0.0%
Transportation (10.0)	54	36.0%	61	40.7%	35	23.3%	57	4.5%	1176	92.2%	43	3.4%
Child Care Services (11.0)	3	100.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%
After Care (12.0)	21	100.0%	0	0.0%	0	0.0%	209	100.0%	0	0.0%	0	0.0%
Other Support Services (14.0)	92	100.0%	0	0.0%	0	0.0%	625	100.0%	0	0.0%	0	0.0%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.0%	16	100.0%	0	0.0%	0	0.0%	215	100.0%	0	0.0%
Crisis Intervention Services Stabilization (2.0)	0	0.0%	22	100.0%	0	0.0%	1	0.2%	434	99.8%	0	0.0%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential Level I	0	0.0%	38	97.4%	1	2.6%	44	11.1%	320	81.0%	31	7.8%
Behavioral Health Long-Term Residential Level II	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Residential Services w/Parent (4.0)	0	0.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	100.0%	0	0.0%
Therapeutic Behavioral Health Services and Day	0	0.0%	24	100.0%	0	0.0%	0	0.0%	232	100.0%	0	0.0%

AFF Participating Clients Services

DES Districts	DES District IV						Statewide Averages					
	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
Services	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services (A)												
Family Counseling (1.0, 1.2)	0	0.0%	147	98.7%	2	1.3%	4	0.2%	2583	99.2%	16	0.6%
Individual Counseling (1.1)	9	81.8%	2	18.2%	0	0.0%	955	91.4%	63	6.0%	27	2.6%
Group Counseling (1.3)	43	97.7%	1	2.3%	0	0.0%	961	99.3%	7	0.7%	0	0.0%
Assessment, Evaluation and Screening Services (4	20	10.6%	164	87.2%	4	2.1%	1388	35.1%	1241	31.4%	1321	33.4%
Other Treatment Services by Professionls (3.0)	0	0.0%	21	100.0%	0	0.0%	0	0.0%	319	100.0%	0	0.0%
Intensive Oupatient Services (4.0)	0	0.0%	0	0.0%	0	0.0%	145	100.0%	0	0.0%	0	0.0%
Outpatient Services (5.0)	8	100.0%	0	0.0%	0	0.0%	920	100.0%	0	0.0%	0	0.0%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	18	72.0%	7	28.0%	0	0.0%	23	5.3%	412	94.1%	3	0.7%
Behavioral Health Prevention/Promotion Education	9	90.0%	1	10.0%	0	0.0%	186	82.7%	39	17.3%	0	0.0%
Psychoeducational Services (4.0)	0	0.0%	20	100.0%	0	0.0%	0	0.0%	288	100.0%	0	0.0%
Medical Services ©												
Medication Services (1.0)	0	0.0%	1	100.0%	0	0.0%	0	0.0%	85	100.0%	0	0.0%
Laboratory Services (2.0)	184	94.8%	4	2.1%	6	3.1%	2456	87.0%	153	5.4%	213	7.5%
Medical Management (3.0)	0	0.0%	39	100.0%	0	0.0%	9	1.0%	860	98.9%	1	0.1%
Pharmacy Services (5.0)	0	0.0%	28	100.0%	0	0.0%	32	3.7%	762	87.3%	79	9.0%
Support Services (D)												
Case Management (1.0)	20	9.4%	80	37.6%	113	53.1%	1042	24.2%	971	22.5%	2300	53.3%
Personal Care Services (2.0)	0	0.0%	2	100.0%	0	0.0%	0	0.0%	52	100.0%	0	0.0%
Home Care Training Family (3.0)	4	28.6%	10	71.4%	0	0.0%	5	6.3%	73	92.4%	1	1.3%
Self-Help/Peer Services (4.0)	0	0.0%	16	100.0%	0	0.0%	0	0.0%	460	100.0%	0	0.0%
Unskilled Respite Care (6.0)	0	0.0%	1	100.0%	0	0.0%	0	0.0%	24	100.0%	0	0.0%
Supported Housing (7.0)	3	33.3%	6	66.7%	0	0.0%	60	57.1%	44	41.9%	1	1.0%
Sign Language Services (8.0)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	20	100.0%	0	0.0%
Flex Fund Services (9.0)	152	100.0%	0	0.0%	0	0.0%	3254	100.0%	0	0.0%	0	0.0%
Transportation (10.0)	1	1.6%	56	91.8%	4	6.6%	57	4.5%	1176	92.2%	43	3.4%
Child Care Services (11.0)	4	100.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%
After Care (12.0)	38	100.0%	0	0.0%	0	0.0%	209	100.0%	0	0.0%	0	0.0%
Other Support Services (14.0)	122	100.0%	0	0.0%	0	0.0%	625	100.0%	0	0.0%	0	0.0%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.0%	8	100.0%	0	0.0%	0	0.0%	215	100.0%	0	0.0%
Crisis Intervention Services Stabilization (2.0)	0	0.0%	5	100.0%	0	0.0%	1	0.2%	434	99.8%	0	0.0%
npatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential Level II (	2	9.1%	18	81.8%	2	9.1%	44	11.1%	320	81.0%	31	7.8%
Behavioral Health Long-Term Residential Level III	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Residential Services w/Parent (4.0)	0	0.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	100.0%	0	0.0%
Therapeutic Behavioral Health Services and Day P	0	0.0%	0	0.0%	0	0.0%	0	0.0%	232	100.0%	0	0.0%

