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

Annual Evaluation Report

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EXECUTIVE SUMMARY

Arizona Families F.I.R.S.T. and Its Development in Brief

Arizona Families F.I.R.S.T. (AFF) was established by Arizona Revised Statute (ARS) 8-881 (Senate Bill 1280, passed in the 2000 legislative session) and is administered jointly by the Arizona Department of Economic Security (ADES) and the Arizona Department of Health Services (ADHS), with ADES designated as the lead agency. The legislation established a statewide program for substance abusing 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 abuse is a major problem contributing to child abuse and neglect, and is also a significant barrier for those attempting to re-enter the job market or maintain employment.

In the spring of 2001, nine AFF providers received contracts through ADES to implement a community substance abuse prevention and treatment program under Arizona Families F.I.R.S.T. Contract providers across the State of Arizona were funded so that all counties would be covered by AFF services. The agencies funded included: TERROS; Southeastern Arizona Behavioral Health Services (SEABHS); Community Partnership of Southern Arizona (CPSA); Arizona Partnership for Children (AZPAC) in Coconino, Yavapai, and Yuma counties; Horizon Human Services; WestCare Arizona; and Old Concho Community Assistance Center. Over the past two years of program operations, AFF provider agencies worked to: develop a referral process; screen, assess, and treat clients within the required AFF timeframes; develop collaborative partnerships with subcontractors and other community agencies; and coordinate treatment services with Regional Behavioral Health Authority (RBHA) providers when the AFF client was in the Title XIX program. Provider agencies also have worked to promote a more family-centered service delivery system and engage and retain clients in treatment.

The evaluation of AFF, required by ARS 8-881, focuses on the implementation of the AFF community substance abuse prevention and treatment programs at all nine sites, the factors that contribute to their success, and the extent to which the legislature's outcome goals of increases in timeliness, availability and accessibility of services; recovery from alcohol and drug problems; child safety; permanency for children through reunification; and the achievement of self-sufficiency through employment can be obtained. The focus during the first year of the evaluation was on establishing a cross-agency, client-level data base system, documenting the implementation of AFF through quarterly data collection at each of the AFF sites, and analyzing data on clients' utilization of services. During the second year of the evaluation, the focus was on continuing to document program implementation through the analysis and reporting of client-level service utilization data and qualitative data gathered from program directors, RBHA representatives, and clients. Analyses also were conducted using the data available to determine early findings with respect to child welfare and employment outcomes as of March 31, 2003.

Overview of Annual Evaluation Report

This report presents service utilization data for the annual reporting period that covers April 1, 2002 through March 31, 2003. It includes process data collected for the period of April 1, 2002 through June 30, 2003. The evaluation data have contributed to an understanding of the characteristics of AFF participating clients; the types of drugs used by clients across the

nine AFF provider sites, including poly-drug use patterns; referral trends; levels of client engagement in services and service utilization patterns; and lengths of stay in treatment.

Process data presented in last year's Annual Evaluation Report (December 2002) offer findings with respect to changes in the timeliness, availability, and accessibility of treatment services as perceived by AFF program directors. In the current annual report, process data collected through telephone interviews with AFF program directors indicate that most AFF provider agencies have continued to work on their existing collaborative partnerships in order to increase their partners' understanding of AFF services and to better coordinate service delivery to clients. For some program directors, however, the uncertainty regarding future funding for AFF and the continuation of the program became an issue that interfered with activities to move their programs forward in areas such as program development and building new collaborative partners.

Early results related to treatment and recovery reported in this annual report include the findings that AFF clients are engaged in treatment services at a high rate and are spending several months in treatment services. These are encouraging results because retention of clients in treatment services to address their needs is an intermediary outcome in the recovery process. Early outcomes in the area of child welfare and employment provide benchmarks for the AFF population from which subsequent analyses and comparisons can be made in the future. Prior to analyzing these data, benchmarks were not available for the specialized AFF population.

Key findings of this annual report are summarized below, under the research questions that were examined in this report.

What are the Characteristics of Participating Clients?

- Overall, 82 percent of participating clients were in the Title XIX program (i.e., enrolled in Medicaid) and 18 percent were non-Title XIX.

- Seventy five percent of participating clients were female, and 25 percent were male. Twenty eight percent were between 18 and 25 years old; 35 percent were between 26 and 33 years; 26 percent were from 34 to 41 years of age; and 10 percent were 42 years and older.

- Overall, 67 percent of participants were White, 15 percent were Hispanic, eight percent were Black, five percent were Asian/Pacific Islander, and four percent were Native American/Alaskan Native. Overall, the racial distribution of clients engaged in the program was similar to the racial distribution of referred clients.

- Overall, 24 percent of participating clients across AFF sites did not complete high school. This pattern was consistent across sites with the exception of TERROS, the largest AFF provider site, where only 14 percent of clients did not complete high school.

What Do We Know About Drug Use Among AFF Clients?

- With respect to drug use reported at the time of enrollment in AFF[1], alcohol was reportedly used by 42 percent of participating clients statewide; marijuana was used by

[1] Drug use at enrollment was measured by whether clients reported use of a substance within the past 30 days.

36 percent of clients; methamphetamine was reportedly used by 28 percent of clients statewide; cocaine was used by 24 percent of participating clients; and heroin/morphine was used by 4 percent of clients. Use of cocaine was highest at CPSA (where cocaine was used by 63% of clients); the highest rates of marijuana use were reported by AZPAC Yavapai (71%), CPSA (66%), and SEABHS (67%). Methamphetamine was used by over 65 percent of participating clients at AZPAC Yavapai (73%), AZPAC Yuma (68%), and WestCare (72%).

- The polydrug comorbidity patterns among participating clients indicated that for the 419 participants who reported that methamphetamine was their most frequently used substance, 47 percent also used alcohol and 48 percent also used marijuana. Approximately 474 participating clients reported that alcohol was their most frequently used substance. Among this group, 49 percent also reported using marijuana. Among the 320 participating clients reporting cocaine as their most frequent drug, 60 percent also used marijuana and 64 percent also used alcohol.

What has been the Pattern of Referrals to AFF?

- Eight of the AFF provider agencies (AZPAC Coconino, AZPAC Yavapai, AZPAC Yuma, CPSA, Horizon, Old Concho, TERROS and WestCare) showed fluctuation in the number of referrals over the quarters and an overall increase in referrals from July through December 2002. From December 2002 to March 2003, seven providers showed an increase in referrals again, but CPSA and WestCare showed a decrease.

- Referrals from TERROS doubled during the last few quarters, increasing from 184 referrals during July – September 2002 to 359 referrals during October – December 2002, then increasing to 469 referrals during January - March 2003. TERROS' program directors believe this increase is due to the new State policy regarding Substance Exposed Newborns as well as anticipation of the closing of a major treatment provider in District I, which has resulted in greater numbers of clients being referred to TERROS.

To What Extent are AFF Clients Engaged in Substance Abuse Treatment?

- Engagement in treatment services was one of the Steering Committee's[2] suggested performance measures. Sixty eight percent of all clients referred to AFF in the annual reporting period (April 1, 2002 - March 31, 2003) were subsequently engaged in treatment services. Engagement in treatment may be viewed as an intermediary outcome that is attained prior to observing long-term outcomes related to recovery.

- Overall, clients who receive an assessment are likely to have a service plan developed and enter treatment. Seven of the AFF provider agencies (AZPAC Coconino, AZPAC Yavapai, Horizon, Old Concho, SEABHS, TERROS and WestCare) completed assessments on more than 70 percent of their referred clients. AZPAC Yuma and CPSA completed assessments on 67 percent and 58 percent, respectively, of referred clients.

- At seven of the AFF sites, there was a consistent pattern, whereby 100 percent of clients with a service plan went on to receive treatment services.

[2] The AFF Steering Committee was formed as a policy committee to provide guidance and oversight to AFF. The Steering Committee initially took on the role of specifying policies and requirements to help shape the direction of the program and reviewing implementation procedures.

- Several AFF program directors (TERROS, AZPAC Yavapai, AZPAC Yuma, and Horizon) noted that CPS-involved clients whose substance abuse treatment is court mandated are more likely to become engaged in treatment than non-mandated treatment cases referred by CPS or non-CPS involved cases.

- Several AFF program directors (SEABHS, CPSA, AZPAC Coconino, and AZPAC Yuma) noted that the initial outreach and quality of the first contact with the client is a good indicator of whether a client will become engaged in treatment. A unique component of the AFF program is its emphasis on outreach and the allocation of resources to provider agencies to make multiple outreach attempts. AFF provider agencies are required to make the first outreach attempt within 24 hours of receiving a client's referral to their program. AFF provider agencies are also required to make at least three physical attempts to contact the client during the outreach phase.

To What Extent are AFF Clients Staying in Treatment Services?

- With respect to length of stay in treatment, among the clients who were participating in treatment during the annual reporting period, 45 percent of clients with an opportunity to spend at least six months in treatment remained in treatment for six months or longer. In addition, 22 percent of clients who received treatment during this reporting period had been in treatment for 8 months or longer. These patterns are promising given that research on substance abuse treatment emphasizes that the longer a client remains in treatment, the more likely it is that the treatment will result in long-term behavior change.[3]

- Several AFF program directors (TERROS, AZPAC Coconino, AZPAC Yavapai) perceived that CPS-involved clients with court-mandated treatment are more likely to remain in treatment than those clients who are not involved with CPS. TERROS' program director noted that clients referred by CPS are motivated to stay in treatment in order to retain their children in the home, or, if their children have been removed, to be reunified with their children.

What are some of the Early Outcomes in Child Welfare and Employment, based on Available Data?

- Among the 2,122 CPS families participating in AFF during the annual reporting period, 92 percent had *not* experienced a subsequent substantiated report of abuse or neglect when their status was six months after enrolling in AFF.

- Two cohorts of families were analyzed-- one with a 12 month opportunity (or longer) to receive treatment, and the other with a 6 - 12 month opportunity to receive treatment. Treatment opportunity is based on when caregivers enrolled in AFF and the date when their status was examined--March 31, 2003. Among the children placed in care after AFF enrollment, the cohorts showed the same reunification rate (17%). Also, children whose caregivers had a 12 month treatment opportunity in AFF remained in care a median of 148 days, and children whose caregivers had a six month treatment opportunity in AFF spent a median of 185 days in care.

[3] Hubbard, R., Marsden, M., Rachal, J., Harwood, H., Cavanaugh, E., & Ginzburg, H. (1989). Drug Abuse Treatment: A National Study of Treatment Effectiveness. Chapel Hill: The University of North Carolina Press.

- Ninety seven percent of AFF participating clients who were employed at the time of their enrollment in AFF maintained their employment status through March 31, 2003, and 25 percent of unemployed clients obtained employment.

- If additional data from providers are made available in the future that address baseline severity of primary drug used, presence of co-occurring conditions, whether treatment was completed, and indicators of recovery through the ASI-lite,[4] further interpretation of the outcomes data will be possible.

What Characteristics are Perceived to be Associated with Client Recovery ?

- AFF program directors most frequently reported that CPS involvement was a key factor associated with client success in treatment. In specific, five out of nine AFF program directors (TERROS, AZPAC Yavapai, Horizon, SEABHS, and AZPAC Yuma) noted that clients who have lost their children to foster care or have a potential to lose their children are more likely to be motivated to succeed. As described by one program director, *"Moms who want their kids back are the most likely to succeed."*

- Other client characteristics perceived by AFF program directors to contribute to client success were (1) employed clients are more likely to succeed in recovery than unemployed clients; (2) older clients are more likely to succeed in recovery than younger clients due to their emotional maturity; (3) having a family support network and community support, including support groups, is integral to client success; and (4) clients that had permanent housing are more likely to succeed than homeless clients.

