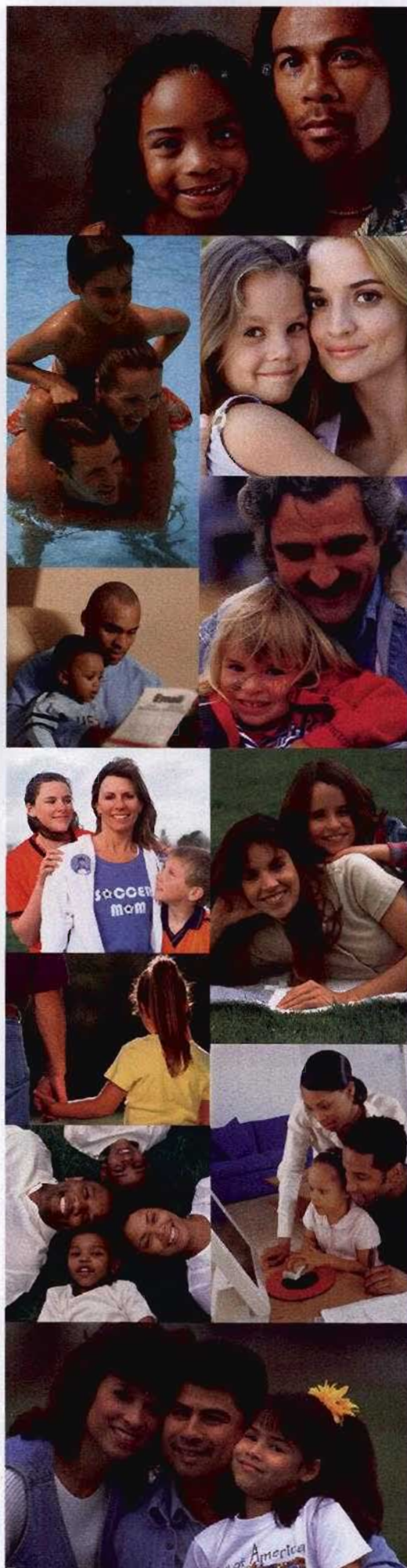


ARIZONA FAMILIES F.I.R.S.T.

ANNUAL EVALUATION SUMMARY 2007



Prepared By:

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Prepared For:
**Arizona Department of
Economic Security**

**Division of Children,
Youth & Families**



INNOVATIVE AFF PRACTICES

TERROS Co-LOCATION SITES

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. AFF provider TERROS has implemented this strategy by co-locating AFF services in selected CPS offices.

TERROS staff implemented the strategy in a methodical fashion by establishing a "co-location" workgroup in late November 2005. The co-location workgroup met monthly and a pilot CPS site was identified.

Some of the barriers that the workgroup faced included:

- **Clients' Perspectives** – Clients were overly guarded around CPS workers; clients would not be able to separate treatment providers from CPS; and the CPS environment would distract and interrupt clients.
- **TERROS/CPS Perspectives** – Clients would not come to the CPS office for treatment; staff availability to provide client services would be reduced; client confidentiality would be compromised; and Families F.I.R.S.T. team building would be compromised.

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) meetings;
- **Facilitator** of coordination and communication regarding substance abuse treatment within the child welfare system;
- **Educator** for both CPS staff on addiction and addiction treatment, as well as for Arizona Families F.I.R.S.T. staff on child welfare 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 report improved communication and improved case coordination.

This, in itself, elicits improved service to clients. Another key benefit in meeting these objectives is the improved coordination and communication with other CPS contracted providers, such as Family Preservation and Reunification, as well as the RBHA's children's providers who are also co-located in the same CPS sites.

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

ANNUAL EVALUATION SUMMARY SFY 2007

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 PROGRAM MODEL

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. 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 legislature's 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, AFF clients, and other stakeholders. Analyses were conducted with respect to child welfare outcomes for the period July 1, 2006 through June 30, 2007.

KEY FINDINGS

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 individuals, the AFF program serves as a portal to substance abuse treatment, and comprehensive behavioral health services, including medical care for participants and their children, and assessment and enrollment in the Arizona Health Care Cost Containment System (AHCCCS). 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 achieve permanency for children through reunification with their parents and families.

TIMELINESS, AVAILABILITY AND ACCESSIBILITY OF SERVICES

Throughout the state, individuals experiencing difficulties with substance use and child abuse or neglect were engaged in treatment services at impressive rates. During state fiscal year 2007 (SFY 2007), nearly 5,100 individuals were referred to the AFF program, an 8% increase over the previous year. Over 96% of these individuals were contacted through outreach and encouraged to seek treatment services – similar to the level reported last year. The process of reaching out to these families and encouraging them to seek help occurs in a rapid fashion; initial contact from an AFF staff person occurred within 24 hours for a majority of individuals. This is a tremendous accomplishment and 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 the initial referral.