AFF Participating Clients Services

DES Districts	DES District V						Statewide Averages					
Services	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
							#	%	#	%	#	%
Treatment Services (A)												
Family Counseling (1.0, 1.2)	0	0.0%	148	99.3%	1	0.7%	4	0.2%	2583	99.2%	16	0.6%
Individual Counseling (1.1)	3	17.6%	13	76.5%	1	5.9%	955	91.4%	63	6.0%	27	2.6%
Group Counseling (1.3)	0	0.0%	1	100.0%	0	0.0%	961	99.3%	7	0.7%	0	0.0%
Assessment, Evaluation and Screening	51	27.4%	103	55.4%	32	17.2%	1388	35.1%	1241	31.4%	1321	33.4%
Other Treatment Services by Profession	0	0.0%	7	100.0%	0	0.0%	0	0.0%	319	100.0%	0	0.0%
Intensive Oupatient Services (4.0)	2	100.0%	0	0.0%	0	0.0%	145	100.0%	0	0.0%	0	0.0%
Outpatient Services (5.0)	68	100.0%	0	0.0%	0	0.0%	920	100.0%	0	0.0%	0	0.0%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	1	50.0%	1	50.0%	0	0.0%	23	5.3%	412	94.1%	3	0.7%
Behavioral Health Prevention/Promotion	1	100.0%	0	0.0%	0	0.0%	186	82.7%	39	17.3%	0	0.0%
Psychoeducational Services (4.0)	0	0.0%	27	100.0%	0	0.0%	0	0.0%	288	100.0%	0	0.0%
Medical Services ©												
Medication Services (1.0)	0	0.0%	2	100.0%	0	0.0%	0	0.0%	85	100.0%	0	0.0%
Laboratory Services (2.0)	89	75.4%	4	3.4%	25	21.2%	2456	87.0%	153	5.4%	213	7.5%
Medical Management (3.0)	2	5.1%	37	94.9%	0	0.0%	9	1.0%	860	98.9%	1	0.1%
Pharmacy Services (5.0)	1	2.4%	40	95.2%	1	2.4%	32	3.7%	762	87.3%	79	9.0%
Support Services (D)												
Case Management (1.0)	37	17.0%	142	65.1%	39	17.9%	1042	24.2%	971	22.5%	2300	53.3%
Personal Care Services (2.0)	0	0.0%	2	100.0%	0	0.0%	0	0.0%	52	100.0%	0	0.0%
Home Care Training Family (3.0)	0	0.0%	1	100.0%	0	0.0%	5	6.3%	73	92.4%	1	1.3%
Self-Help/Peer Services (4.0)	0	0.0%	30	100.0%	0	0.0%	0	0.0%	460	100.0%	0	0.0%
Unskilled Respite Care (6.0)	0	0.0%	16	100.0%	0	0.0%	0	0.0%	24	100.0%	0	0.0%
Supported Housing (7.0)	0	0.0%	0	0.0%	0	0.0%	60	57.1%	44	41.9%	1	1.0%
Sign Language Services (8.0)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	20	100.0%	0	0.0%
Flex Fund Services (9.0)	162	100.0%	0	0.0%	0	0.0%	3254	100.0%	0	0.0%	0	0.0%
Transportation (10.0)	0	0.0%	67	100.0%	0	0.0%	57	4.5%	1176	92.2%	43	3.4%
Child Care Services (11.0)	0	0.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%
After Care (12.0)	1	100.0%	0	0.0%	0	0.0%	209	100.0%	0	0.0%	0	0.0%
Other Support Services (14.0)	18	100.0%	0	0.0%	0	0.0%	625	100.0%	0	0.0%	0	0.0%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.0%	10	100.0%	0	0.0%	0	0.0%	215	100.0%	0	0.0%
Crisis Intervention Services Stabilization	0	0.0%	6	100.0%	0	0.0%	1	0.2%	434	99.8%	0	0.0%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residenti	1	12.5%	5	62.5%	2	25.0%	44	11.1%	320	81.0%	31	7.8%
Behavioral Health Long-Term Residentia	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Residential Services w/Parent (4.0	1	100.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatmen	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	100.0%	0	0.0%
Therapeutic Behavioral Health Services	0	0.0%	0	0.0%	0	0.0%	0	0.0%	232	100.0%	0	0.0%