What Do We Know About Clients' Satisfaction and Experiences with AFF?

- Focus groups were conducted to gather information from AFF clients on their experiences in the program. Clients from the majority of AFF provider agencies reported that they played a role in the development of their treatment plan. Clients across the AFF sites discussed the value of participating in group treatment and "not feeling alone." Clients reported that they trusted the staff, felt comfortable talking with them, felt they were knowledgeable and caring.

- Clients reported that their treatment therapists discussed their progress with case managers regularly and that this was helpful in coordinating appropriate services. Clients also indicated that the positive feedback and encouragement they received from staff gave them an incentive to comply with their treatment.

- In general, clients reported that they were receiving the services they needed but indicated there were other services that were needed in their communities, including transitional housing (AZPAC Yavapai), parenting classes and child care (Horizon), couples counseling and domestic violence classes (CPSA), family sessions and home visits (SEABHS), and housing and group classes for men (TERROS).

[4] The Addiction Severity Index (ASI)-lite, a shorter version of the standard ASI, is a semi-structured interview designed to assess six potential problem areas that address a range of factors related to recovery. As part of the approved AFF evaluation plan, providers were responsible for collecting baseline and follow-up assessment data on clients using the ASI-lite and supplying this data for the evaluation.

What Other Lessons Have Been Learned After the Second Year of the Program?

- Program directors reported that the successes experienced to date with respect to implementation of AFF include increased collaboration among service providers, CPS, and /or the RBHA; the use of outreach and engagement services to get clients into treatment; the ability to provide support services to meet basic client needs and to increase clients' access to substance abuse treatment; and implementation of client and family-centered services.

- RBHA representatives identified several factors that had contributed to effective collaboration with AFF providers and implementation of the AFF program. These included (1) RBHA representatives in attendance at AFF collaborative meetings and participation in cross-agency training; (2) multi-agency case staffings in which both the AFF provider and RBHA treatment staff participate; (3) coordination with the AFF provider to determine Title XIX eligibility; (4) the availability of additional substance abuse treatment staff at the RBHA agency; and (5) a centralized referral process for handling substance abuse cases at the RBHA agency.

- AFF program directors noted the following barriers to client success: the challenges of living in rural areas where clients are isolated and do not have easy access to transportation; differing perspectives and philosophies among agencies regarding treatment; lack of housing for clients, and lack of employment opportunities that paid enough to meet clients' needs.

- The most frequently cited challenge reported by AFF program directors in the implementation of AFF was concern regarding budget issues and the ability to continue operating a program within the context of uncertain funding from year to year. Other challenges included the lack of residential care in the community; managing a high level of referrals each month; lack of transportation in rural areas; and a shortage of transitional housing.

- With respect to evaluation, continued evaluation efforts with the AFF program should emphasize strong data management at the provider level, the ability to enforce providers to supply evaluation data, and the ability to integrate data from multiple platforms at the State and provider levels.

Conclusion

Overall, information presented in this report indicates that by the end of the annual reporting period, referrals to AFF were at an all-time high. This was occurring at the same time that uncertainties regarding the future funding of the program caused some of the AFF program directors to delay moving forward in building new collaborative partnerships and expanding their program development activities.

Levels of engagement in treatment continue to be high for AFF clients, with 68 percent of all referrals to the program this past year ending up in treatment and 98 percent of clients with a service plan developed receiving some treatment services. Findings on retention in treatment indicate that clients participating in treatment during the annual reporting period are remaining in treatment for several months, which is an expected proximal outcome prior to recovery. The early outcomes data have provided some general benchmarks for the AFF population with

respect to subsequent substantiated reports of abuse and neglect, reunification, time spent in foster care, maintaining employment status, and gaining employment. Process data gathered from clients suggests that the coordination among staff and clients' relationships with treatment staff have been important in helping clients obtain the services they need and to comply with their treatment plan.

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Chapter I
INTRODUCTION

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together) was established as a community substance abuse prevention and treatment program by ARS 8-881 (Senate Bill 1280, which passed in 2000 legislative session). Under the requirements of the Joint Substance Abuse Treatment fund that was established under the legislation, Section 8-884 requires an evaluation of the Arizona Families F.I.R.S.T. program (AFF). The evaluation of AFF focuses on the implementation of community substance abuse prevention and treatment programs at each of the nine AFF sites across the State of Arizona, the factors that contribute to their success, and the extent to which outcome goals can be attained such as increases in timeliness, availability and accessibility of services; recovery from alcohol and drug problems, child safety, permanency for children through reunification, and the achievement of self-sufficiency through employment. During the second year of the evaluation, the ongoing documentation of program implementation occurred through the analysis and reporting of client-level service utilization data and qualitative data gathered from program directors, representatives of Regional Behavioral Health Authorities (RHBAs), and from clients participating in focus groups. Early outcomes in the areas of child welfare and employment also were explored.

A. Background Information on the Arizona Families F.I.R.S.T. Program

Arizona Families F.I.R.S.T. is administered jointly by the Arizona Department of Economic Security (ADES) and the Arizona Department of Health Services (ADHS), with ADES designated as the lead agency. The legislation established a statewide program for substance abusing 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 abuse in families is a major problem contributing to child abuse and neglect, and that substance abuse can present significant barriers for those attempting to re-enter 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 the time limits established under the TANF block grant, also were factors behind the legislation.

The purpose of AFF is to develop community partnerships and programs for families whose substance abuse 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 Regional Behavioral Health Authorities—RBHAs), as well as through partnerships with other agencies such as faith-based organizations, domestic violence agencies, and social service organizations.

The Legislature defined in ARS 8-884 the following outcome goals to 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 AFF Steering Committee further 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 ADES to implement a community substance abuse prevention and treatment program under Arizona Families F.I.R.S.T. Contract providers across the State of Arizona were funded so that all counties would be covered by AFF services. The agencies funded included: TERROS; Southeastern Arizona Behavioral Health Services (SEABHS); Community Partnership of Southern Arizona (CPSA); Arizona Partnership for Children (AZPAC) in Coconino, Yavapai, and Yuma counties; Horizon Human Services; WestCare Arizona; and Old Concho Community Assistance Center. The AFF provider agencies and the geographic areas they serve are summarized in **Exhibit I-1**.

Exhibit I-1 AFF Provider Agencies and Counties Served

AFF Provider Agency	County
TERROS	Maricopa
Community Partnership of Southern Arizona (CPSA)	Pima
Arizona Partnership for Children (AZPAC)	Coconino
Old Concho Community Assistance Center	Apache/Navajo
AZPAC	Yavapai
AZPAC	Yuma
WestCare Arizona	La Paz/Mohave
Horizon Human Services	Pinal/Gila
Southeastern Arizona Behavioral Health Services (SEABHS)	Cochise, Graham, Greenlee, Santa Cruz

Among the nine AFF provider agencies, five are not Title XIX providers (AZPAC Coconino, AZPAC Yavapai, AZPAC Yuma, WestCare, and Old Concho) and must refer Title

XIX AFF clients to a Title XIX provider/RBHA for their treatment services. The other AFF provider agencies are Title XIX providers (TERROS, CPSA, SEABHS, and Horizon) and provide treatment services for both Title XIX and non-Title XIX AFF clients.

In February 2003, ADES extended the AFF provider agencies' contracts to June 2003 in order to coordinate with the fiscal year. Providers' contracts currently are extended to June 30, 2004, and a new solicitation will be required to extend funding beyond that point. Rates have not been increased but additional service units have been amended into some of the providers' contracts due to increased usage of services.

Recently, Governor Napolitano released an Action Plan for Reform of Arizona's Child Protection System. In addition to proposing legislation that will amend the definitions of abuse/neglect to clarify that alcohol and drug abuse is a factor that must be considered in determining whether a parent, guardian or custodian has abused and/or neglected an infant or child, agencies are called upon to improve the delivery of alcohol and substance abuse services by replicating the Arizona Families F.I.R.S.T. model.

B. Data Sources Analyzed for the Annual Report

This annual report draws upon data from multiple sources. Service utilization data are reported for the annual reporting period that covers April 1, 2002 through March 31, 2003. For some of the service activities (i.e., referrals, assessments, levels of engagement) data also are presented from project inception (March 2001) through March 31, 2003. These data on service utilization were obtained from the nine AFF provider agencies and electronically transmitted to the client-level database maintained by the evaluator. In addition, service data obtained through ADHS (for services utilized by Title XIX AFF clients) from the CEDARS and ENCOUNTER data systems, and outcomes data from CHILDS and JAS/AZTEC systems, are included through March 31, 2003. Data on client characteristics were supplied by AFF provider agencies using information available from the assessments completed with clients.

To assess perceptions of changes in timeliness, availability and accessibility of services, in-depth interviews were conducted during the first year of the program with AFF program directors and agency administrators. The qualitative findings from these interviews were analyzed and are available in last year’s Annual Evaluation Report (December 2002).

To assess changes in program implementation, updates on collaborative partnerships, perceived barriers and facilitators to implementation, contextual issues, and other events that may have influenced service activity, AFF program directors were interviewed by telephone during the winter of 2003 and then again in early summer of 2003. In addition, RBHA representatives were interviewed by telephone during the summer of 2003. Focus groups also were conducted with clients at all sites except at AZPAC Yuma and Horizon, where only one participant showed up at each site and thus an individual interview was conducted. The criteria for inclusion in the focus groups was that clients needed to be currently enrolled in AFF and they needed to be participating in some type of substance abuse treatment service.

More detail regarding specific methodologies used has been included in Chapters III, IV, V, and VI where the findings of our analyses are presented.

C. Organization and Contents of Semiannual Report

This report begins with a brief overview of the evaluation framework that was used to guide the evaluation of AFF (Chapter II). In Chapter III, findings with respect to characteristics of clients referred from project inception through March 31, 2003 are presented. Chapter III also reports on the characteristics of clients participating in services during the annual reporting period of April 1, 2002 through March 31, 2003. Included in the service activity reporting is information on levels of engagement, treatment services utilized, and lengths of stay in treatment. Data in Chapter III, in general, are presented at the AFF provider agency level as well as cross-site (i.e., statewide totals).

Chapter IV presents available outcomes based on child welfare data extracted from the CHILDS system, and from JAS/AZTEC data, ADHS data, and provider data that addressed employment status of AFF participants. These data enabled the evaluation to assess subsequent CPS reports of abuse and neglect, reunification from foster care, and employment among participating clients as of March 31, 2003.

Chapter V presents findings with respect to program implementation. These findings are the result of a systematic qualitative analysis that addressed program directors' perceptions over time as well as the perceptions of RBHA representatives. Program directors were asked about changes in program implementation and contextual issues affecting the implementation of AFF, as well as their perceptions of facilitators and barriers to client success, the status of collaborative partnerships over the past year, perceptions of clients' experiences in the program, and lessons learned and important next steps. The RBHA representatives were asked to describe their perceptions of facilitators and barriers to implementing the AFF program, changes in the way the RBHA has been involved in delivering services to AFF clients since program inception, and perceptions of their collaborative partnerships with respective AFF provider agencies.

Chapter VI presents findings on client satisfaction based on interviews and focus groups with clients across the AFF provider sites. Finally, Chapter VII provides a summary and conclusion of the major findings presented in the annual evaluation report.

