

Evaluation of Arizona Families F.I.R.S.T.

October 2001
1st Annual Report



Submitted on: October 28, 2001

Submitted to: Arizona Department of Economic Security
Division for Children, Youth and Families
Phoenix, Arizona

Contract #: E4371670

Submitted by: *James Bell Associates*
2111 Wilson Blvd., Suite 1120
Arlington, VA 22201
(703) 528-3230
FAX (703) 243-3017

in collaboration with:
Westat, Inc., Rockville, MD
and
Professional Consultation
Consortium, Phoenix, AZ

EXECUTIVE SUMMARY

This first annual report provides a summary of the progress of the Arizona Families F.I.R.S.T. program as well as progress of the evaluation from May through August 2001. The report presents an overview of the findings from the first quarterly site visits conducted by the evaluation team, with an emphasis on early implementation of the program.

Status of the Evaluation

The evaluation team conducted site visits to each of the nine Arizona Families F.I.R.S.T. sites during August 2001. At that time, the majority of sites had been operating for five to six months. Interviews were conducted with staff from the contract provider agencies as well as employees of agencies subcontracted to perform outreach, screening, assessment, and service planning. The number of individuals interviewed at each site ranged from 3 to 9 persons (with the exception of the Community Partnership of Southern Arizona (CPSA), the provider agency in Pima County, where 17 interviews were conducted because services are subcontracted across 14 different agencies). A total of 65 individuals were interviewed across all sites.

Other key evaluation activities completed to date include development of the evaluation plan, design and programming for a functional client-level information database system, preparation of a Baseline Report to describe conditions in Arizona prior to implementation of the program, completion of the first quarterly site visits to all provider sites, a presentation to the Steering Committee, and analyses of client-level billing data for services provided.

Summary of Findings from Baseline Report

The goal of the Baseline Report was to reflect a comprehensive picture regarding substance abuse in Arizona and the population targeted by Senate Bill 1280. The report relied upon existing information in published reports as well as supplemental data extracted from the State's child welfare, TANF, and behavioral health databases. Key findings include:

- As expected, Arizona's urban counties, Maricopa and Pima, encompass approximately 80% of the State's population and have more core and ancillary substance abuse treatment services available to meet clients' needs than do rural counties.
- La Paz, Pinal, and Gila counties had no reported detoxification services. Substance abuse treatment providers in rural counties of La Paz, Greenlee, and Graham reported no specialized substance abuse treatment services for dually diagnosed clients.

- There are relatively few specialized substance abuse treatment services for the homeless, intravenous drug users, the disabled, pregnant and parenting women, and persons with HIV/AIDS.
- Prior to AZ Families F.I.R.S.T., the child welfare system in Arizona already had implemented written policies regarding how to define, identify, and document the presence of substance abuse; CPS workers had received training to identify characteristics of parental substance abuse and where to refer clients with substance abuse problems.
- CPS had limited resources for treating substance abuse prior to AZ Families F.I.R.S.T. Resources were limited to the Expedited Substance Abuse Treatment Fund (for dependency cases) and making referrals to local service providers or the RBHAs. With existing community resources, clients often faced long waiting lists and treatment that was not geared toward addressing the needs of the population involved in the child welfare system.
- Prior to AZ Families F.I.R.S.T., the JOBS program used the Special Services Screening Guide (1035A) to identify substance abuse problems. Once a substance abuse problem was identified, DES administrators indicate that there was a procedure to refer clients for counseling.
- Coordination at the systems level between the Department of Economic Security and substance abuse treatment providers had been difficult prior to AZ Families F.I.R.S.T. The rules, regulations, and policies that govern confidentiality in cases that involve substance abuse and treatment resulted in limited information being shared. CPS workers did have the availability of the Expedited Substance Abuse Treatment Fund but funding was limited.

IMPLEMENTATION OF ARIZONA FAMILIES F.I.R.S.T.

Policy Model

- Senate Bill 1280 provided specific language pertaining to the target population for whom the program is intended and included specific categories of services to be delivered to program clients. Further language in SB 1280 states that DES may use monies appropriated for TANF to support program development, provision of unfunded services to provide recipients a comprehensive treatment program, and evaluation of the effectiveness of treatment services.
- An Arizona Families F.I.R.S.T. Steering Committee comprised of legislators, judges, service agency representatives and other stakeholders approved a vision statement, guiding principles, and

performance measures in a number of outcome domains; the Steering Committee offered guidance to the Department in designing the RFP for program services.