RECOVERY FROM ALCOHOL AND DRUG PROBLEMS

Individuals engaged in the AFF program received help that has facilitated reduction and/or abstinence of their use of illicit substances and/or 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 the level reported last year. These findings are in line with outcomes from other successful model treatment programs that use random drug testing as a program component.

ACCESSING SUBSTANCE ABUSE TREATMENT SERVICES

Over 4,400 individuals received AFF services in SFY 2007, a 12% increase over the previous year. Treatment and Support Services, received by 93% and 97% of all clients respectively, continued to be the most common services provided to clients. While family (62%), individual (25%), and group (23%) counseling were common treatment services, assessment, evaluation, and screening services were also provided to 93% of all AFF clients. Individuals received a variety of secondary therapeutic and support services; case management (97%), flex fund services (72%), and transportation (29%) were the more common support services reported. The average length of treatment was slightly more than five-months (159 days).

CHILD SAFETY AND THE REDUCTION OF CHILD ABUSE AND NEGLECT

Children of AFF parents or caregivers were returned to family environments that were safe and free of abuse and neglect. During SFY 2007, 98% of AFF clients (4,366 AFF clients) had no substantiated Child Protective Services (CPS) reports of recurrent abuse or neglect after their enrollment in the AFF program.

PERMANENCY FOR CHILDREN THROUGH REUNIFICATION

Children throughout the state whose parents engaged in AFF services were safely reunited with their parents at rates that exceeded state averages. Over 570 children, representing 25% of all children of AFF clients, achieved permanency this year. These outcomes may have been enhanced by continued implementation of strategies identified by the Division of Children, Youth and Families and outlined in *Strengthening Families – A Blueprint for Realigning Arizona's Child Welfare System*. Among children of AFF clients discharged from DES care, custody and control in SFY 2007, 82% (469) were safely reunified with parents or caregivers, with the median length of time in out-of-home placement at 44 days. For information purposes, among all children exiting out-of-home care from CPS for the six-month period ending March 31, 2007, 50% were reunified with parents or caregivers.

ACHIEVEMENT OF SELF-SUFFICIENCY THROUGH EMPLOYMENT

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.

INNOVATIVE AFF PRACTICES

WESTCARE SOBER LIVING HOUSING

Mohave County faces a desperate lack of residential treatment facilities and housing to benefit AFF clients. AFF provider WestCare has addressed the need 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 Department of Housing and Urban Development (HUD) funding for Blossom House. WestCare and house residents must follow HUD guidelines to receive continued HUD funding support. Residents are provided services such as employment readiness, random drug screenings, and 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 Blossom House and Emery House provide safe, structured, and sober living environments for residents. Residents are held accountable for house rules, and are provided with services which teach or enhance the skills they need to make the transition into the greater community. Residents of Blossom House have commented that because they have a safe living environment, they have more access to their children, and that they are able to have overnight visits with their children sooner. This has helped some clients reunify faster with their children.

A new residential project on the horizon targets sober **transitional** housing for single women. WestCare was sensitive to the fact that there were fewer funding and housing available to single women without children. Sage House is scheduled to open in late 2007. This home was privately donated to WestCare by a community foundation. 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.





INNOVATIVE AFF PRACTICES

YAVAPAI COUNTY FAMILY DRUG COURT

The Adoption and Safe Families Act of 1997 has added impetus to the establishment of juvenile and family drug courts by calling for States to initiate termination of parental rights proceedings for children who have been in foster care for 18 of the previous 22 months. This short timeframe for dealing with issues of this magnitude 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.

The Yavapai County Family Drug Court (FDC) was started by a local judge in 1999. AFF has been involved with FDC since the onset of the AFF program in 2001. All CPS open cases 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 in the program include a decrease in community service time, drug screens, or 12 step meetings. Clients are provided the opportunity of speaking in confidence with the judge concerning any problems involving their case. They also receive positive praise from the judge and moral support from the client's team, which attends all court meetings with the judge. During program staffings, the team involved in the case (counselors, Probation Officers, CPS case manager, etc) reports on the client's progress.

There are three phases to the FDC 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 attend 90 12-step meetings in 90 days. After four months of successful compliance with the Phase I requirements, clients advance to Phase II. This phase 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 where there are multiple instances of relapse, the judge may require the client to restart the program beginning with Phase I requirements.

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."

CONCLUSIONS

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

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 support 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 unified family teams.

In summary, since its inception in 2001, the Arizona Families F.I.R.S.T. 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 TANF cash assistance 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 during their time in the program, as verified by drug tests.



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