Chapter II
OVERVIEW OF EVALUATION FRAMEWORK

The evaluation design that was developed for AFF includes both a process study and an outcome study. The process study focuses on program implementation to determine whether AFF provider agencies implemented the service model as intended by the legislation and program administrators. The process study also is useful for explaining why outcomes were achieved or not achieved. The outcome study was designed to address whether the AFF outcome goals and performance measures were achieved as well as other outcomes in the areas of recovery, family stability, safety, permanency, self-sufficiency, and systems change. The outcome study addresses outcome findings at both the participant and systems levels.

The evaluation framework upon which the AFF evaluation is based includes a number of models to be used in understanding the program from multiple levels—from the conceptualization of the program by policymakers to the actual experience of clients who enter the program and utilize the substance abuse treatment services. These models include:

- **The Policy Model**: This model provides the standard description of the design of the program against which subsequent implementation of AFF is analyzed. Data to address the policy model are gathered from document reviews and interviews with policymakers. This model reflects the way in which the state administrators, legislators, and various stakeholders *envisioned* the program and how it was designed to operate. In the first two annual evaluation reports on AFF (October 2001 and December 2002), an analysis of the policy model was presented. In specific, program policies, policy-level documents, the RFP, the Vision Statement, the role of the Steering Committee, and activities of ADES to help implement the program were analyzed and findings were presented.

- **The Program Management Model**: This model describes the way in which each AFF provider agency *operationalized* the policy guidelines, designed their initiative to meet State requirements, and responded to the unique characteristics of their locality and the needs of their program participants. In the first two annual evaluation reports, findings from site visits that assessed the program management models of the nine AFF provider agencies were reported, including the administrative structure of the AFF provider agencies; compensation for services and provider rates; staff qualifications and training issues; and linkages to provide supportive services for clients. This annual report provides updated information through interviews with project directors regarding any changes to program operations that may have affected service delivery. It also includes the perspective of RBHA representatives with respect to issues affecting service delivery for Title XIX clients in AFF.

- **The Operations Model**: This model consists of the dual perspectives of frontline staff and program participants in describing program operations. Key questions of the frontline staff sub-component of the model concern whether staff are *implementing* the program according to the Program Management Model, and, if not, "Why not?" The participant issues sub-component of the model identifies participant perspectives and descriptive data on participant needs and actual receipt of services. It also identifies how satisfied participants are with services, how well the vision statement is operationalized in terms of the participants' experiences (e.g., are services available to them, accessible, and can they receive them in a timely

manner?), and whether or not there are unmet needs. In prior annual evaluation reports, findings at the operations level from the perspective of CPS, Jobs, and treatment staff, as well as clients, were presented. In the current annual report, the experiences of AFF clients, gathered through new focus groups conducted across AFF sites, are again reported.

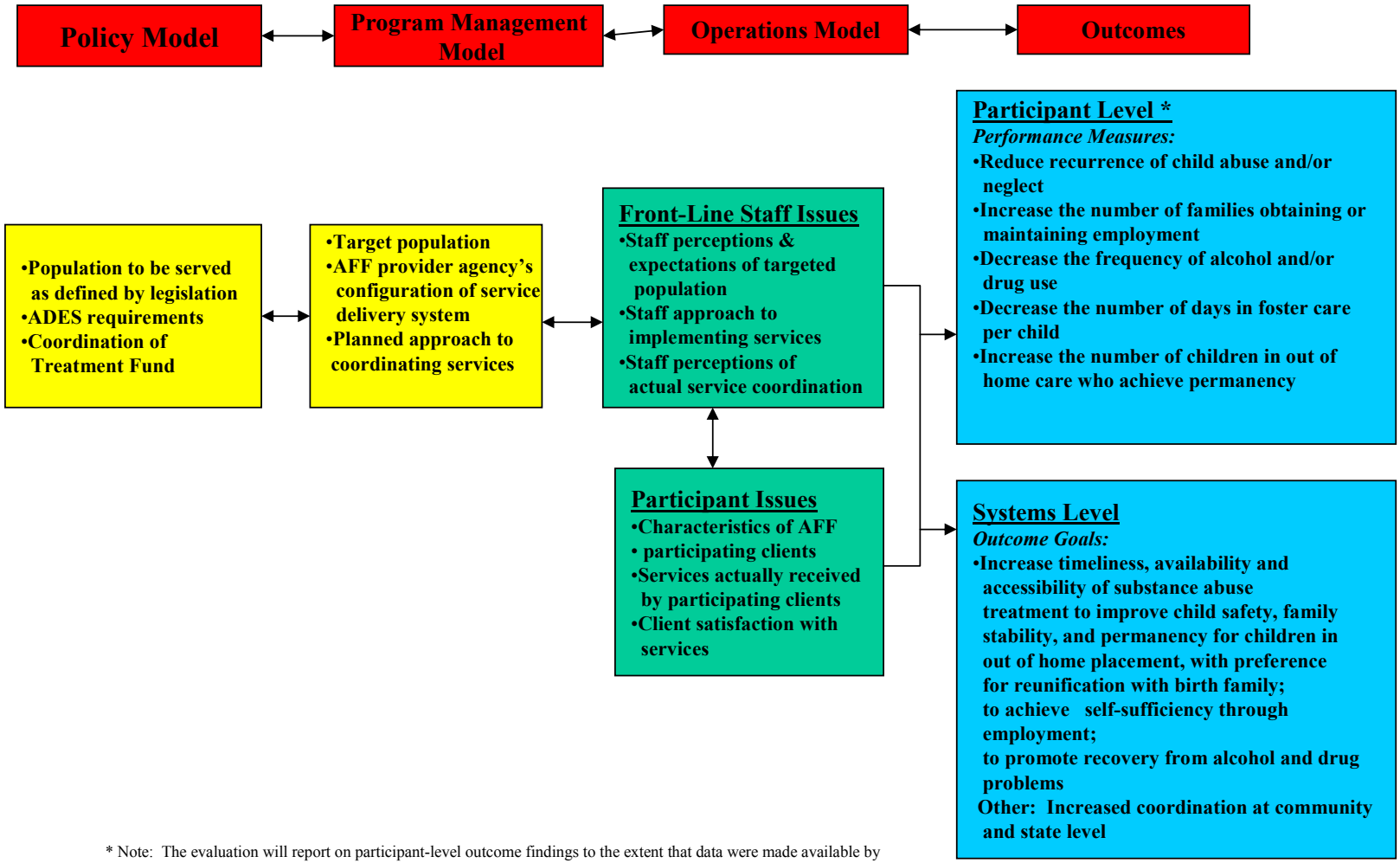
- **Outcomes:** The evaluation framework developed to study AFF provides an examination of the program effectiveness at the participant level as well as the systems level. Participant-level outcomes include changes that occur after utilization of program services, referred to as performance measures by the Steering Committee (e.g., reduced re-allegations of child abuse and neglect, attainment of employment, decrease in alcohol/drug use, reduced time in foster care, increase in reunifications from foster care). System-level outcomes include changes in the service delivery systems in communities (e.g., availability, timeliness, and accessibility of substance abuse treatment services) which in turn can influence participant-level outcomes such as child safety, family stability, permanency for children in foster care, the achievement of self-sufficiency through employment, and recovery from alcohol and drug problems. Other systems-level outcomes can include systems change at the local as well as state level (e.g., increased coordination between agencies). In the December 2002 AFF Annual Evaluation Report, systems level outcomes were presented based on the perceptions of AFF program directors. Participant level outcomes are presented in this annual report for re-allegations of child abuse and neglect, attainment of employment, time in foster care, and reunification from foster care. Completion of treatment and recovery from alcohol and drug problems could not be addressed in this report because the data were not available from providers (this is discussed in detail in Chapter IV).

Exhibit II-1 provides an overview of the Evaluation Framework. This framework summarizes the models described above, upon which the evaluation is built. The framework provides a description of the system components at various points in time and from the perceptions of different stakeholders. It serves as a map or guide for how the major activities of the AFF process and outcome studies fit together into an overall program evaluation. For the current annual report, the data presented address the Operations Model and the Program Management Model.

Exhibit II-1

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

Evaluation Framework



* Note: The evaluation will report on participant-level outcome findings to the extent that data were made available by the AFF provider agencies

Chapter III
DESCRIPTION OF ARIZONA F.I.R.S.T CLIENTS AND SERVICES RECEIVED

In this chapter of the annual report, we present available data on the characteristics of individuals referred to Arizona Families F.I.R.S.T. (AFF) between April 1, 2002 and March 31, 2003 and the characteristics of clients enrolled in the program and who received services between April 1, 2002 and March 31, 2003.[5] Data are also presented on service activity, including referrals, assessments, service plans, engagement in treatment services, types of treatment services utilized, and length of time that participating clients spent in treatment. Data on all service activities are presented for the 12 month reporting period covered by this report (April 1, 2002 through March 31, 2003). In addition, cumulative data since the inception of the program (March 1, 2001) through March 31, 2003 are presented for client referrals, assessments, and levels of engagement.

Findings are summarized using tables, charts and summary bullet points. In the exhibits that follow, most tables include percentages, which are reported in the body of the tables to allow for comparisons across the AFF provider agencies, and Statewide percentages are reported in the column labeled "All Sites."

A. Characteristics of Individual Referred

In this section, data are presented on characteristics of individuals referred to AFF between March 1, 2001 and March 31, 2003. The information available for referred individuals is more limited than the data available on participating clients. The key findings from the exhibits are summarized in bullet form following each exhibit.

[5] Note: In presenting information on clients who received services between April 1, 2002 and March 31, 2003, the clients may have been referred at any time since program inception in March 2001.

Exhibit III-1. Age of Individuals Referred:
March 1, 2001 – March 31, 2003
(n = 3,927)

Provider site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
Under 18 years	3%	1%	2%	1%	1%	1%	1%	1%	1%	n=41 1%
18-25 years	33%	25%	32%	27%	32%	20%	28%	30%	28%	n=1121 29%
26-33 years	22%	28%	39%	32%	33%	26%	37%	35%	27%	n=1296 33%
34-41 years	27%	28%	20%	27%	26%	34%	23%	25%	27%	n=1025 26%
42+ years	16%	17%	7%	13%	6%	15%	9%	9%	16%	n=420 11%
Missing	0%	2%	0%	0%	1%	4%	1%	0%	1%	n=24
Total	n=79	n=187	n=95	n=1044	n=212	n=226	n=135	n=1788	n=161	N=1,148

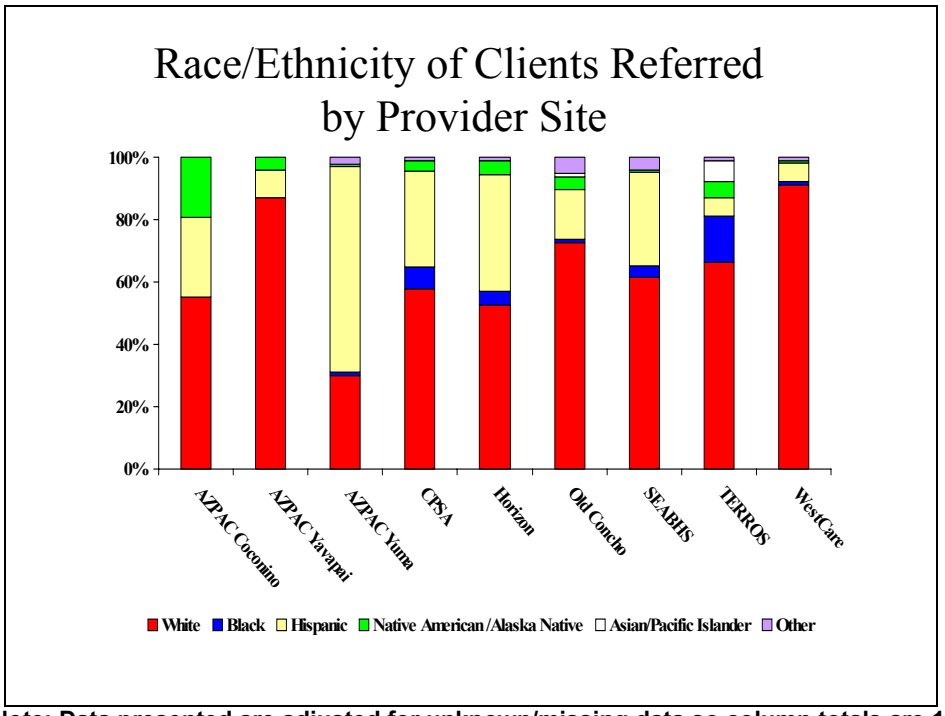
- Of the clients referred to AFF between March 2001 and March 2003, 29 percent were between 18 and 25 years old; 33 percent were between 26 and 33 years; 26 percent were from 34 to 41 years of age; and 11 percent were 42 years and older.

