

ARIZONA FAMILIES F.I.R.S.T. ANNUAL EVALUATION SUMMARY SFY 2008

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.

The AFF program 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 treat-

ment, services for children, and motivational enhancement strategies to assist the entire family in its recovery.

This report summarizes the key processes and outcomes of the Arizona Family F.I.R.S.T. program, now in its seventh year of operation. The use of information gathered from a variety of sources, including administrative data, focus groups, key informant interviews, and service utilization records provide diverse perspectives to address the AFF program in five key, legislatively mandated performance indicators:

- 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

ACKNOWLEDGEMENTS

This report was prepared by the Center for Applied Behavioral Health Policy (CABHP), College of Public Programs, Arizona State University, under contract number DES060718 with the Arizona Department of Economic Security, Division of Children, Youth and Families (ADES/DCYF), in partnership with the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) through the Joint Substance Abuse Treatment Fund. Points of view represented in this report are those of the authors, and do not necessarily represent the official position or policies of either ADES or ADHS.

RECOMMENDATIONS & CONCLUSIONS

Opportunities for program enhancement highlighted in the AFF Annual Evaluation Report include:

- Differences in the services reporting requirement of DES and DBHS that impede adequate monitoring of the consistency of AFF service provision statewide
- Limited reporting of substance use and employment program closure
- Regional variations in service delivery among AFF providers

While some opportunities for program enhancement have been highlighted for the past two years, and underlying issues associated with these areas still exist today, a number of actions were initiated in SFY 2008 to address them:

- Enhancement of the availability of substance abuse treatment services among Executive branch agencies for families involved with Child Protective Services as outlined in Executive Order 2008-01.
- A high degree of interagency collaboration between DES/DCYF and ADHS/DBHS to address how services can be better streamlined between the two systems.
- Examination of the contractual service and budgetary issues regarding the reporting of substance use and employment at program closure, and the consideration of changing the scope of work in future contracts.
- Convening technical assistance meetings with AFF providers to assist them in understanding the causes for regional variation in key practice areas, and to improve their operations and practices that can be reflected in the annual data.

These recommendations and the underlying issues associated with them impact both program operations and program evaluation abilities. The differences observed in some of the service and outcome data may well be a by-product of blending data obtained from both systems. The very nature of this highly innovative program is also perhaps its greatest challenge and that is the interplay between two governmental agencies with unique contracting and reporting processes.

ABOUT THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY, DIVISION OF CHILDREN, YOUTH & FAMILIES

The Arizona Department of Economic Security (DES) promotes the safety, well-being, and self sufficiency of children, adults, and families. The Division of Children, Youth and Families (DCYF) is a human service organization within DES dedicated to achieving safety, well-being and permanency for children, youth and families through leadership and the provision of quality services in partnership with communities.

www.azdes.gov

ABOUT THE ARIZONA DEPARTMENT OF HEALTH SERVICES, DIVISION OF BEHAVIORAL HEALTH SERVICES

The Arizona Department of Health Services (ADHS) promotes and protects healthy people and healthy communities throughout Arizona. ADHS is responsible for public health, behavioral health – including the Arizona State Hospital, emergency medical services, the state laboratory, public health data and statistics, vital records, disease control, and licensing and certification of health and child care facilities. The Division of Behavioral Health Services (DBHS) serves as the single state authority (SSA) to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system.

www.azdhs.gov

ABOUT THE CENTER FOR APPLIED BEHAVIORAL HEALTH POLICY

The Center for Applied Behavioral Health Policy (CABHP) is a research and training center affiliated with the College of Public Programs at Arizona State University. The CABHP leadership and staff comprise a team of professional facilitators, trainers, researchers and faculty affiliates conducting research, providing program development and evaluation services, and designing and conducting workforce development initiatives to improve policies and programs that affect people with substance use disorders or mental illness.