- The Department of Economic Security and The Department of Health Services developed an Intergovernmental agreement (IGA) in response to the legislation. In addition to the IGA, DES and DHS developed protocols to address coordination of services, confidentiality, non-supplantation of resources, and issue resolution to assist in the management of the program.
- The Department of Economic Security, in collaboration with DHS and the Steering Committee, structured the program policies to be followed and included these in the RFP for Arizona Families F.I.R.S.T. In addition, DES training sessions for provider agencies and for referral agencies were conducted (32 trainings across the State), and other written documents were developed to clarify roles, responsibilities, and the Department's expectations of provider agencies.
- Provider agencies were expected to develop Collaborative Partnerships; conduct Outreach, Intake, and Screening; conduct Substance Abuse Assessments; develop Service Plans; provide five treatment modalities (Substance Abuse Education, Outpatient Treatment, Intensive Outpatient Treatment, Residential Treatment, and Aftercare Services).
- Essential elements, including Supportive Services, Service Coordination, Services for Children, Family Education and Treatment, Culturally Appropriate and Faith-Based Services, Gender Specific Treatment, and Random Alcohol and Drug Screening are expected to be incorporated into the treatment modalities.

Program Management Model

Administrative Structure

- One of the nine Arizona Families F.I.R.S.T. program sites (CPSA) is a Regional Behavioral Health Authority (RBHA). Three of the nine DES contract providers are also subcontractors to their RBHAs (TERROS, SEABHS, and Horizon) and provide direct services under Medicaid to Title XIX enrolled clients. These agencies can provide Title XIX services because they have met the additional requirements to manage a Medicaid program as dictated in the AHCCCS/ADHS contract. Five of the nine sites (Old Concho, WestCare, AzPac-Yavapai, AzPac-Yuma, and AzPac

Coconino) are not contracted with a RBHA to provide services for Title XIX enrolled clients.

- The five sites that do not provide services for Title XIX clients must refer their Title XIX enrolled clients to a RBHA subcontractor in their local area for substance abuse treatment, including assessments, outpatient services, and intensive outpatient services. AzPac-Yavapai and Old Concho have subcontracts with RBHA provider agencies in their local areas to deliver services to both Title XIX and non-Title XIX clients.

Staff Training

- As of the August 2001 site visits, eight of the nine providers had accessed further training as part of the RFP requirement. Half of the sites received training in motivational interviewing. Arizona Families F.I.R.S.T. staff participated in training that addressed other areas, including cultural competency, family-centered assessment, law enforcement's approach to methamphetamines, and service planning.
- Behavioral health agencies providing substance abuse treatment services through the RBHAs (SEABHS, TERROS, CPSA, and Horizon) are required to employ state-licensed clinicians. State certification requires counselors and clinicians to complete 40 hours of initial training and 24 hours each year thereafter. Some agencies such as Catholic Social Services (AZPAC Yavapai and AZPAC Coconino) also have training guidelines for staff based on national accreditation standards.
- In addition to the required training for counselors and clinicians, provider agency staff indicated to the evaluation team that the following additional training would be desirable: information on substance abuse (e.g., methamphetamines and other new drugs), state-of-the-art substance abuse treatment, CPS policies and practices, outreach and engagement in rural and urban settings, and working with family systems.

Configuration of Service Delivery Systems

- **Referrals.** All nine provider agencies reported that referrals are usually faxed to their Arizona Families F.I.R.S.T. offices, and the vast majority of referrals come from CPS, rather than JOBS. Referrals from CPS include case plans, and for some clients, psychological reports. Provider agencies perceive the amount of information on client history that accompanies the referrals from

JOBs to be more limited compared to the information received from CPS.