AFF Participating Clients Services

DES Districts	DES District VI						Statewide Averages					
	DES Funds Only		DBHS Funds Only		DES & DBHS Funds		DES Funds Only		DBHS Funds Only		DES & DBHS Funds	
Services	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services (A)												
Family Counseling (1.0, 1.2)	1	0.7%	134	98.5%	1	0.7%	4	0.2%	2583	99.2%	16	0.6%
Individual Counseling (1.1)	8	88.9%	1	11.1%	0	0.0%	955	91.4%	63	6.0%	27	2.6%
Group Counseling (1.3)	15	100.0%	0	0.0%	0	0.0%	961	99.3%	7	0.7%	0	0.0%
Assessment, Evaluation and Screening Services (2	36	19.4%	79	42.5%	71	38.2%	1388	35.1%	1241	31.4%	1321	33.4%
Other Treatment Services by Professionls (3.0)	0	0.0%	31	100.0%	0	0.0%	0	0.0%	319	100.0%	0	0.0%
Intensive Oupatient Services (4.0)	17	100.0%	0	0.0%	0	0.0%	145	100.0%	0	0.0%	0	0.0%
Outpatient Services (5.0)	81	100.0%	0	0.0%	0	0.0%	920	100.0%	0	0.0%	0	0.0%
Rehabilitation Services (B)												
Skills Training and Development (1.0)	2	3.1%	60	93.8%	2	3.1%	23	5.3%	412	94.1%	3	0.7%
Behavioral Health Prevention/Promotion Education	2	50.0%	2	50.0%	0	0.0%	186	82.7%	39	17.3%	0	0.0%
Psychoeducational Services (4.0)	0	0.0%	28	100.0%	0	0.0%	0	0.0%	288	100.0%	0	0.0%
Medical Services ©												
Medication Services (1.0)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	85	100.0%	0	0.0%
Laboratory Services (2.0)	46	41.1%	11	9.8%	55	49.1%	2456	87.0%	153	5.4%	213	7.5%
Medical Management (3.0)	0	0.0%	59	100.0%	0	0.0%	9	1.0%	860	98.9%	1	0.1%
Pharmacy Services (5.0)	0	0.0%	63	100.0%	0	0.0%	32	3.7%	762	87.3%	79	9.0%
Support Services (D)												
Case Management (1.0)	22	10.5%	102	48.6%	86	41.0%	1042	24.2%	971	22.5%	2300	53.3%
Personal Care Services (2.0)	0	0.0%	3	100.0%	0	0.0%	0	0.0%	52	100.0%	0	0.0%
Home Care Training Family (3.0)	1	4.2%	23	95.8%	0	0.0%	5	6.3%	73	92.4%	1	1.3%
Self-Help/Peer Services (4.0)	0	0.0%	82	100.0%	0	0.0%	0	0.0%	460	100.0%	0	0.0%
Unskilled Respite Care (6.0)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	24	100.0%	0	0.0%
Supported Housing (7.0)	0	0.0%	8	88.9%	1	11.1%	60	57.1%	44	41.9%	1	1.0%
Sign Language Services (8.0)	0	0.0%	4	100.0%	0	0.0%	0	0.0%	20	100.0%	0	0.0%
Flex Fund Services (9.0)	117	100.0%	0	0.0%	0	0.0%	3254	100.0%	0	0.0%	0	0.0%
Transportation (10.0)	0	0.0%	74	100.0%	0	0.0%	57	4.5%	1176	92.2%	43	3.4%
Child Care Services (11.0)	0	0.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%
After Care (12.0)	16	100.0%	0	0.0%	0	0.0%	209	100.0%	0	0.0%	0	0.0%
Other Support Services (14.0)	72	100.0%	0	0.0%	0	0.0%	625	100.0%	0	0.0%	0	0.0%
Crisis Intervention Services (E)												
Crisis Intervention Services Mobile (1.0)	0	0.0%	17	100.0%	0	0.0%	0	0.0%	215	100.0%	0	0.0%
Crisis Intervention Services Stabilization (2.0)	0	0.0%	16	100.0%	0	0.0%	1	0.2%	434	99.8%	0	0.0%
Inpatient Services (F)												
Residential Services (G)												
Behavioral Health Short-Term Residential Level II (	2	5.4%	31	83.8%	4	10.8%	44	11.1%	320	81.0%	31	7.8%
Behavioral Health Long-Term Residential Level III (	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Residential Services w/Parent (4.0)	3	100.0%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day F	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	100.0%	0	0.0%
Therapeutic Behavioral Health Services and Day Pr	0	0.0%	1	100.0%	0	0.0%	0	0.0%	232	100.0%	0	0.0%

Appendix J: Case Closure and Length of Stay by DES Districts

DES Districts	I	II	III	IV	V	VI	Total
# of Participating Clients	2489	863	433	222	239	225	4471
# (%) of Clients served and closed by AFF Only	438 (83.9)	25 (4.8)	22 (4.3)	14 (2.7)	7 (1.3)	16 (3.1)	522
Mean (sd) length of service for clients served by AFF only	N=369 138.9 (121.6)	N=13 111.1 (95.9)	N=18 222.6 (177.7)	N=11 129.5 (72.4)	N=7 141.8 (38.36)	N=14 127.1 (79.35)	N=432 142.9 (123.1)
# (%) Clients continuing AFF Only	247 (71.0)	12 (3.4)	28 (8.1)	10 (2.9)	41 (11.8)	10 (2.9)	348
# (%) Clients served and closed by RBHA only	330 (28.4%)	410 (35.3%)	189 (16.2%)	99 (8.5%)	62 (5.3%)	72 (6.2%)	1162
Mean (sd) length of service for clients served by RBHA only	N=196 152.5 (153.9)	N=249 187.6 (154.6)	N=127 166.8 (153.4)	N=73 147.4 (143.6)	N=31 155.8 (111.9)	N=49 186.5 (154.3)	N=725 169.0 (151.9)
# (%) Clients continuing in RBHA only	20 (2.8)	374 (51.7)	100 (13.8)	95 (13.1)	96 (13.3)	39 (5.4)	724
# (%) Clients served by AFF and RBHA and Closed by both systems	550 (94.8)	6 (1.0)	16 (2.7)	0 (0)	3 (0.5)	5 (0.9)	580
Mean (sd) length of service for both systems	N=540 59.5 (53.4)	N=5 49.4 (35.1)	N=14 112.8 (106.7)	N=0 N/A	N=3 124.3 (99.7)	N=5 78 (58.8)	N=567 61.2 (56.0)
# (%) Clients served by AFF and RBHA , but closed only by AFF	296 (80)	25 (6.8)	16 (4.4)	2 (0.5)	2 (0.5)	29 (7.8)	370
Mean (SD) length of service for AFF Service for AFF services only	N=291 11.4 (18.0)	N=8 26.4 (22.1)	N=15 46.2 (61.2)	N=2 10.5 (14.8)	N=2 133.5 (78.5)	N=26 80.1 (54.8)	N=344 19.2 (33.4)
# (%) Clients served by AFF and RBHA, but closed only by RBHA	356 (92)	2 (0.5)	17 (4.4)	0 (0)	6 (1.6)	6 (1.6)	387 (100)
Mean (sd) length of service for RBHA services only	N=330 78.6 (51.6)	N=1 42 (N/A)	N=12 76.1 (53.6)	N=0 N/A	N=5 58.4 (41.9)	N=6 77.7 (103.5)	N=354 78.2 (52.5)