Exhibit III-2. Sex of Individuals Referred:
March 1, 2001 – March 31, 2003
(n = 3,927)

Provider site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	WestCare	All Sites
Male	29%	31%	33%	35%	19%	31%	32%	24%	29%	n=1105 28%
Female	71%	70%	67%	64%	75%	68%	67%	76%	76%	n=2,800 71%
Missing	0%	0%	0%	0%	6%	2%	2%	0%	0%	n=22 <1%
Total	n=79	n=187	n=95	n=1044	N=212	n=226	n=135	n=1788	n=161	N=3,927

- Of the clients referred to AFF between March 2001 and March 2003, 71 percent were female and 28 percent were male.

Exhibit III-3. Race of Individuals Referred:
March 1, 2001 – March 31, 2003
(n = 3,927)



Note: Data presented are adjusted for unknown/missing data so column totals are 100%.

- Statewide, 63 percent of individuals referred to AFF were White; nine percent were Black; 16 percent were Hispanic, four percent were Native American/Alaskan Native, and three percent were Asian/Pacific Islanders.[6]

- There was both within-site and cross-site variation regarding the race of clients referred.

  - *Hispanic*: AZPAC Yuma reported the highest number of referred clients who were Hispanic (63%). However, due to the low number of referrals at AZPAC Yuma, this site accounted for only 10 percent of Hispanic clients referred Statewide. CPSA reported that 27 percent of their clients referred were Hispanic, accounting for 44 percent of all Hispanic clients referred Statewide.

  - *Black*: Fifteen percent of TERROS' clients referred were Black, which accounted for 75 percent of all Black clients referred across the sites.

  - *White*: Sixty three percent of clients referred Statewide were White. Only AZPAC Yuma (29%) reported less than 50% of their clients referred were White.

[6] According to 2000 ADES data, the overall racial composition of Arizona's general child welfare population is 49.6 percent White, 3.4 percent Black, 36.1 percent Hispanic, 6.6 percent Native American/Alaskan Native, and 1.6 percent Asian/Pacific Islander.

- *Native American*: Almost 20 percent of clients referred to AZPAC Coconino were Native American (19%), accounting for nine percent of Native American clients referred Statewide. TERROS accounted for more than half (55%) of all Native Americans referred to the AFF program.

B. Characteristics of AFF Participating Clients

Clients were considered to be ***participating clients*** if they had a service plan developed, and were participating in services during the annual reporting period (April 1, 2002 – March 31, 2003). These clients could have been referred to AFF during this annual reporting period or at any time prior to the reporting period. This definition was developed in the analysis plan for the evaluation to ensure that the clients followed in the outcome study were individuals who had actually participated in the program. Hence, participation status is indicated when a service plan has been developed. The following data on characteristics of AFF participating clients include those individuals who had a service plan developed (at any point in time) and were receiving services during the annual reporting period (April 1, 2002 – March 31, 2003).

1. Demographic Characteristics

The first set of exhibits in this section provide descriptive information about participating clients, including their age, sex, race, number of children, education level, employment status and marital status. Each exhibit is followed by a summary of the information reported using summary bullet points.

a. Age and Sex

The following data report on age and sex of clients participating in AFF.

Exhibit III-4. Age of Clients Participating in Treatment between April 1, 2002 - March 31, 2003 (n= 2,417 participating clients)

Provider site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
Under 18 years	2%	1%	0%	0%	1%	1%	2%	0%	1%	n=13 1%
18-25 years	25%	21%	20%	24%	33%	23%	34%	30%	30%	n=684 28%
26-33 years	27%	29%	46%	35%	34%	32%	37%	36%	35%	n=854 35%
34-41 years	33%	33%	24%	29%	23%	31%	18%	24%	22%	n=618 26%
42+ years	13%	16%	10%	13%	9%	12%	9%	8%	12%	n=245 10%
Missing	0%	0%	0%	0%	0%	1%	0%	0%	0%	n=3 0%
Total	n=52	n=128	n=41	n=481	n=114	n=94	n=107	n=1291	n=109	N=2,417

- The patterns with respect to age of participating clients were similar to the ages of individuals referred to the program. Of the clients participating in AFF services between April 1, 2002 and March 31, 2003, 28 percent were between 18 and 25 years old; 35 percent were between 26 and 33 years old; 26 percent were from 34 to 41 years of age; and 10 percent were 42 years and older.

Exhibit III-5. Sex of Clients Participating in Treatment between April 1, 2002 - March 31, 2003 (n= 2,417 participating clients)

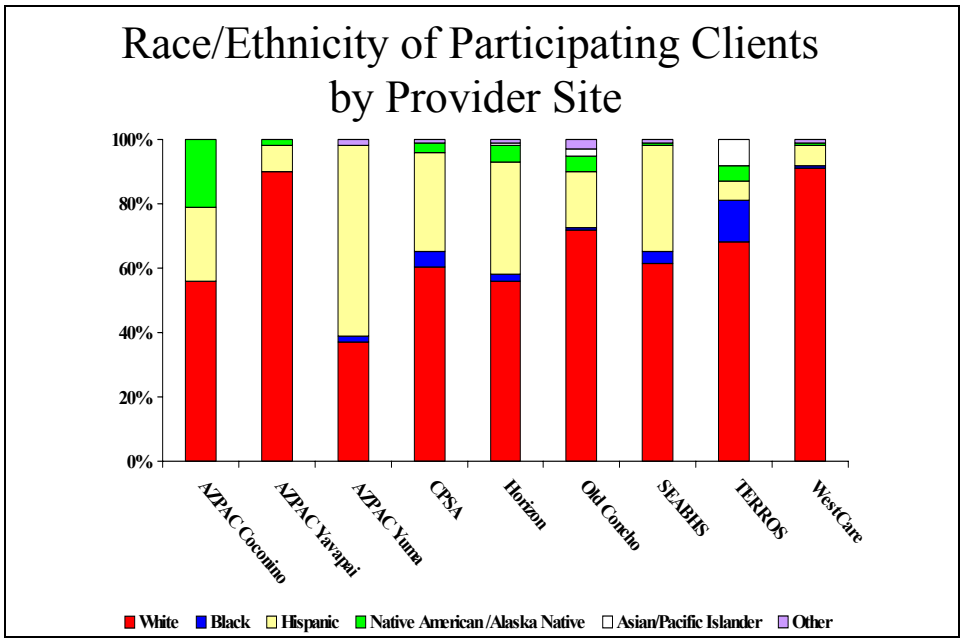
Provider site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	WestCare	All Sites
Male	21%	27%	27%	34%	18%	29%	33%	22%	24%	n=615 25%
Female	79%	73%	73%	66%	82%	71%	67%	77%	76%	n=1,802 75%
Missing	0%	0%	0%	0%	0%	0%	0%	0%	0%	n=0 0%
Total	N=52	n=128	n=41	n=481	n=114	n=94	n=107	n=1291	n=109	N=2,417

- Seventy five percent of clients participating between April 1, 2002 and March 31, 2003 were female and 25 percent were male, reflecting a similar pattern to those referred to AFF.

b. Race

The exhibit that follows presents information on race of AFF clients participating in treatment between April 1, 2002 and March 31, 2003.

Exhibit III-6. Race of Clients Participating in Treatment between April 1, 2002 – March 31, 2003 (n= 2,417 participating clients)



Note: Data presented are adjusted for unknown/missing data so column totals are 100%.

- With respect to race/ethnicity of participating clients during the annual reporting period, overall, 67 percent of participants were White; eight percent were Black; 15 percent were Hispanic; four percent were Native American/Alaskan Native; and five percent were Asian/Pacific Islander.

- In general, the racial distribution of clients engaged in AFF was similar to the racial distribution of clients referred to the program (e.g., 63% of overall referrals were White, and 67% of overall participants were White; 9% of overall referrals were Black and 8% of overall participants were Black).

- There was both within-site and cross-site variation regarding the race of participating clients.

  - *Hispanic*: Over one-half of AZPAC Yuma's participants were Hispanic (59%). However, due to the low number of referrals at AZPAC Yuma, this site accounted for only 10 percent of Hispanic participating clients across the sites. Hispanic clients accounted for only six percent of TERROS' participating clients between April 1, 2002 and March 31, 2003, but accounted for 16% of Hispanic participating clients cross-site. CPSA accounted for 30% of Hispanic participating clients Statewide.

  - *Black*: Thirteen percent of the participating clients served by TERROS were Black, which accounted for 75 percent of all Black participants across sites.

  - *White*: More than one-half of the participants at eight of the AFF provider sites were White. Only AZPAC Yuma (37%) reported less than 50% of their

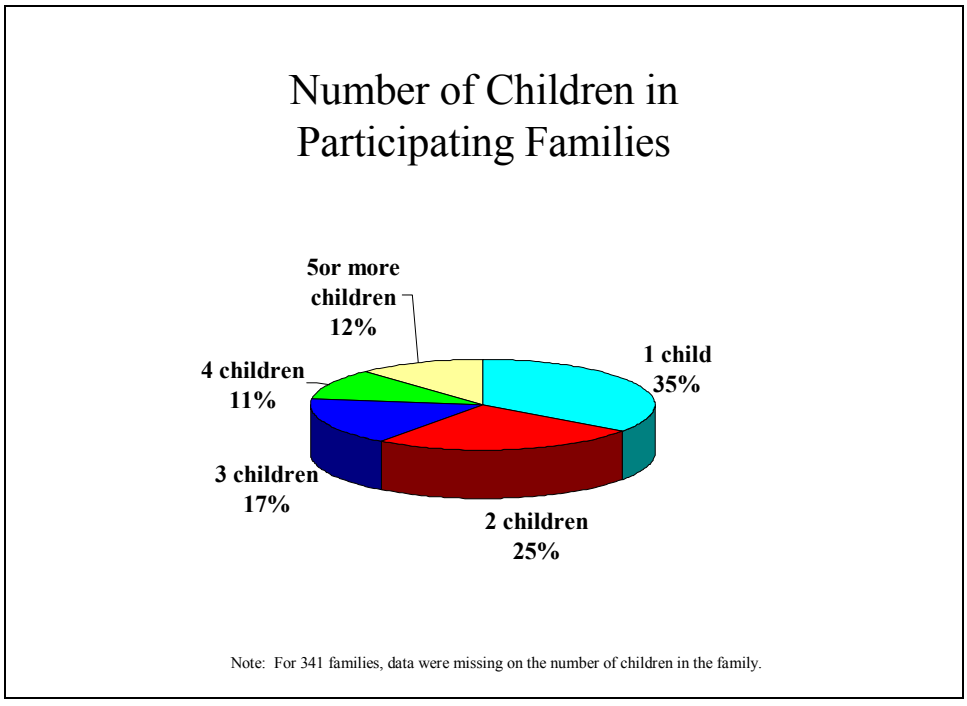
participating clients were White. Ninety one percent of the participating clients served by WestCare were White, however, this provider agency serves a small number of clients and it accounted for only six percent of the total number of White clients participating in AFF.