www.cabhp.asu.edu



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

ANNUAL
EVALUATION
SUMMARY
2008



POPULATION SERVED

AFF CLIENT CHARACTERISTICS

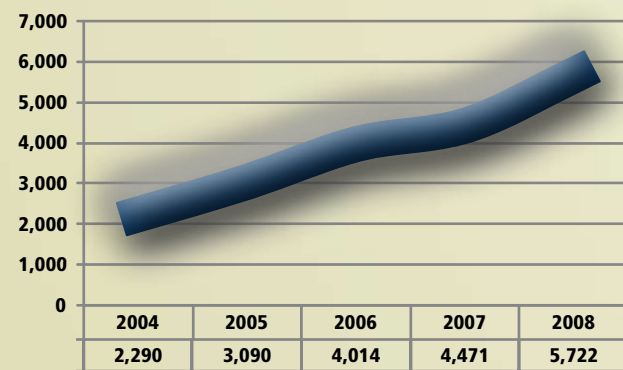
- 72% were women
- 30 years, the average client age
- 83% identified themselves as White/Anglo
- 28% as Hispanic or Latino(a)
- 7% as African American
- 4% as American Indian
- 57% identified as single, never married
- 47% attained at least a high school diploma or GED
- 31% were employed either full or part time
- 66% reported use of alcohol or drugs at intake

PERFORMANCE INDICATOR:

Timeliness, Availability & Accessibility of Services

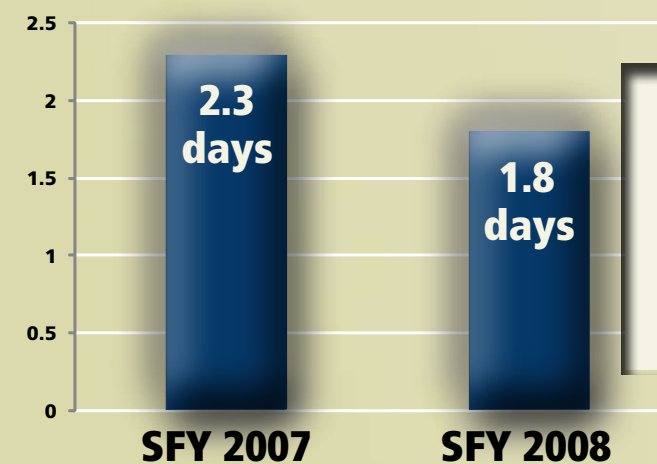
In SFY 2008, a total of 5,722 individuals were served by the program, representing a 28% increase from SFY 2007, and continuing a steady growth in the number of individuals served. On average, clients were contacted by an AFF provider in less than 48 hours (1.8 days) after a referral had been issued, representing a reduction of approximately a half day from the SFY 2007 reported timeliness of 2.3 days.

AFF CLIENTS SERVED, SFY 2004-2008



The number of clients served has grown steadily over the life of the AFF program, with an increase of 27 percent for SFY 2007 to SFY 2008. AFF has served 19,587 clients since its inception.

TIMELINESS OF AFF SERVICE DELIVERY SFY 2007-2008



AFF providers reduced their time to make initial contact with referred clients by half a day in SFY 2008