Appendix K: Days in Care by DES District

Days in Care For Children Reunified with Parent(s) or Caregiver

Discharged	I	II	III	IV	V	VI	Total
Reunified	**262**	**75**	**44**	**26**	**39**	**23**	**469**
Minimum Days in care	1	2	1	6	3	1	1
Maximum Days in care	976	990	353	284	867	489	990
	147	72	56	90	123	101	44
Average Days in Care	68.36	185.55	101.60	117.30	257.27	117.02	156.21
Still in Care	**784**	**369**	**119**	**251**	**80**	**60**	**1517**
Minimum Days in Care	0	11	8	9	15	25	0
Maximum Days in Care	1166	1198	702	311	436	848	1198
Median Days in Care	193	163	158	1337	215	148	177
Average Days in Care	154.63	155.03	173.80	343.03	198.40	125.40	147.67
Relatives	**35**	**3**	**1**	**5**	**0**	**0**	**44**
Minimum Days in Care	1	3	28	5	N/A	N/A	1
Maximum Days in Care	10	24	28	116	N/A	N/A	116
Median Days in Care	5	3	28	5	N/A	N/A	5
Average Days in Care	2.11	12.12	N/A	55.10	N/A	N/A	21.61
Adoption	**2**	**0**	**1**	**0**	**0**	**0**	**3**
Minimum Days in Care	1113	N/A	439	N/A	N/A	N/A	439
Maximum Days in Care	1113	N/A	439	N/A	N/A	N/A	1113
Median Days in Care	1113	N/A	439	N/A	N/A	N/A	1113
Average Days in Care	0	N/A	N/A	N/A	N/A	N/A	389.13
Emancipation	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Minimum Days in Care	566	N/A	N/A	N/A	N/A	N/A	566
Maximum Days in Care	566	N/A	N/A	N/A	N/A	N/A	566
Median Days in Care	566	N/A	N/A	N/A	N/A	N/A	566
Average Days in Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Guardianship	**44**	**1**	**4**	**2**	**0**	**3**	**54**
Minimum Days in Care	1	181	6	4	N/A	5	1
Maximum Days in Care	685	181	498	4	N/A	345	685
Median Days in Care	5	181	197.5	4	N/A	345	6
Average Days in Care	186.85	N/A	224.80	0.00	N/A	196.30	185.47
Transfer to Agencies	**9**	**0**	**0**	**0**	**0**	**0**	**9**
Minimum Days in Care	1	N/A	N/A	N/A	N/A	N/A	1
Maximum Days in Care	567	N/A	N/A	N/A	N/A	N/A	567
Median Days in Care	167	N/A	N/A	N/A	N/A	N/A	167
Average Days in Care	197.419	N/A	N/A	N/A	N/A	N/A	197.419

Days in Care For Children Reunified with Parent(s) or Caregiver

District	I	II	III	IV	V	VI	Total
Runaway	**0**	**1**	**0**	**0**	**0**	**0**	**1**
Minimum Days in care	N/A	8	N/A	N/A	N/A	N/A	8
Maximum Days in care	N/A	8	N/A	N/A	N/A	N/A	8
Median Days in Care	N/A	8	N/A	N/A	N/A	N/A	8
Average Days in Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Death	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Minimum Days in care	78	N/A	N/A	N/A	N/A	N/A	78
Maximum Days in care	78	N/A	N/A	N/A	N/A	N/A	78
Median Days in Care	78	N/A	N/A	N/A	N/A	N/A	78
Average Days in Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Appendix L: Substance Use Reduction Patterns by DES Districts

	TERROS	CPSA	Coconino	Yavapai	Old Concho		Yuma	West Care		Horizon	SEABHS	Total
	I	II	III	III	III	III	IV	IV	IV	V	VI	
# of Participating Clients	2489	863	62	240	131	433	76	146	222	239	225	4471
# of Participating Client with UA results	1736	140	52	190	91	333	52	144	196	129	145	2679
Mean(sd) UAs per Participating Client	4.2 (4.3)	15.3 (21.5)	20.5 (22.5)	25.2 (27.8)	5.0 (6.8)	18.9 (24.6)	7.1 (4.8)	14.7 (13.9)	12.6 (12.6)	4.3 (5.6)	27.7 (67.9)	8.5 (20.6)
# of Participating Clients with all clean UAs	1145 (76.0)	0 (0)	26 (1.7)	97 (6.4)	42 (2.8)	165 (10.9)	40 (2.7)	44 (2.9)	84 (5.6)	58 (3.8)	54 (3.6)	1506
# of Participating Clients with mixed UAs	380 (47.9)	56 (7.0)	22 (2.7)	87 (10.9)	39 (4.9)	148 (18.5)	11 (1.4)	92 (11.6)	103 (13.0)	27 (3.4)	79 (9.9)	793
# of Closed Clients	1318	441	30	107	90	227	15	98	113	72	93	2264
# (%) closed clients UA results	773	67	24	82	67	173	8	97	105	32	49	1199
Mean (sd) UAs per closed client	3.5 (3.5)	16.6 (22.2)	13.9 (15.9)	27.2 (27.3)	5.9 (7.6)	3.4 (2.1)	7.3 (6.7)	16.0 (14.4)	8.5 (1.6)	4.6 (7.2)	50.4 (109.7)	9.2 (26.7)
# (%) closed clients with all clean UAs	541 (77.4)	0 (0)	15 (2.5)	40 (5.7)	35 (5.0)	90 (13.2)	4 (0.6)	32 (4.6)	36 (5.2)	17 (2.4)	15 (2.2)	699
# (%) closed clients with all positive UAs	97 (58.8)	39 (23.6)	1 (0.6)	3 (1.8)	5 (3.0)	9 (5.4)	1 (0.6)	4 (2.4)	5 (3.0)	11 (6.7)	4 (2.4)	165
# (%) closed clients with mixed UAs	135 (40.3)	28 (8.4)	8 (2.4)	39 (11.6)	27 (8.1)	74 (22.1)	3 (0.9)	61 (18.2)	64 (19.1)	4 (1.2)	30 (8.9)	335

Appendix M: AFF Client Focus Group and Program Coordinator Visits
AzPAC Flagstaff AFF Focus Group and Coordinator Interview

Client Characteristics and Services

Nine clients were in attendance for the focus group: eight were currently in the program and one had graduated. There were reports of a previous AFF caseworker who, according to some clients, had been negligent in providing the needed services for the clients, and caused delays in services for three clients. Timeliness and availability of services were good for five of the clients and one had just entered the program. Services received by clients included: Gas vouchers, help with utilities, food boxes, bus vouchers, counseling, Domestic Violence education, and drug awareness. One client added that "more than services is just the emotional support." There were no services needed that they are not receiving.