- *Native American*: Almost one-quarter of the participating clients served by AZPAC Coconino were Native American (21%), accounting for nine percent of Native American clients cross-site. TERROS accounted for more than half (58%) of all Native American clients served by the AFF program.

2. Family Size and Marital Status

The following exhibits report on family size and marital status among participating clients. Family size is presented in terms of the number of children in participating families.

Exhibit III-7. Number of Children in Participating Families
April 1, 2002 – March 31, 2003
(n = 2,122 participating families)



Note: For 341 families, data were missing on the number of children in the family.

- Overall, among the 2,122 participating families, there was variation in family size with respect to the number of children in families.
- Thirty five percent of participating families had only one child; 65 percent of families had two or more children.
- Statewide, 12 percent of families accounted for those with five or more children.

Exhibit III-8. Marital Status of Clients Participating in Treatment between April 1, 2002 - March 31, 2003 (n = 2,417 participating clients)

Provider Site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
Married	31%	27%	20%	18%	22%	21%	27%	14%	9%	n=406 17%
Consensual	2%	1%	2%	1%	0%	1%	0%	0%	0%	12 1%
Never Married	29%	35%	51%	37%	33%	29%	37%	39%	35%	899 37%
Separated/ Divorced/ Widowed	35%	35%	22%	23%	28%	28%	34%	16%	37%	529 22%
Unknown/ Missing	4%	2%	8%	20%	17%	21%	2%	31%	19%	n=571 24%
Total	n=52	n=128	n=41	n=481	n=114	n=94	n=107	n=1291	n=109	N=2,417

- Overall, 17 percent of participating clients were married.
- Fifty nine percent of participants were not married. In specific, 37 percent of the participating clients had never been married, and 22 percent of clients across the sites were separated, divorced, or widowed.
- Marital status was not known for 24 percent of the participating clients.

3. Education level and Employment

The following two exhibits report on the highest education level attained by participating clients and the employment status of participating clients.

Exhibit III-9. Highest Education Level Attained by Clients Participating in Treatment between April 1, 2002 and March 31, 2003 (n = 2,417 participating clients)

Provider Site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
Less than High School Diploma/ certificate	33%	37%	32%	37%	37%	34%	43%	14%	38%	n=593 24%
GED	12%	20%	12%	10%	13%	4%	11%	1%	10%	n=132 5%
High School Diploma	42%	25%	20%	27%	18%	42%	27%	51%	33%	n=980 41%
Vocational Education Certificate	6%	5%	0%	7%	8%	0%	1%	0%	0%	n=51 2%
College Associate Degree	2%	5%	0%	7%	2%	2%	6%	2%	1%	n=79 3%
College Bachelor Degree	0%	2%	0%	1%	0%	0%	1%	0%	0%	n=12 1%
College Advanced Degree	0%	1%	0%	1%	0%	0%	0%	1%	0%	N=13 1%
Unknown	6%	5%	37%	12%	23%	18%	11%	31%	18%	n=557 23%
Total	n=52	n=128	n=41	n=481	n=114	n=94	n=107	n=1291	n=109	n=2417

- Overall, 24 percent of total participating clients across AFF sites did not complete high school. This pattern was consistent across sites, with the exception of TERROS, the largest urban site, where only 14 percent of clients did not complete high school.
- For 46 percent of participating clients, a high school diploma or GED was the highest education level attained.
- For 23 percent of the participating clients, information was not available on their education level.

Exhibit III-10. Employment Status of Clients Participating in Treatment between April 1, 2002 and March 31, 2002 (n = 2,417 participating clients)

Provider Site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
Employed Full Time	19%	23%	15%	41%	11%	16%	22%	10%	15%	n=443 18%
Employed Part Time	13%	10%	10%	11%	4%	12%	12%	4%	6%	n=164 7%
Work Activity[1]	0%	0%	0%	2%	0%	0%	0%	2%	0%	n=30 1%
Educational/ Training Activities[2]	2%	0%	5%	1%	1%	0%	4%	1%	0%	n=28 1%
Not Employed	58%	69%	54%	33%	59%	65%	62%	52%	61%	n=1219 50%
Unknown	8%	2%	17%	12%	25%	7%	0%	31%	17%	n=533 22%
Total	n=52	n=128	n=41	n=481	n=114	n=94	n=107	n=1291	n=109	N=2,417

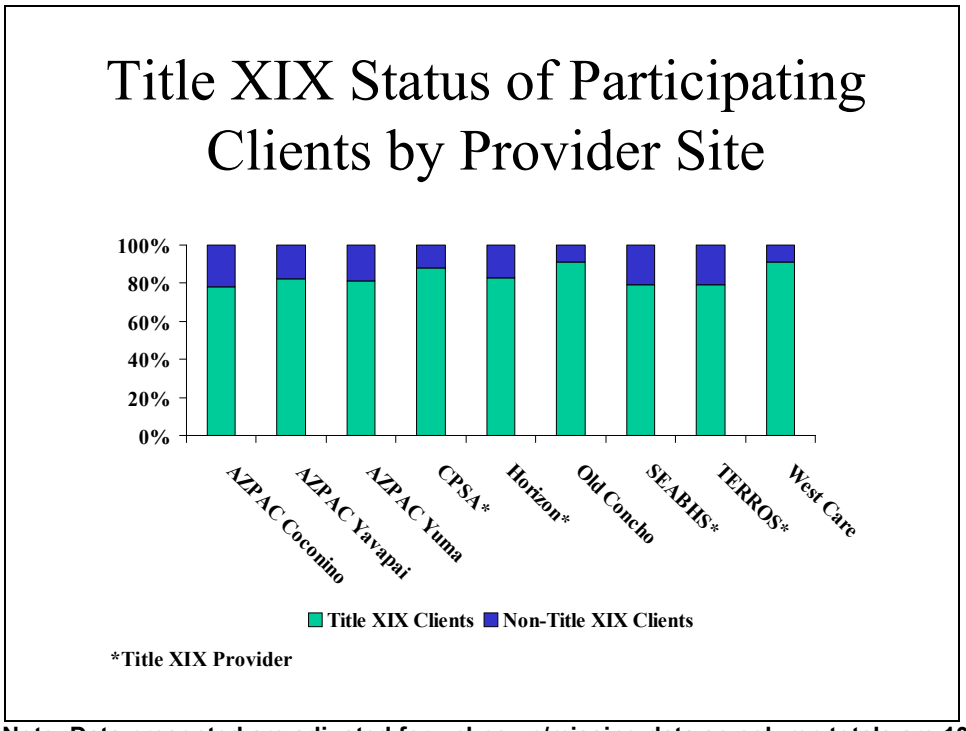
[1] Work activities include transitional employment, community-based work, facilities-based work activities, sheltered employment.
[2] Educational/training activities include education/training, social drop-in/recreational activities, and volunteer activities.

- Across AFF sites, 50 percent of clients were not employed; 18 percent of participating clients were employed full-time; and seven percent were employed part-time.
- Two percent of clients were involved in a work activity or educational training.
- Employment status was unknown for 22 percent of participating clients.
- For the participating clients served at the two largest urban AFF sites (CPSA and TERROS), 41 percent of the CPSA clients were employed full-time but only 10 percent of the TERROS clients worked full-time.

4. Title XIX Participants

Exhibit III-11 presents data on Title XIX status (i.e. enrollment in Medicaid) for AFF participating clients.

Exhibit III-11. Title XIX Status of Clients Participating in Treatment between April 1, 2002 - March 31, 2003 (n= 2,417 participating clients)



Note: Data presented are adjusted for unknown/missing data so column totals are 100%.

- For eight percent of participating clients, Title XIX status (i.e., enrolled in Medicaid) was unknown. After adjusting for unknown/missing data, 82 percent of participating clients Statewide were Title XIX and 18 percent of clients were non-Title XIX.

- All nine AFF provider agencies reported that the majority of their AFF clients, ranging from 63 percent to 85 percent, were Title XIX.

5. Substance Abuse

The remaining two exhibits in this section present the reported use of various drugs at AFF enrollment and poly-drug comorbidity patterns among AFF participating clients. Key findings from each of the exhibits are discussed in summary bullets.

Exhibit III-12. Types of Drugs Used by Clients Participating in Treatment between April 1, 2002 – March 31, 2003 (n = 2,417 participating clients)

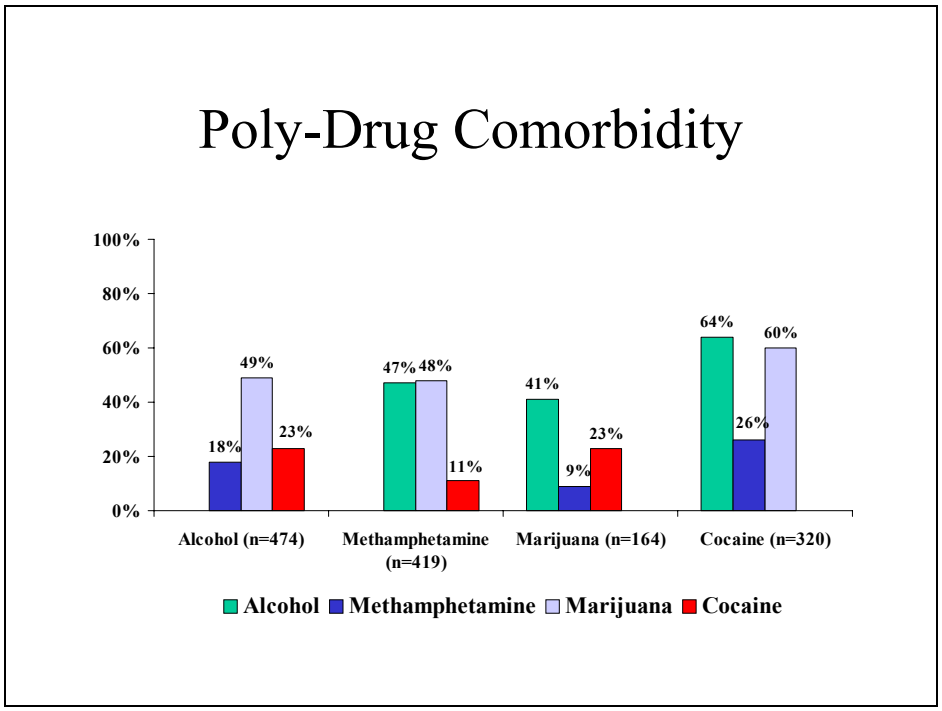
Provider Site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
Alcohol	77%	73%	68%	73%	18%	70%	71%	24%	36%	n=1027 42%
Cocaine	17%	27%	24%	63%	10%	16%	24%	12%	0%	n=568 24%
Marijuana	48%	71%	51%	66%	16%	54%	67%	17%	44%	n=861 36%
Herion/ Morphine	4%	10%	15%	9%	0%	6%	0%	0%	0%	n=105 4%
Metham-phetamine	33%	73%	68%	30%	56%	47%	50%	11%	72%	n=668 28%
Total	n=52	n=128	N=41	n=481	n=114	n=94	n=107	n=1291	n=109	N=3,229

Note: Percentages do not total to 100% because clients may report use of more than one type of drug. The total (3,229) refers to the total number of drugs reportedly used by clients.