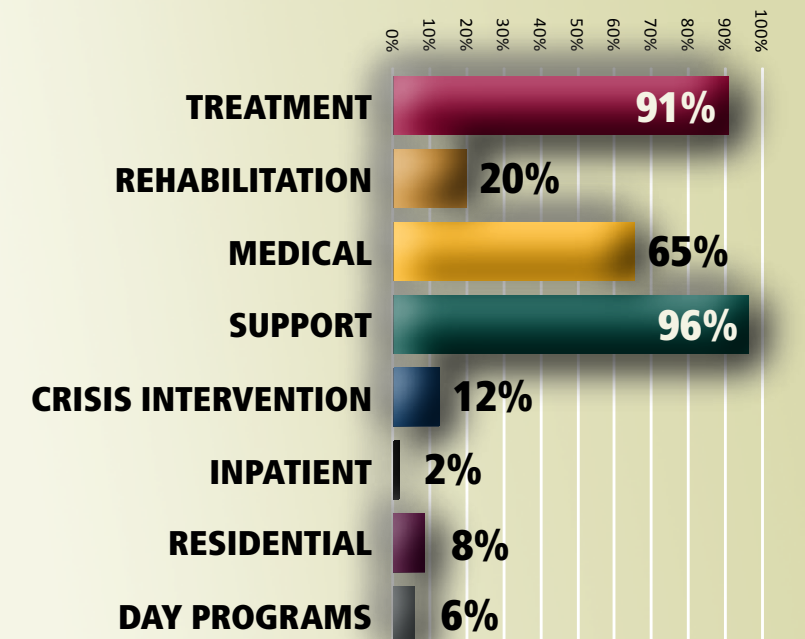
SERVICES PROVIDED

Nearly all of the clients enrolled in the AFF program during SFY 2008 received some form of service, with treatment and support services accessed by 91% and 96% respectively of all clients.

Family (57%), individual (31%), and group (21%) counseling were common treatment services; assessment, evaluation, and screening services were also provided to 89% of all AFF clients. Individuals received a variety of secondary therapeutic and support services. Case management (95%), flex fund services (52%), and transportation (31%) were the most common support services reported.

The average length of treatment was slightly more than six months (197 days), an increase over the previous year (159 days).

AFF CLIENT SERVICES PROVIDED SFY 2008



"When I didn't show for my appointment, they were at my door. There were times when I was home, but I wouldn't open the door. I would stand there real quiet so they wouldn't think I was home. They just kept coming back. There's a lot of devotion there!"

"Providing random UAs has helped a lot. It helped keep me honest in the beginning."

"They are always there when you need them."

PROGRAM OUTCOMES

PERFORMANCE INDICATOR:

Child Safety

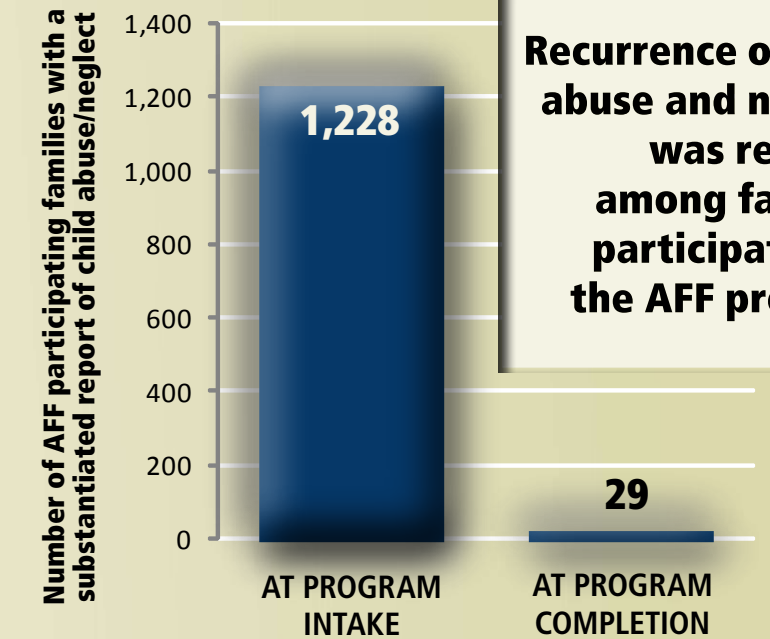
In SFY 2008, parents who entered the AFF program with a substantiated report of child maltreatment experienced a recurrence (filing of an additional substantiated report) of only 2%, representing less than half the national average of six-month recurrence of 5.4%.

PERFORMANCE INDICATOR:

Permanency for Children

Just under half (45%) of all AFF children in out-of-home placements achieved permanency in SFY 2008, up significantly from the SFY 2007 AFF permanency rate of 25%.

Among AFF children achieving permanency, 1,518 (83%) were reunified with parents or caregivers at a rate significantly higher than the DES overall rate of 51%.



Recurrence of child abuse and neglect was reduced among families participating in the AFF program

PERFORMANCE INDICATOR:

Recovery from Alcohol & Drug Problems

Statewide, AFF clients were tested on average 2.01 times per 30 days of program participation. Among those clients completing the program, **90% of all urinalyses collected indicated no drug use.**

AFF CHILD PERMANENCY OUTCOMES SFY 2008