Client Satisfaction

In response to how their life has changed, comments included: "Keeping me staying sober." "Helps keep things calmer. Underlying sense that there's someone there to help you." "Gave me more hope. At first you feel like you're lost – you're nothing. They (AFF) made me feel like I'm a human being again. Gave me a chance." The clients best liked personal services provided by the current caseworker, including the caseworker going to their houses, going to court with them and "doing anything within her power to help." There is nothing that they would change about the program, and all but two clients, who had not been assigned to the new caseworker, were highly satisfied.

Coordinator's Perspective: Changes in Past Year

Flagstaff has, in the past year, expanded their residential facility, adding a new building and more staff. Also, some of the providers have expanded to include more Spanish services. Other additions to the area include a grant received by Catholic Charities providing substance abuse clients with emergency housing, and a new men's shelter.

Barriers and Strategies

The transient population and lack of complete information on the client's were the two barriers to successful outreach. Likewise, the number of clients who are incarcerated also pose problems in engagement and treatment completion. The other major barrier mentioned by the Coordinator is the NARBHA, which was said to delay the referral and assessment process of Title XIX clients (up to three weeks before assessment is done and eight weeks to get results), and hold such large substance abuse groups that clients have asked to be provided with alternative substance abuse treatment.

AFF has recently asked to be provided with disclosure information, which provides them with names of the attorney and, if applicable, the PO to help locate and maintain contact with clients. This also gives them access to UA results. The AFF coordinator continues to try to work with NARBHA to alleviate time delays and large groups.

Appendix M: AFF Client Focus Group and Program Coordinator Visits (continued)

Summary of AzPaC Yavapai County
AFF Focus Group and Coordinator Interview

Client Characteristics and Services

Eighteen clients attended the focus group at Prescott: thirteen currently receiving services and five who had completed the AFF Program. The majority of participants (89%) felt the referral and enrollment process was lacking sufficient information about the program. One client said, "When they have the first face-to-face, they need to hand [us] a set of guidelines as to what services are offered. Information is only given in piecework. We need an orientation – to explain what we will be doing."

Timeliness of services was said to be good for all but one client, but some Title XIX clients expressed displeasure at having to travel to West Yavapai Clinic for substance abuse treatment. Services received by clients included: Gas, taxi, and motel vouchers; private counseling; intensive outpatient substance abuse treatment; payment for medication; payment of court fines; rent; food; and membership at the YWCA. All clients agreed that the substance abuse treatment services were 'a good support.' The only service requested that was not currently received was couples housing at the beginning of their treatment. Couples said their only option at the beginning was to be separated and go into halfway houses.

Client Satisfaction

When asked about their satisfaction with the program, some clients reiterated the above comments on wanting more information at the onset of the program, and options on the location of treatment. When asked how their life has changed as a result of AFF, two clients mentioned that their life is less stressful, six people referred to the emotional support of having "a person on your side," and one referred to the financial aid. All participants agreed that the additional support, both emotional and financial has been very beneficial.

Coordinator's Perspective: Changes in Past Year

The Prescott office recently added a Spanish-speaking staff member, and a person who conducts in-house assessments of non-Title 19 clients, who cannot receive AHCCCS-funded services. Previous to this, an interpreter and a subcontractor were used for those two services. The new Matrix program is the only change that the community has had in services.

Barriers and Strategies

The greatest barrier to client outreach and engagement is getting complete and accurate information from CPS in order to make initial contact with clients. The homeless population poses additional problems with making contact. In order

to help facilitate outreach of clients, AFF has conducted an in-service to educate CPS workers (especially new employees) on completion of referral forms. Homeless clients are often reached by AFF staff when they attend a visitation or other appointment initiated by CPS. Housing, transportation, undocumented clients, and client anger have all been barriers to engagement and completion of services. The Title 19 clients often have a waiting list of around two weeks before they can get into either day or residential treatment for substance abuse. Employment was also a problem in the community.

Housing is very expensive in the Prescott area. The best choice for AFF is to refer clients to halfway houses, and pay for the first week, after which time they are expected to get a job and pay their own way. One halfway house for women is expanding to a transitional housing program for women and children, but AFF is unable to help couples secure housing until completion of their treatment program. They do refer clients to low income housing or other agencies.

Assistance with transportation is provided through gas and taxi vouchers. West Yavapai Counseling Center also provides some transportation assistance.

In order to compensate for the wait time that Title XIX clients have before getting substance abuse treatment services, AFF temporarily puts clients into their own treatment program. AFF also attempts to expedite the process by setting up assessment and counseling appointments immediately upon contact with the client.

Appendix M: AFF Client Focus Group and Program Coordinator Visits (continued)

Catholic Community Services – AZPAC
Yuma, Arizona
AFF Annual Site Visit 2007

Client Characteristics and Services

Nine clients attended the participant focus group. Three of the participants have completed their treatment, but still attended the Aftercare group for support. Clients agreed that the intake/assessment process was completed very quickly if it was done by AFF staff; however, if they were referred to an outside provider, it sometimes took weeks to get an appointment. Over one half (6) of participants reported they were enrolled in an AFF treatment group within one week of their referral. Clients report they received the following AFF services: parenting classes (9); assistance with a utility bill (1); assistance with basic needs (3); and counseling (6). Along with supportive services, AFF substance abuse treatment consisted of addiction education, intensive out-patient treatment, standard out patient treatment, and random UAs.