- Overall, alcohol was reportedly used by 42 percent of participating clients Statewide at the time of enrollment in AFF.
- Marijuana was reportedly used by 36 percent of participating clients.
- Methamphetamine use was reported by 28 percent of participating clients.
- Cocaine was reportedly used by 24 percent of participants.
- Heroin/morphine was reportedly used by four percent of clients.
- With respect to site variation, methamphetamine use appeared to be a particular problem in some of the rural areas. In particular, AZPAC Yavapai (used among 73% of participants), WestCare (72% of participants) and AZPAC Yuma (68% of participants).
- Six AFF provider agencies (AZPAC Coconino, AZPAC Yavapai, AZPAC Yuma, CPSA, Old Concho, and SEABHS) reported that alcohol was used by 68 percent or more of their participating clients.
- Five AFF provider agencies (AZPAC Yavapai, AZPAC Yuma, CPSA, Old Concho, and SEABHS) reported that more than half of their AFF clients used marijuana. The highest rates of marijuana use were reported by CPSA (66%), SEABHS (67%), and AZPAC Yavapai (71%).

- Use of cocaine was highest at CPSA, where cocaine was reportedly used by 63 percent of clients. Since CPSA is one of the largest provider sites, it accounts for most of the Statewide cocaine use.

Exhibit III-13. Poly-Drug Comorbidity Patterns among Clients Participating in Treatment between April 1, 2002 – March 31, 2003 (n= 1,377 participating clients who reported use of one of the four "frequent drug use categories")



Poly-drug comorbidity was examined for clients who reported usage of more than one drug type. On the basis of either exclusive use of one drug type or most frequent usage of a particular drug, "frequent drug type" categories were identified. The four most frequently used substances were alcohol, methamphetamine, marijuana, and cocaine. Within each of these frequent drug use categories, multiple drug use patterns were examined with respect to other types of drugs that clients reported using in addition to their most frequently used substance.

- There were 474 participating clients who reported that alcohol was their exclusive or most frequently used substance. Among this group, 49 percent also reported using marijuana.

- There were 419 participants who reported that methamphetamine was their most frequently used substance, and among this group, 47 percent also used alcohol and 48 percent also used marijuana.

- Among the 164 clients whose most frequently used drug was marijuana, 41 percent also used alcohol, 23 percent also used cocaine, and nine percent also used methamphetamines.

- There were 320 participating clients who reported that their most frequently used drug was cocaine. Among these clients, 60 percent also used marijuana and 64 percent also used alcohol.

C. Service Activity

The information on service activity includes referral and assessment trends over the first two years of the program; levels of engagement in treatment services; definitions of primary treatment level groups and the types of treatment received by participating clients; and length of time that participating clients spent in treatment.

1. Referrals

Exhibit III-14 presents data on the number of referrals to AFF since the inception of the program. The data indicate that Statewide the number of referrals was generally constant across the first five quarters, averaging 354 referrals per quarter. Referrals increased in the last two quarters, with double the average number of referrals from the first five quarters (701 referrals) reported between October and December 2002

Exhibit III-14. Number of Referrals by Quarter: Project inception - March 31, 2003

Provider Site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
<Mar 2001	1	1	0	18	3	7	0	31	2	63
Mar - Jun 2001	1	21	4	102	31	22	13	145	17	356
Jul - Sep 2001	1	14	4	114	31	16	17	119	6	322
Oct - Dec 2001	15	31	3	104	17	27	6	150	4	357
Jan - Mar 2002	9	18	7	104	4	19	17	161	10	349
Apr – Jun 2002	8	10	12	136	3	15	25	152	27	388
Jul - Sep 2002	10	23	15	148	28	35	12	184	21	476
Oct - Dec 2002	16	20	17	170	31	33	11	359	44	701
Jan - Mar 2003	17	32	21	156	34	38	26	469	31	824
Total	78	170	83	1,052	182	212	127	1,770	162	3,836

There was site variation with respect to the number of referrals received. In specific:

- TERROS' referrals doubled during the last two quarters. SEABHS and WestCare also demonstrated marked increases in their referrals during one of the last two quarters.

- AZPAC Coconino, AZPAC Yavapai, and AZPAC Yuma, and Horizon showed decreased referrals during the first half of 2002 (January – June 2002), but then demonstrated consistent increases through the last quarter reported (January – March 2003).

- Old Concho showed generally consistent increases in referrals throughout the quarters.

Exhibit III-15. Percent of Clients Referred by Referral Source: Project inception - March 31, 2003 (n=3,927)

Provider Site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
CPS	78%	89%	97%	94%	87%	90%	98%	95%	85%	n=3,655 93%
Family Builders	13%	9%	0%	1%	1%	1%	1%	3%	0%	N=110 3%
JOBS	9%	0%	1%	4%	8%	8%	1%	2%	1%	n=126 3%
Unknown	0%	2%	2%	0%	1%	1%	0%	0%	14%	n=36 1%
Total	n=79	n=187	n=95	n=1044	n=212	n=226	n=135	n=1788	n=161	N=3,927

Exhibit III-15 presents information on the source of referrals to AFF since the inception of the program. These data are consistent with information that has been reported previously in quarterly and annual evaluation reports. The majority of referrals to AFF are made by CPS. Statewide, 93 percent of referrals were from CPS, three percent were from Jobs, and three percent were from Family Builders. For one percent of the referrals, information was not available on the source of the referral. AZPAC Coconino (9%), Horizon (8%), and Old Concho (8%) had the highest percentage of referrals from Jobs.

2. Assessments

Exhibit III-16 presents data on the number of completed assessments since the inception of the AFF program.

Exhibit III-16. Number of Assessments by Quarter: Project inception - March 31, 2003

Provider Site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
<Mar 2001	2	2	1	16	4	7	3	22	3	60
Mar - Jun 2001	3	24	4	99	34	22	17	154	18	375
Jul - Sep 2001	1	15	6	99	29	24	13	120	5	312
Oct - Dec 2001	8	25	3	75	23	14	7	122	9	286
Jan - Mar 2002	11	20	3	77	10	11	15	123	10	280
Apr – Jun 2002	10	15	16	72	8	13	20	154	21	329
Jul - Sep 2002	7	18	10	88	13	24	15	144	19	338
Oct - Dec 2002	14	24	14	89	22	24	13	265	30	495
Jan - Mar 2003	8	26	11	89	26	25	28	382	20	615
Total	n=64	n=169	n=68	n=704	n=169	n=164	n=131	n=1,486	n=135	n=3090

These data indicate the following:

- Overall, the number of assessments completed Statewide was fairly constant during the first six quarters. In specific, the average number of completed assessments in the first two quarters (343 assessments) was consistent, but dropped in the third and fourth quarters (283 assessments), and then increased again in the fifth and six quarters to an average similar to that completed in the first two quarters (333 assessments).

- Assessments increased substantially during the last two quarters (495 and 615 assessments respectively), with the last quarter assessments either doubling or almost doubling the number of assessments completed in previous quarters.

3. Levels of Client Engagement in Treatment

Engagement in treatment services was one of the suggested performance measures specified by the AFF Steering Committee at the inception of the program. Information on levels of engagement is presented separately for two reporting periods. First, data are presented for clients referred to the AFF program during the annual reporting period (April 1, 2002 – March 31, 2003). Following this, Statewide data are presented for all clients ever engaged in services since program inception (March 1, 2001) through March 31, 2003. **Exhibit III-17** presents data, by site, on levels of engagement for the nine AFF provider agencies for the annual reporting period (April 1, 2002 – March 31, 2003).

Exhibit III-17. Levels of Client Engagement by Provider: Number and Percent of Clients Engaged in Services (n=1,591 clients referred between April 1, 2002 and March 31, 2003)

Provider Site	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
Total Clients Referred	52	99	70	606	109	121	83	1158	122	2420
Number of Referrals that Received Assessment	38 (73%)	87 (88%)	47 (67%)	352 (58%)	80 (73%)	87 (72%)	79 (95%)	981 (85%)	100 (82%)	1851 (76%)
Number of Assessements Where Service Plans were Developed	34 (89%)	75 (86%)	26 (55%)	256 (73%)	68 (85%)	64 (74%)	74 (94%)	927 (94%)	92 (92%)	1616 (87%)
Number of Service Plans that Resulted in Services Received	33 (97%)	75 (100%)	26 (100%)	256 (100%)	44 (65%)	64 (100%)	74 (100%)	927 (100%)	92 (100%)	1591 (98%)

The data indicate the following:

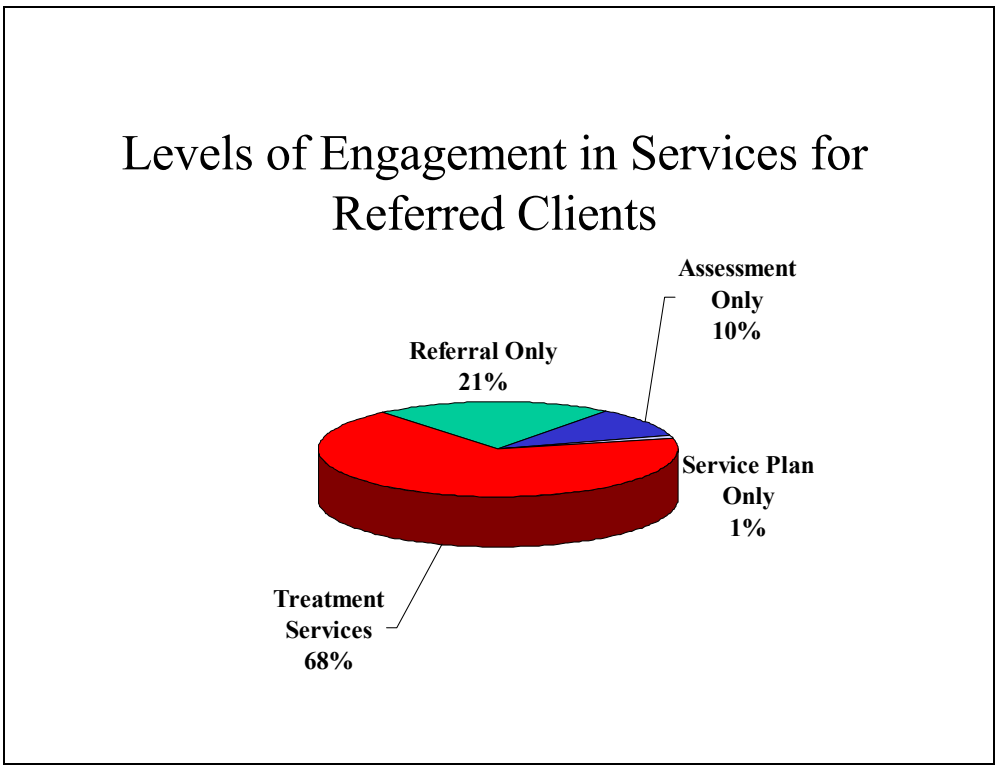
- Statewide, 76 percent of referrals to AFF during the annual reporting period received assessments during this period, 87 percent of completed assessments had service plans developed, and 98 percent of service plans resulted in receipt of treatment services.