- **Outreach and Screening.** All nine provider agencies reported initiating contact with referred individuals within 24 hours of receiving the referral. The majority of provider agencies (seven out of nine) perform outreach using their own staff rather than subcontracting for this activity. All sites but one conduct outreach in the client's home or a location other than the agency office. The majority of the sites perform outreach and screening during the same visit.
- **Assessments.** If the client is currently enrolled in Title XIX, he or she is referred directly to the local RBHA for an assessment. If the client is waiting for approval of the Title XIX application, at some provider sites substance abuse education can begin but the wait for Medicaid eligibility approval can take from 30-60 days, which can delay the assessment. If the client is not enrolled in Title XIX and is not eligible, the client receives an assessment through the Arizona Families F.I.R.S.T. provider. The Department is currently working on an in-depth matrix to offer providers guidance when dealing with Title XIX clients and their local RBHAs. Most sites conduct the assessment at a second meeting following the outreach and screening. Assessments typically take from 1.5 to 3 hours to complete.
- **Service Planning.** For the majority of the sites (six of the nine), the completion of a formal service plan takes place at a separate meeting scheduled after the assessment. Service planning meetings take place in a variety of locations, including the provider agency's office, the participant's home, and the CPS office.

Collaborative Partnerships and Types of Support Services

- Sites provide supportive services either directly through the DES provider agency (including purchase or vouchers), through the formation of collaborative partnerships with State and local agencies and community-based organizations, through subcontracts with local social service agencies, and through referrals to existing community resources.
- Churches frequently are providers of food, clothing, rent and utility assistance for families. Many of the peer support groups use church facilities for their meeting space, and, in some communities, the faith community actually sponsors support groups (e.g., in Old Concho).

- Many of the supportive services recommended by DES are in the planning stage or already have been established by the nine program sites.
- All nine sites have established formalized arrangements to provide transportation; seven sites have formalized arrangements to offer child care, and all nine sites established partnerships with local community-based peer support groups, such as Narcotics Anonymous and Alcoholics Anonymous.
- Eight sites have established formalized partnerships with local community-based domestic violence shelters to provide domestic violence counseling to their clients (the remaining site, CPSA, already has a number of community resources to address domestic violence).
- All sites offer different types of housing programs, ranging from supportive/sober housing programs, emergency shelter, and transitional living for homeless families.

Operations Model

This report presents available data on clients' receipt of services during the first few months of the program in order to begin addressing how the program is operating. Data are limited to services for which DES has been billed for reimbursement and do not represent the total number of services provided to all program clients (e.g., many services received by clients are Title XIX services, provided through the RBHAs, and therefore are not documented here. These data are expected to be available for the client-level database system and will be included in future reports).

Referrals

- Aggregate level data for referrals from March to July indicate that overall referrals increased steadily from March through May, and then declined from May to July. Referrals in July were at the lowest point since referrals began in March, but were still higher than referrals in March. Peak referral rates were in April and May, the same months when DES training sessions were conducted.
- Data indicate that overall, 93% of referrals are from CPS, while 6% are from JOBS. CPS was the major referral source for each of the nine provider sites.

- A comparison of sites' capacity to serve clients vs. the number of referrals received indicates that overall, 28% of the provider agencies' maximum capacity to serve had been met by the monthly referrals received during the first quarter. Provider agencies based their capacity on data supplied in the RFP that reported the number of CPS reports in which substance abuse was reported to contribute to the alleged child abuse or neglect and staffed their projects accordingly.

Assessments

- Assessments increased steadily from March through May, then declined in June and July. TERROS accounted for almost half (47%) of the total assessments completed, as expected. CPSA and Horizon accounted for 18% and 16% respectively.
- 31% of referrals for the Arizona Families F.I.R.S.T. program received assessments. Horizon had the highest referral to assessment ratio (60% of referrals received completed assessments). AzPac-Yavapai and Westcare showed that almost half (44% and 47%) of referrals received completed assessments.

Utilization of Treatment Services

- Billing data on service utilization indicate that all sites are billing DES for intensive outpatient and outpatient services, while only a few sites are billing for substance abuse education, residential treatment, and supportive services.

The first quarterly site visits addressed the predominant activities underway at provider agencies through August 2001, which consisted of outreach and screening, assessment, planning of services, and initial activity related to building collaborative partnerships to address service needs. The implementation of these activities will continue to be examined as well as any new policies and changes in how programs operationalize these policies to structure their service delivery systems.