Client Satisfaction

Clients expressed high levels of satisfaction with AFF services and staff. One client commented, "AFF supports us and stands behind us. They help us out with the CPS worker." When one client was asked how AFF impacted their life, he/she stated, "This program kept me clean. I can manage the bills. My spending habits have changed. I'm a (parent) to my kids now. I understand a lot more now."

Another client added, "I think I will get my daughter back a lot faster because I am in this program. AFF gives progress reports to CPS, the court, and to the people at my case staffing."

Coordinator's Perspective: Changes in the Past Year

The AFF program coordinator states there have been no significant changes in the program over the past year, but when compared to two years ago, changes have been implemented to assure availability and timeliness of services: "The coordination and timeliness of services has changed a lot due to increased coordination and experience with other community agencies. We have a good working relationship with CPS." Also, service availability has increased due to changes with local RBHA. "Cenpatico Behavioral Health offers more agencies to refer our clients to. We have greater access to services like intake and assessment for clients." Currently, the program is absent one case manager, leaving the coordinator to follow approximately 40 to 45 clients. Efforts are underway to hire another case manager for the program.

Barriers and Strategies

One barrier identified by the AFF coordinator was inaccurate referral information, which results in difficulty in locating clients. To address this issue, AFF coordinates with CPS and utilizes outreach services: "We go on home visits with the CPS worker—this works well. As soon as we get the referral, we make the contact." Clients referred outside the AFF program for assessment may face a one to two-week wait for services. AFF provides these clients with SA education sessions in an attempt to keep clients from disengaging from service. The AFF coordinator schedules and facilitates monthly staffings with agencies and clients. Everyone involved in the case is invited (and expected) to participate. When asked about the future direction of the program, the coordinator stated, "We want to have a peer support person working in our agency. Cenpatico is currently putting together a training series for peer support."

Appendix M: AFF Client Focus Group and Program Coordinator Visits (continued)

HORIZON HUMAN SERVICES
Casa Grande, AZ
Annual Site Visit Report 2007

Client Characteristics and Services

Eight clients attended the focus group; one of these clients had recently completed the program, but continued to attend the Aftercare group for support. Clients said they receive a variety of helpful services related to: parenting skills (4); assistance with basic needs (3); and counseling (1). Four participants said they were actively involved in the development of their AFF treatment plan. Another client stated, "My assessment was done in my home. They acted as an advocate. They wanted to help." When asked to describe the substance abuse treatment they received in the program, one client said, "I come to group. We watch films that teach about addiction." Other substance abuse services mentioned were addiction education, assigned homework, UAs, and one-on-one counseling when needed. Two clients mentioned that AFF helped them with bills.

Client Satisfaction

This group of clients expressed a high level of satisfaction with services and the service providers at Horizon. One feature of the program clients mentioned as "very helpful" is the Peer Support Worker. This position, new to Horizon, is filled by a "graduate" of the AFF program. After being "in the system" for nearly nine months, the Peer Support worker stated, "I hit rock bottom and I decided to take the AFF referral in January 2007. The intake person was not judgmental—that made me feel more comfortable. I received SA counseling, parenting classes, and individual therapy. (The AFF program manager) asked me if I would work as a peer support worker—it was part of my CFT. They really motivated me. I've learned needing help is not being weak. If we don't tell people how we feel, we get all hard inside." One client stated, "Peer support is great. It helps me to open up."

Coordinator's Perspective: Changes in the Past Year

Horizon, like other AFF locations, serves a largely rural population. The AFF coordinator said, "We respond to 22-28 referrals per month. Initially, we weren't equipped with the staff we needed to keep up, but we are up to snuff now." Over the past year, Horizon has filled several positions: clinical staff available both day and evening; one case manager responsible for completion of intakes and assessments in the client's home; one peer support staff; three behavioral health technicians; and one full time data entry person.

Barriers and Strategies

To address the barriers in completing assessments, outreach efforts include home visits. The AFF program manager reported that an increased array of services will begin September 2007 through a supportive services component of the program. These services will include childcare, transportation, parenting education, and vocational skills for those clients progressing through their treatment plan. The AFF coordinator reported improved communication and collaboration with CPS over the past year, primarily due to increased interaction between agencies and staff. The coordinator said, "They (CPS) see that we are filling a service gap in the community." Other collaborators include St. Vincent De Paul, the Salvation Army, local churches, and the "My Kid" program. Some barriers remain, including affordable housing and difficulty engaging treatment resistant clients. Continued efforts to reach that population include outreach, support, and increased availability of services.

Appendix M: AFF Client Focus Group and Program Coordinator Visits (continued)

Summary of Old Concho AFF
Focus Group and Coordinator Interview

Client Characteristics and Services

Four clients participated in the AFF focus group at Winslow: Three were currently receiving AFF services, the fourth had been reunified and closed with CPS, but was still attending AFF meetings. Clients reported that all services were provided in a timely manner. Clients said AFF came to their homes for referral and enrollment, and did not give up on them.

Services received by clients included help with mortgage payments and rent, counseling, food boxes, classes on anger management and domestic violence, and just sitting down and talking. There was also mention of AFF standing up for them in court cases, and at Adult and Family Team meetings. There are no services they need but are not getting.

Client Satisfaction

When asked how their life had changed as a result of AFF, one couple said they are a lot calmer and happier, and they do not argue as much. One woman said AFF helped her to develop long-range goals and she is now in school. She added that she is "a lot different with her children." Two said they now have much more hope for the future. They said that their substance abuse treatment classes were somewhat educational, but all agreed they learned a lot more through individual counseling.

What they like best about the program are the counselors and meetings held at Old Concho. One client said the "subjects we talk about really make us think – help us to change our perspective." The only request for change was for more classes and one-on-one. All four clients were extremely satisfied. One said that on a scale of 1 to 10, he/she would give a 10.