- Eight of the nine AFF provider agencies (CPSA was the exception) completed assessments on 60 percent or more of their referred clients. AZPAC Yavapai (88%), SEABHS (95%), and TERROS (85%) show the highest percentage of referrals that resulted in completed assessments.

- Overall, 87 percent of assessed clients had a service plan developed. SEABHS (94%), TERROS (94%) and WestCare (92%) show the highest percentage of assessed clients with a service plan developed.

- A consistent pattern was that at seven of the nine AFF sites, 100 percent of clients with a service plan went on to receive at least one treatment service.

Exhibit III-18. Statewide Levels of Engagement in Arizona Families F.I.R.S.T. Project Inception – March 31, 2003 (n= 3,927 clients)



In Exhibit III-18, Statewide levels of engagement rates are summarized for clients referred to the program from project inception through March 31, 2003. The chart highlights the following:

- Sixty eight percent of the total clients referred to AFF since the inception of the program are subsequently engaged in treatment services.[7] This engagement rate is very encouraging with respect to clients identified as needing treatment who are receiving services because retention of clients in treatment is an intermediary outcome in the recovery process.

- Twenty one percent of clients did not receive any services beyond the referral. An additional 10 percent drop out after the assessment.

[7] Project Safe, operated through the Connecticut Department of Children and Families, reported that over a four and a half year period, only 37 percent of caregivers referred by the child welfare agency for assessment and treatment services actually engaged in treatment (www.maine@aan.usm.edu/nosafe/sheehan.html; accessed on 10/25/02). Among States implementing a Title IV-E child welfare waiver demonstration with a substance abuse component, New Hampshire had an engagement rate of 43 percent, and in Delaware, 32 percent of those referred to substance abuse intervention went into treatment (these demonstration projects, however, implemented a different model than AFF and did not provide the same intensity of substance abuse services as did AFF).

- Once a client receives an assessment, the data indicate that the client is likely to have a service plan developed and enter treatment.

- Of those clients who have a service plan developed, only one percent drop out before receiving services.

4. Substance Abuse Treatment Services

As specified in the AFF program requirements, provider agencies were expected to develop a comprehensive continuum of treatment services to support clients in their recovery. These *treatment modalities* include the following services:

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 on one's life would be included under substance abuse education. While clients who are eligible for Title XIX services wait for their approval and enrollment in the Arizona Health Care Cost Containment System (AHCCCS), substance abuse education services are available to these clients.

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. And 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 to be provided for all clients. At a minimum, the aftercare plan should include 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.

a. Definitions of Intensive Treatment Service Modality

In the December 2002 Annual Evaluation Report, we provided a discussion of how most AFF clients fell into a range of different combinations of treatment services. In order to better

understand the patterns of service utilization and variation in treatment services, different treatment level groups were identified that were based on a hierarchical continuum of most intensive treatment type to least intensive treatment. The groups correspond to AFF treatment modalities.

This hierarchical continuum was applied to clients' treatment services for the 12 month annual reporting period (April 1, 2002 – March 31, 2003). Clients participating in treatment services during this reporting period were counted in only one group that represented the most "intensive" treatment that they had received during the 12 month period. The specific definitions of each intensive treatment service modality follow:

- **Residential Treatment Group:** This group includes any participating clients who received residential treatment services between July and December 2002. Hence, even if these clients received other kinds of treatment, their most intensive treatment received during the six month reporting period was residential treatment.

- **Intensive Outpatient Group (IOP):** This group includes any participating clients who received intensive outpatient services between July and December 2002, and did not receive any residential treatment during the reporting period. Thus, the most intensive treatment received by this group was intensive outpatient treatment.

- **Outpatient Group (OP)**: This group includes any participating clients who received outpatient services between July and December 2002, and received neither residential treatment nor intensive outpatient treatment services. Hence, the most intensive treatment that this group received during the reporting period was outpatient treatment.

Of the 2,417 clients participating in AFF between April 1, 2002 and March 31, 2003, there were 235 clients in the residential treatment group, 143 clients in the IOP group, and 1,563 clients in the OP group. There were 476 participating clients who did not fall into one of these three groups. Data indicate that these clients who did not receive residential, IOP, or OP services, instead received some other type(s) of services, such as substance abuse education and support services, and some may have received services such as psychological evaluations and case management.

b. Treatment Services Data

Exhibit III-19 presents information for participating clients in the intensive treatment service modalities and the secondary treatment services that they received. Percentages are reported to provide a general understanding of the types of secondary services received in relation to most intensive treatment service. Among the additional treatment service modalities, social supports refer to the supportive services that are intended to help in achieving sobriety, such as transportation, child care, peer support, co-dependency group counseling, and housing assistance.

Exhibit III-19. Clients' Most Intensive Treatment Service Modality And Secondary Services Received Between April 1, 2002 and March 31, 2003 (n = 2,417 participating clients)

	Residential Treatment	Intensive Outpatient Services	Outpatient Services	None of the Intensive Treatment Modalities
Number in Treatment Service Modality	N = 235	N = 143	N = 1,563	N = 476
Percent that also received these Secondary Services:				
Intensive Outpatient Services	10%			
Outpatient Services	65%	59%		
Aftercare	3%	4%	2%	3%
Social Supports	58%	57%	22%	40%
Education	2%	3%	2%	16%
Detoxification	2%	2%	1%	0%
Medication	18%	7%	4%	2%
Other Services	86%	51%	53%	78%

Note: Percentages do not total to 100% because clients may participate in multiple types of treatment services. Aftercare is a term used by AFF providers to describe a range of services such as relapse prevention programs, identification and linkage with supports in the community that encourage sobriety, and interventions to assist clients in the event that relapse occurs. This category is reported when AFF providers bill ADES for aftercare services. Examples of "other services" include case management, psychological exams, and urinalysis.

- Among clients in the residential treatment group, 65 percent also received OP services and 58 percent received social supports, while only 10 percent received IOP.

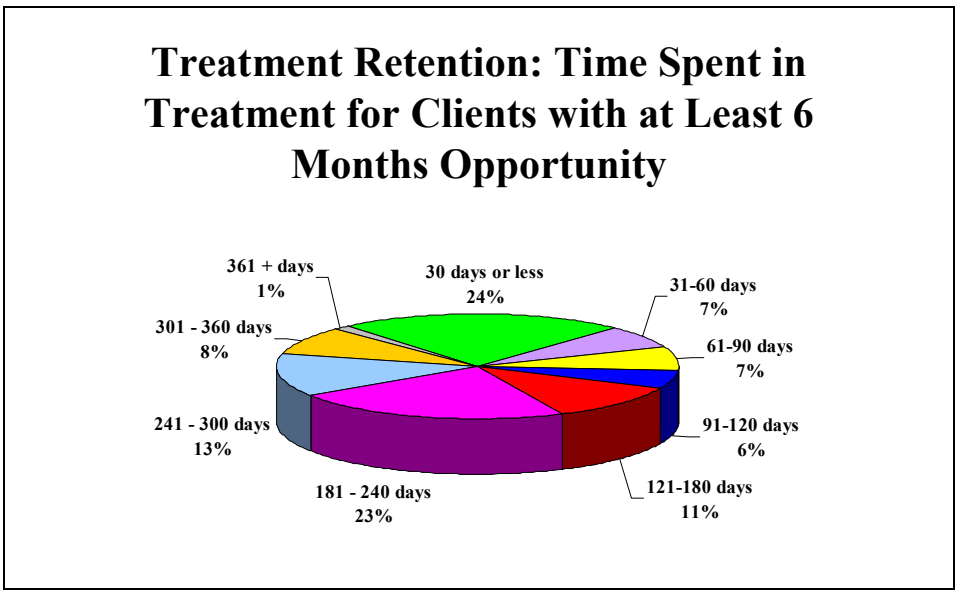
- Clients in the IOP group also received OP services (59%) and social supports (57%).

- Twenty two percent of clients in the OP group also received social supports, and 53 percent also received other services. Other services include psychological exams, urinalysis, and case management.

5. Time Spent in Treatment

In **Exhibit III-20** findings are presented with respect to lengths of stay in treatment services for clients participating in treatment during the reporting period (April 1, 2002 – March 31, 2003) who had an opportunity to spend at least six months in treatment (i.e., had a service plan developed by September 30, 2002) .

Exhibit III-20. Length of Stay in Treatment for Clients with 6 Month Opportunity: April 1, 2002 - March 31, 2003 (n = 578 participating clients with a 6 month treatment opportunity)



- For clients participating in services during the annual reporting period with an opportunity to spend at least six months in treatment, 45 percent remained in treatment for six months or longer.

- Twenty two percent of clients remained in treatment for 8 months or longer.

- Twenty four percent of clients remained in treatment less than 30 days.

Research on the effectiveness of substance abuse treatment programs has documented that a client's length of stay in treatment is an important factor. The length of time spent in treatment is a predictor of successful outcomes with the typical result being that the longer a client stays in treatment, the better the outcome (e.g. the more likely it is that treatment will result in long-term behavior change).[8] The findings presented here indicate that AFF participating clients are overall engaged in treatment and are remaining in treatment for several months. These are intermediary outcomes of treatment success.

[8] Hubbard, R. Mardsen, M., Rachal, J., Harwood, H., Cavanaugh, E., & Ginsberg, H. (1989). Drug Abuse Treatment: A National Study of Treatment Effectiveness. Chapel Hill: The University of North Carolina Press.

Chapter IV
OUTCOMES DATA

This chapter presents available outcomes data in the area of child welfare and employment for cohorts of participants in the AFF program who received treatment services during the annual reporting period.

A. Method

The research questions that address issues regarding recurrence of child abuse and/or neglect, reunification from foster care, time spent in foster care, and self-sufficiency through employment were explored through an analysis of data on AFF participating clients[9] who received services during the annual reporting period (April 1, 2002 through March 31, 2003). For child welfare data, two cohorts were examined. These cohorts were defined as follows: Cohort 1 included participating families/clients referred to AFF prior to April 1, 2002 who participated in treatment services during the annual reporting period (April 1, 2002 – March 31, 2003); Cohort 2 included participating families/clients referred to AFF between April 1, 2002 and September 30, 2002 who participated in treatment services during the annual reporting period. For employment data, outcomes are reported on all clients participating during the annual reporting period for whom employment status information was available at the time they enrolled in AFF, and at a subsequent follow-up point prior to March 31, 2003.

Child welfare data were extracted from the CHILDS system to cover any reporting that occurred up through March 31, 2003. For Cohort 1 families/clients, this enabled the evaluator to assess child welfare outcomes after the family had an opportunity to receive AFF services for one year or longer. For Cohort 2 families/clients, the analysis assessed child welfare outcomes after the family had an opportunity to receive AFF services for six to twelve months. Similarly, JAS/AZTEC data, ADHS data, and provider data were used through March 31, 2003 to gather information regarding employment status of AFF participants. Hence, the outcomes data presented here reflect the participating clients' status as of March 31, 2003.

For the data presented on substantiated CPS reports, the unit presented in the tables that follow is the *family*, since reports in CHILDS are associated with a family identification number. The data on discharges from foster care are presented with *children* as the unit of analysis.

The data presented on employment were based on all possible data systems that contained employment information on AFF clients, including JAS/AZTEC systems, ADHS system, and provider-level data. This includes more clients than just those identified in the AFF client-level database system as "Jobs referrals." Since it is recognized that a program such as AFF services "dual system" clients[10] who may be both TANF recipients and involved in the child welfare system, the evaluation plan was developed to include in the self-sufficiency analyses all of the AFF clients for whom employment data were available.

