



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

## *Annual Evaluation Summary 2006*

Arizona Department of  
Economic Security

Division of Children,  
Youth and Families





### Program Accomplishments In SFY 2006

- Over 4,700 individuals were referred to the AFF program in SFY 2006, a 23% increase from the previous year.
- Over 650 children were safely returned to the custody of their parents without a recurrence of abuse or neglect.
- Over 97% of individuals were contacted through outreach, the majority within 24 hours, a 19% increase in the engagement rate over last year.
- Among clients receiving services, 98% had not experienced a substantiated report of abuse or neglect after enrolling in AFF.
- More than 60% of clients who completed or otherwise left the AFF program demonstrated no drug use during their participation in the program.
- 30% more individuals have been able to access a seamless network of treatment services and supports designed to promote ongoing recovery and family stability.
- Average length of treatment was slightly less than six-months.

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

## Annual Evaluation Summary SFY 2006

**A**rizona 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 reunification
- Achievement of self-sufficiency through 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 between July 1, 2005 through June 30, 2006.

### KEY FINDINGS

**T**hroughout 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 attain permanency in their role as parents to their children.

### 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 2006 (SFY 2006), over 4,700 individuals were referred to the AFF program, a 23% increase over the previous year.** Over 97% of these individuals were contacted through outreach and encouraged to seek treatment services – well above outreach efforts for similar substance abuse treatment programs.

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.** 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 4,000 individuals received AFF services in SFY 2006, a 30% increase over the previous year in the number of AFF referred clients receiving services.** Treatment and Support Services, received by 94% and 99% of all clients respectively, continue to be the most common services provided to clients. While family (58%), individual (24%), and group (21%) counseling were common treatment services, assessment, evaluation, and screening services were also provided to 87% of all AFF clients. Individuals received a variety of secondary therapeutic and support services; case management (85%), flex fund services (72%), and transportation (26%) were the more common support services reported. Average length of treatment was slightly less than six-months (171 days).

### Child Safety and the Reduction of Child Abuse and Neglect

Children of AFF parents or caregivers experienced less subsequent abuse and neglect compared to the state averages. During SFY 2006, **98% of AFF clients (3,931 AFF clients) had no new substantiated Child Protective Services (CPS) reports of 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 900 children, representing 25% of all children of AFF clients, achieved permanency this year, an increase of 9% over last year's findings. **These outcomes may have been enhanced by the strategies implemented in accordance with *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 2006, 68% were safely reunified with parents or caregivers, with the median length of time in out-of-home placement at 30 days.** For information purposes, among all children exiting out-of-home care from CPS for the six-month period ending March 31, 2006, 51% were reunified with parents or caregivers.<sup>1</sup>

<sup>1</sup> Arizona Department of Economic Security. Child Welfare Reporting Requirements: Semi Annual Report For the Period October 1, 2005 Through March 31, 2006.

## AFF Client Facts SFY 2006

- 72% Female
- 30 years of age (average)
- 27% Hispanic or Latino
- 6% African American
- 4% Native American
- 34% employed full/part-time
- 50% using alcohol/drugs in past 30 days
- Alcohol, marijuana and methamphetamine commonly reported substances at enrollment

## AFF CLIENT VOICES

“I had my son taken away from me, and for the last 10 months, she (AFF case manager) helped me get him back. She helped me find a halfway house. I'm getting ready to move into my own place next month. I don't think I could have done it without this place.”

*Female, Yavapai County*

“The same day they took my son, I came here [AFF office]. It was fast; it took two hours to get enrolled.”

*Female, Yuma County*

“They're already giving me everything I need: Helping me budget ...keep me on my UAs. Get my kids back. They just put themselves out.”

*Female, Navajo County*



“My life has changed totally. I mean, just the fact that I'm able to be a mother again, with nobody really watching over me. I have speaking engagements that I do now, and I reach out to people in my situation, and that's with the encouragement of the staff at WestCare. I'm able to keep a job. They give you incentives-just you're life improving tremendously is incentive enough.”

*Female, Mohave County*

## AFF Providers

AZPAC-Coconino

AZPAC-Yavapai

AZPAC-Yuma

Community Partnership of  
Southern Arizona

Horizon Human Services

Old Concho Community  
Assistance

Southeastern Arizona Behavioral  
Health Services

TERROS

WestCare Arizona

## RBHAs

Cenpatico Behavioral  
Health of Arizona

Community Partnership of  
Southern Arizona

Northern Arizona Regional  
Behavioral Health Authority

ValueOptions



### Achievement of Self-Sufficiency Through Employment

Among AFF clients who were discharged during SFY 2006 (1,097 individuals), 142 clients received Jobs services during the year. Of these discharged “AFF-Jobs” clients, 43% maintained employment of at least 30 days. There was insufficient employment data available at the time of analysis to provide a more comprehensive assessment of this outcome.

## CONCLUSIONS and RECOMMENDATIONS

The identified areas of achievement include:

- Children throughout the state whose parents have been engaged in AFF services were safe and were reunited with their parents at rates that exceeded the 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 abuse of alcohol;
- Throughout the state, individuals experiencing difficulties with substance use and child abuse and neglect were engaged in treatment services at impressive rates; and
- Individuals engaged in AFF services received a complementary set of services from both DES and DBHS, and for many of these individuals, the AFF program facilitated access to behavioral health treatment services and supports.

The following two areas were identified for consideration by the DES and ADHS partnership to enhance the evaluation:

- Over the past year there has been an improvement in the reporting of substance abuse through the increased use of drug screening procedures. However, with regard to the reporting of employment status, more can be accomplished. It is suggested that changes in the AFF database and Closure Report capture required employment status at the time of client closure; and
- Differences in the services reporting requirements of DES and DBHS continue to impede adequate monitoring of the consistency of AFF service provision statewide. Constructing a “crosswalk” service document between the two service systems may be a first step in bridging the two systems.

The next two areas were identified for practice improvement consideration:

- There have been improvements this year in the monitoring of regional variations in AFF service delivery due to enhanced program reporting and technical assistance provided by both the AFF staff and evaluation team. Continued attention is warranted to determine if regional practice variations lead to differences in client outcomes; and
- Methods and procedures should be reviewed regarding the timeframes between AFF referral and enrollment into the RBHA system for those individuals eligible for Medicaid Title XIX services.

## ACKNOWLEDGEMENTS

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