Coordinator's Perspective: Changes in Past Year

The AFF Coordinator feels that the services are now more coordinated and delivered in a more expedient manner, and that better relationships have been built with all agencies involved. The area has recently implemented a Seriously Mentally Ill housing program, which monitors the medication of clients, and has reduced the suicide rates and days in the hospital. They also have plans to implement transitional housing for Substance Abuse clients.

Barriers and Strategies

Consistent with other areas, the main barrier to outreach and engagement is getting complete and accurate information from CPS. The AFF Coordinator feels, with the introduction of the new Matrix Model, the focus of the family has gotten lost: the program has taken precedence over the client. There is a wait for residential treatment in Flagstaff: a week to three weeks. The other major barrier is the limited resources in such a small community.

To overcome the problems with outreach, AFF personnel have started going out with the CPS investigators on their initial visit. This not only gives them initial contact, but helps CPS make removal decisions. AFF strives to be honest with the client; they explain the program and the system – give them the whole picture. The Coordinator said, "we empower the clients by telling them that they can find us at any time. We tell them all the options and agencies that will stand by them." In order to keep the clients engaged while waiting for residential treatment, they put them in Sober Houses and keep them as busy as possible with AA and other group activities.

The Coordinator added that the community has a lot of collaboration. "We have a network of fellow providers for different programs. We can bring in anyone we need in the community. Regular meetings help us stay on track. We all cross programs, grants, etc. all the time. Relationships between agencies are solid."

Appendix M: AFF Client Focus Group and Program Coordinator Visits (continued)

SEABHS AFF Focus Group and Coordinator Interview

Client Characteristics and Services

Four current AFF clients attended the focus group at Sierra Vista. One client had been enrolled for two weeks, one for three months, and a couple had been with AFF since last December. Clients felt that most services were administered in a timely manner, but one client reported having to wait four or five months to get into a Domestic Violence class through another agency. Another client said the only counselor available for the age group of her children was through in-home services, which cannot be conducted at the shelter where she and her children are living.

Services provided include: substance abuse classes, one-on-one counseling, medication, help with vehicle repairs, transportation, parenting skills, and domestic violence education. Services currently needed, but not received, are anger management, marital and couples counseling, codependency and self-esteem counseling, and counseling for children ages two and four. Clients also added that help with childcare would be extremely beneficial, and an aftercare program (after CPS is no longer involved) would be helpful.

Client Satisfaction

When asked how their lives had changed as a result of AFF, one client felt there is a big difference in her self-confidence and ability to function on her own. Another client said that she now has hope that things will get better. The couple has their child back and have been clean and sober for 171 days.

What they especially liked about the AFF program was that "they are genuine – seem to care about keeping the family together." They appreciated financial aid and personalized services.

Coordinator's Perspective: Changes in Past Year

This is the first full year of using a past AFF client as a Recovery Support Specialist for outreach, engagement, and support, and the first full year of their Family Team Meeting Process (see featured program). They have also set up a relapse prevention program called Smart Recovery.

Barriers and Strategies

This area has a problem in finding clients, especially in remote areas such as Douglas. Some of the areas serviced by SEABHS still subcontract their outreach with Child and Family Resources, which has had problems with changes in personnel. Other barriers included client motivation, transportation (especially of the opposite sex), childcare, and housing. The AFF Coordinator added that some communities need more Domestic Violence education, and employment opportunities for clients.

The AFF Coordinator feels they have had a great deal of success with outreach and engagement in areas where the Recovery Support Specialist has been used. Part of the client motivation problem has been the available times for groups (which often interfere with client's work). They are working on getting groups at better times to accommodate working clients. They are also working on providing service plans that are meaningful to the clients. As most of their clients have cars, they provide gas vouchers as much as possible to aid clients in transportation. In order to encourage clients to attend treatment services, two areas provide baby-sitting services. In order to increase collaboration, they have requirements that they meet monthly with all partner agencies, and have forged an agreement to do problem solving at the local level.

Appendix M: AFF Client Focus Group and Program Coordinator Visits (continued)

TERROS, INC.
Phoenix, AZ
AFF Annual Site Visit Report 2007

Client Characteristics and Services

Two client focus groups were conducted, with a total of fifteen participants. Most AFF clients completed intakes and assessments within approximately one week of referral, although one client waited 45 days from referral to intake and assessment. This client stated, "I think sometimes there is a lack of communication between the intake person and the case manager, and also between TERROS, AFF, and CPS." In addition to intake and assessment, clients receive educational classes, and based upon their needs, may receive intensive out-patient and/or standard out patient treatment. Other services include information on housing; emergency assistance; rent assistance; food boxes; clothing; furniture; credit counseling; and peer support counseling.

Client satisfaction

Clients voiced their satisfaction with the AFF program. One client stated, "This program will help me in getting my kids back." Then majority of clients described their AFF case managers/group leaders as "caring", "helpful", and "supportive". One client shared, "Our counselor has been great. He/she comes to our staffings and goes 100% for us. He/she makes sure to be tactful and on top of things." Another client said, "My life became more manageable. I have a better quality of life. I've been learning to live sober and I'm getting to know a new sober me." When asked how the program could be improved, one client suggested more individualized attention to clients: "Pay more attention to assessments so the treatment plans aren't so rubber stamped." Another client stated, "They need more staff working here, and more office locations."

Coordinator's Perspective: Changes in Past Year

TERROS, Inc. now has SA counselors co-located in nine CPS offices in Maricopa County. (See in-depth report).

When asked about changes over the past year, the AFF coordinator stated, "It's harder now for us to find services as compared to last year and two years ago. We've experienced increased referrals."

Barriers and Strategies:

Identified barriers in completing intakes and assessments include increased referrals, client resistance and staff turnover (both AFF and CPS). To overcome these barriers, an outreach team intercedes by conducting home visits to complete assessments. The coordinator added, "We have a full AFF staff now, but recent hires are still being trained. Case managers are also available for on Saturdays for intakes for clients with scheduling conflicts." To address limited program availability, the AFF coordinator is collaborating with agencies in the community to attempt to match clients' needs with appropriate services. The coordinator states, "We are reaching out to community collaborators to develop more SA treatment groups." Non-Title 19 clients may have to wait 30 or more days for residential care. In the interim, clients receive intensive outpatient treatment and individual counseling until an RTC can house them.