The next quarterly site visits will examine in greater depth the ways in which services are coordinated as well as how the modalities of substance abuse treatment services are delivered to clients. As the client-level database system becomes operational in January 2002, we also expect additional client-level data on service utilization to be available and presented in subsequent reports.

Conclusion

This first annual evaluation report on Arizona Families F.I.R.S.T. followed program implementation according to the models developed in the evaluation framework. Even though it is still early in the implementation process and provider agencies are working through start-up issues, there are some elements of the program that can be tracked at this time. By focusing on elements such as the referral process, screenings and assessments, service planning, and the establishment of collaborative partnerships, the evaluation has highlighted areas in which Arizona Families F.I.R.S.T. appears to be on course with program policies and expectations, as well as areas that will require continued examination to determine why activities deviate from what was expected or planned. These areas are summarized below.

- Provider agencies that are not RBHA subcontractors have systems in place to refer Title XIX clients to the RBHAs for assessments and substance abuse treatment services. Systems also are in place to ensure service delivery for non-Title XIX clients. Available data on services provided to AZ Families F.I.R.S.T. clients has been limited, however, to the DES billing data submitted by provider agencies for reimbursement. Assessments and treatment services provided and paid for by the RBHA do not appear in the DES billing data. Data on Title XIX services will be available in the future and reported when the client level database is operational. The delivery of comprehensive substance abuse treatment services will be a focus of the next quarterly site visits.
- Coordination of services, a program requirement stated in the RFP, is beginning to occur. When clients are referred to a subcontractor for their assessments, DES provider agency staff are following up to ensure that the assessment appointment was made. Follow-up also occurs with the CPS worker who made the referral, and CPS shares information about the client at the time of the referral. Insufficient information is available to speak to how well the case staffings and case coordination with treatment providers has been functioning. This is another issue that will be explored as the evaluation focuses on provision of treatment services.
- Data show that referrals to program sites are continuing; however most providers acknowledged that the number of referrals received has been lower than expected. According to the policy guidelines, the referrals are to come from CPS and JOBS. For the most part, referrals to the program are coming from CPS. At a few sites, referrals also were being received from JOBS and Family Builders, which is part of CPS (AZPAC-Yavapai received 12% of referrals from JOBS and another 12% from Family Builders; 18% of Horizon's referrals were from JOBS). Referrals tended to peak in April and May when DES trainings were conducted with referral agencies. Despite the DES trainings, some provider agencies have

questioned whether all possible referrals are being routed to Arizona Families F.I.R.S.T. provider agencies (e.g., at one site, the provider agency indicated that CPS workers had been referring Title XIX clients directly to the local RBHA for services; the evaluators have not yet had an opportunity to verify this from CPS).

- The policy requirement that a comprehensive screening and assessment be completed as part of the continuum of services is being fulfilled by all sites. As discussed in this report, some provider agencies conduct screenings and assessments using their own staff and others use subcontractors. An area where assessment activity departs from the program policy model pertains to the completion of assessments for Title XIX eligible clients who are not yet enrolled in Medicaid. The requirement that assessments be completed within five days following the screening cannot be met if there are delays from 30-60 days in getting clients enrolled and approved for Title XIX services; assessments for these clients are paid for by Title XIX and cannot be completed until enrollment has been approved.
- With regard to service planning and the treatment plan, some sites discussed the issue of how Title XIX eligibility restricts the number and type of treatment options available to clients. DES has implemented some policies to provide coverage of services not covered by Medicaid (e.g., supportive services). These policies are continuing to evolve and will be followed in more depth during the next site visits when the evaluators focus on treatment services. The site visits also will address recent changes in covered services under Title XIX.
- The Steering Committee's guiding principles of developing collaboration among service delivery systems and the provision of a comprehensive continuum of services are already being achieved through the formation of collaborative partnerships that may enhance service delivery by providing an array of supportive services. The majority of sites have established linkages with other agencies in order to make available to clients most of the supportive services recommended in the RFP.

In summary, there is considerable progress in the early stages of Arizona Families F.I.R.S.T. toward operationalizing many of the policies and principles established for the program. As expected, there are areas where program procedures and access to services are still evolving. The evaluation will continue to report on program implementation throughout the next year and will note any changes in implementation as they occur.