Appendix M: AFF Client Focus Group and Program Coordinator Visits (continued)

Westcare
Bullhead City, AZ
AFF Annual Site Visit 2007

Client Characteristics and Services

Nine clients attended the focus group. Three clients had completed their treatment and reunified with their children, yet they continued to attend the Aftercare group voluntarily. All of the clients were involved with CPS at the time of their referral to AFF. Clients stated they receive a variety of services, including SA education, intensive out-patient treatment, standard out-patient treatment, aftercare, housing assistance, basic needs (food boxes and household items), support services, and transportation. One client stated, "Support services does home visits, which is convenient for us because we have a premature baby." Another client who was working toward family reunification stated, "My AFF case manager brought me some household items, which were unexpected—that was really helpful." Clients agreed that the AFF staff work to meet many of their needs, as indicated by one client: "They helped a lot with my legal stuff. My counselor went to court with me. He/she wrote a report for my attorney."

Client Satisfaction

Clients stated they were very satisfied with the SA treatment they received. One client stated, "My health is better; I have more money; I feel better. I wanted to stop using drugs a long time ago. AFF gave me the power to get away." Another client shared, "I have more of a life. I spend more time with my daughter. I have more of a normal life style and more family time. I have more energy!" Clients stated they were motivated by their case managers and group leaders: "AFF gave me the stepping stone—I'd been procrastinating trying to quit using."

Coordinator's Perspective: Changes in the Past Year

The AFF coordinator reported change in two areas of the program: some minor delays due to staff changes both AFF and Mohave MH. Also, HUD helped to fund two new Westcare sober living homes. These homes, one housing men, the other, women and their children, fill a housing gap in the community. Residents of the homes are provided with bus tickets; vouchers for the Westcare Thrift Store; all household supplies; and staple foods. Services provided in the sober living programs include employment readiness, random UAs, and domestic violence, individual, and substance abuse counseling. Residents are responsible for day-to-day chores, and are required to seek and maintain employment.

Barrier and Strategies

The rural location and lack of resources are identified as primary barriers to service. In-home assessments are frequently utilized in order to assure timeliness and continuity of service. Client motivation, continued use of substances, the transient nature of the treatment population were also listed as barriers. In addition, the local mental health provider may have a 2 to 4 week wait for their services. Westcare enrolls clients into a SA education class so they can receive services immediately. To promote client engagement in services, AFF case managers arrange to see clients at a time and in a place that is convenient to them, even after hours and on weekends.

Appendix M: AFF Client Focus Group and Program Coordinator Visits (continued)

Community Partnership of Southern Arizona
AFF Focus Group and Coordinator Interview

Client Characteristics and Services

Eleven clients participated in the focus group: Nine were currently receiving services, and two had completed services. Clients reported receiving services within a week (four clients) to two weeks (five clients). Services received included: Parenting, substance abuse treatment, anger management, domestic violence education, aftercare, one-on-one and couples counseling, and parent/child bonding. For the most part, clients were happy with their substance abuse treatment, with the exception of two clients who said that movies showing interventions made them want to get high. Another client, who was in treatment for marijuana, reported feeling out of place in a group with alcoholics.

Services not currently received that clients felt would be beneficial were transportation, help with rent, medications, and better coordination of services from a Title XIX provider to a non-Title XIX provider (and visa versa).

Client Satisfaction

All focus group participants felt that their life was better as a result of the AFF program. Comments included: "I gave up until AFF came in. We would be in Mexico with our kids if not for AFF." "I think at first I was angry, but, as time progressed, I now have a whole different attitude. Made me much more aware of the situation. Much more positive."

Clients said they best liked the resources, parenting classes, and especially the counselors. One client said, "I'm very negative - already went through all kinds of counseling, but they are friendly, positive, helpful. They give you hope." The eight clients who currently had counselors said they had "great" relationships with them.

Some recommended changes to the program, based on comments from the focus group participants, included more help with transportation, more convenient locations, and shorter sessions. The other concern was again the "limbo area when you're in transition. We attend one program, then AHCCCS comes through and we have to switch over and start all over again."

Coordinator's Perspective: Changes in Past Year

The only change mentioned by the AFF coordinator was that CPSA AFF seems to be more busy – a lot more customers. The AFF Coordinator believes that this is due to the fact that he has done more training with CPS offices to build up referrals. Also, with the adverse publicity during the spring and summer of 2007, he feels that CPS is now more diligent in making referrals. There has also been an increase in the need for residential care.

Barriers and Strategies

Finding individuals who were homeless and acquiring sufficient and accurate information from CPS were the major barriers to successful outreach and engagement cited by the program coordinator. The Coordinator reported that client engagement was hampered, in his opinion, because CPS put too much on the clients. For example, CPS was sending clients to separate places for domestic violence and substance abuse treatment, when one provider could have performed both services.

Transportation and housing are also issues mentioned by the AFF coordinator. The AFF program provides bus passes, but the bus runs only at certain times of the day. If the client is Title XIX eligible, AFF can help clients with the first month's rent; however, the client is non-Title XIX eligible, the client needs to be enrolled in intensive outpatient treatment in order to qualify for a housing subsidy.

The AFF Coordinator has been attending CPS trainings for new employees and educating them on the AFF program, forms, and need for accurate information on program referrals. In order to better transition clients from one provider to another, CPSA is encouraging the client's "new provider" to attend the client's final sessions with the previous provider. In order to help with transportation, the AFF provider is arranging taxi vouchers as well as bus vouchers for client use. The AFF program has also tried to reschedule groups to work around bus hours and client work hours.

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