[9] As discussed in Chapter III, the criterion established for a "participating" client was that an AFF service plan had been developed, which indicated the client had enrolled in the program.

[10] Andrews, C., Bess, R., Jantz, A., & Russell, V. (2002). Collaboration between State Welfare and Child Welfare Agencies. *New Federalism*, The Urban Institute, Series A, No. A-54.

Findings are reported under major research questions that were developed to address the legislative outcome goals. A summary of these outcomes and the limitations in interpreting these data are discussed at the end of this chapter.

B. Child Welfare Outcomes among AFF Clients Referred from CPS

1. *Research Question 1.* Is there a recurrence of child abuse and/or neglect among CPS families participating in AFF?

This research question examined whether AFF participating families identified in the CHILDS data system experienced a substantiated report of child abuse or neglect *after* their enrollment in the AFF program. **Exhibits IV-1** summarizes the overall findings with respect to substantiated CPS reports among AFF participants. There were a total of 2,122 CPS families participating in AFF during the annual reporting period. As of March 31, 2003, 92 percent of these families had ***not*** experienced a substantiated report. Of the 165 substantiated CPS reports, 60 percent occurred within six months following the family's enrollment in AFF, and 40 percent of the reports occurred between six and twelve months after the family's enrollment.

With respect to site variation, SEABHS and Old Concho, located in rural areas, experienced the highest rates of subsequent substantiated reports (17% and 14%, respectively). The two largest urban sites-- CPSA and TERROS, experienced very similar rates of subsequent substantiated reports (6% and 7%, respectively). Site-level rates on subsequent substantiated reports are fairly consistent with ADES data from 2000, indicating that 6.1 percent of all substantiated cases had another substantiated report within a six month period (although the 6.1% rate was not limited to cases with a substance abuse problem).

It is also important to note that the degree of scrutiny for cases in the AFF population may be greater than it is for all substantiated cases in Arizona. While a considerable portion of typical substantiated cases may be closed without further action, AFF cases are likely to receive more attention from CPS workers, AFF staff, and other providers. Consequently, the opportunity to observe subsequent neglect or abuse may be greater for AFF cases than those in the general CPS investigative caseload.

Exhibit IV-1. Substantiated CPS Reports among AFF Participating Families
April 1, 2002 - March 31, 2003
(n = 2,122 Participating Families)

Substantiated Report as of March 31, 2003	AZPAC Coconino	AZPAC Yavapai	AZPAC Yuma	CPSA	Horizon	Old Concho	SEABHS	TERROS	West Care	All Sites
Families with a subsequent Substantiated Report	2 (5%)	11 (10%)	1 (3%)	24 (6%)	10 (11%)	10 (14%)	17 (17%)	85 (7%)	5 (5%)	165 (8%)
Families without a subsequent Substantiated Report	37 (95%)	103 (90%)	38 (97%)	400 (94%)	83 (89%)	63 (86%)	84 (83%)	1,063 (93%)	86 (95%)	1,957 (92%)
Total	n=39	n=114	n=39	n=424	n=93	n=73	n=101	n=1,148	n=91	N=2,122

Exhibit IV-2 presents information on the types of maltreatment associated with the CPS reports for the 165 participating families. The data indicate that the majority of substantiated reports were for neglect (95%). Seven percent of families had physical abuse associated with their report, and reports of emotional abuse and sexual abuse occurred among one percent of families. ADES data on Arizona's general child welfare population for the year 2000 indicate that 71 percent of substantiated reports were for neglect, 24.5 percent were for physical abuse, 7.5 percent were for sexual abuse, and 1.5 percent were for emotional abuse. The findings reported in Exhibit IV-2 are consistent with other studies where results showed that substance-abusing caregivers tend to be linked with neglect referrals rather than with sexual or physical abuse referrals.[11]

The data on substantiated CPS reports indicate AFF participating families experience a rate of subsequent substantiated reports that is fairly consistent with the rate for the general child welfare population. We are limited in interpreting this finding further, however, because of the absence of key information from providers on the primary drug used and its frequency; the presence of co-occurring disorders, and indicators of recovery from ASI-lite follow-up assessments. Without this information, it is difficult to draw further conclusions regarding those who experienced a substantiated report and those who did not.

Exhibit IV-2. Substantiated CPS Reports: Types of Child Abuse/Neglect Among AFF Participating Families

	(n = 165 families with substantiated reports)	
Type of Maltreatment	**Number of Families**	**Percent of Families**
Neglect	157	95%
Sexual abuse	1	1%
Physical abuse	11	7%
Emotional abuse	2	1%

Note: Some cases include more than one allegation.

2. *Research Question 2.* Are children in foster care whose caregivers enroll in Arizona Families F.I.R.S.T. reunified with their caregivers?

Data on foster care children whose caregivers were participants in AFF during the annual reporting period are presented in **Exhibit IV-3**. There were 795 Cohort 1 CPS families (families enrolled in AFF prior to April 1, 2002) with 2041 children, and 484 Cohort 2 CPS families (families enrolled in AFF between April 1, 2002 and September 30, 2002) representing 1000 children.

Among Cohort 1 families there were 679 children who had already been placed in foster care at the time their caregivers enrolled in AFF, and there were 431 children placed in foster care either at the time of enrollment or afterward. Approximately two-thirds of children placed in care were still in care by March 31, 2003 (728 of the 1,110 children placed in foster care). For children who were already in care prior to AFF, 39 percent were discharged by March 31, 2003. Twenty seven percent of the children in care before AFF enrollment were reunified, and 12

[11] 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, Vol. LXXX, Number 2, Child Welfare League of America, pp. 151-177.

percent were discharged for other reasons (e.g., adoption, guardianships, living with relatives, emancipation). Among children who entered care either at the time of AFF enrollment or after, the rate of reunification was 17 percent.

A similar trend was evident among the Cohort 2 families. In Cohort 2, there were 299 children who had already been placed in foster care at the time their caregivers enrolled in AFF. There were 135 children placed in foster care either at the time of enrollment or afterward. Seventy two percent of children placed in care were still in care by March 31, 2003 (313 of the 434 children placed in foster care). For children who were already in care prior to AFF, 31 percent were discharged by March 31, 2003. Twenty percent of the children in care before AFF enrollment were reunified, and 11 percent were discharged for other reasons. Among the Cohort 2 children who entered care either at the time of AFF enrollment or after, the rate of reunification was also 17 percent.

Exhibit IV-3 Reunification of Children Placed in Foster Care
Cohort 1 Families (n= 795, enrolled in AFF prior to April 1, 2002)

	Children Reunified by March 31, 2003	Children Still in Care on March 31, 2003	Children Discharged for Other Reasons
Placed in care before AFF referral (n=679 children)	184	413	82
	27%	61%	12%
Placed in care after AFF referral (n= 431 children)	76	315	40
	17%	73%	9%

Cohort 2 Families (n= 484, enrolled in AFF between April 1, 2002 and September 30, 2002)

	Children Reunified by March 31, 2003	Children Still in Care on March 31, 2003	Children Discharged for Other Reasons
Placed in care before AFF referral (n= 299 children)	60	207	32
	20%	69%	11%
Placed in care after AFF referral (n= 135 children)	23	106	6
	17%	79%	4%

In an analysis that examined the number of days that reunified children spent in foster care, Cohort 1 children who were in foster care prior to their caregivers' AFF enrollment spent a

median of 300 days in care prior to reunification. Cohort 1 children placed in foster care after their caregiver enrolled in the program spent a median of 148 days in care before reunification. For Cohort 2 children, children already in foster care prior to their caregivers' enrollment in AFF spent a median of 325 days in care, while those placed in foster care after the caregiver's enrollment in AFF spent a median of 185 days in care. While the children placed in foster care after AFF enrollment experienced reunification after spending fewer days in care than those children already in foster care prior to AFF enrollment, the fact that the children had been in care already (prior to their caregiver's enrollment in AFF) could have contributed to the longer stay in care for these children.

C. Employment Outcomes among AFF Participants

1. Research Questions 3 and 4. Do AFF Participants who were employed maintain their employment? Do AFF Participants who were unemployed obtain employment?

An underlying premise behind these research questions is that a substance abuse problem can interfere with work performance, and for some persons, can interfere with their ability to either maintain employment or to obtain a job if they are currently unemployed. The analysis was conducted to address whether persons who have substance abuse problems and enroll in the AFF program are able to maintain their employment. The analysis also examined whether unemployed AFF participants subsequently obtained employment. This analysis was based on the total participating clients during April 1, 2002 through March 31, 2003 for whom employment data were available.

Exhibit IV-4 Employment Among AFF Participating Clients[1]

Participating Clients Employed at Enrollment (n=693)		Participating Clients Unemployed at Enrollment (n=750)	
Number that maintained employment by March 31, 2003	**Number that lost employment by March 31, 2003**	**Number that obtained employment by March 31, 2003**	**Number that remained unemployed by March 31, 2003**
673 (97%)	20 (3%)	185 (25%)	565 (75%)

[1]Analysis is based on 1,443 AFF participating clients for whom employment data were available through the JAS/AZTEC systems, the ADHS system, and AFF providers prior to and after the client's enrollment in the AFF program.

Exhibit IV-4 presents data for the 1,443 participating clients with employment information that could be located in the available data sources (i.e., JAS/AZTEC, ADHS system, provider data). According to these data, there were 693 participating AFF clients that were employed at the time of their enrollment in AFF and 750 participating AFF clients that were unemployed when they enrolled.

These data indicate that 97 percent of clients who were employed at the time of their enrollment in AFF maintained their employment status through March 31, 2003. Also, 25 percent of clients who were unemployed at the time of their AFF enrollment obtained employment. Overall, while 52 percent of AFF participating clients were unemployed at the time of their service plan development, at the end of the reporting period, 40 percent were unemployed.

D. Summary of Outcomes

In general, the data in this chapter inform the reader that (a) the majority of families (92%) with a prior CPS complaint did not have a substantiated CPS report after they enrolled in AFF; (b) the type of maltreatment that occurs among families with substantiated reports is almost always neglect (95%); (c) children removed by CPS and placed in foster care after their caregiver's enrollment in AFF tend to still be in foster care (73%) one year later, while only 26 percent were reunited or discharged for other reasons; and (d) AFF participating clients, overall, maintain their employment after enrollment in the program (97%) and 25 percent who were unemployed gain employment after enrolling in AFF. The inclusion of data on baseline severity of primary drug used, treatment completion, and client recovery indicators would be necessary to further understand the factors that may account for differences in each of the outcomes discussed.[12] For example, the number of children that remain in foster care after their caregiver's enrollment in AFF may be due to the caregiver's failure to complete the prescribed treatment program or because the nature of the caregiver's drug problem is so severe that he or she has been unable to make the necessary changes that would enable their child to be reunited.

These preliminary outcomes can serve as benchmarks for the AFF population from which subsequent analyses and comparisons can be made in the future. Prior to this analysis, benchmarks were available for the general child welfare population but were not available for a specialized population like AFF participants.

[12] Interpretation of outcomes presented in this chapter was limited due to the absence of information from provider agencies on the primary drug used and its frequency of use, the presence of co-occurring disorders, indicators of recovery from the Addiction Severity Index-lite, and treatment completion.

Chapter V
STATUS OF THE IMPLEMENTATION OF ARIZONA FAMILIES F.I.R.S.T.

For the current annual reporting period, the evaluation of AFF included the collection of process data through interviews with AFF program directors and Regional Behavioral Health Authority (RBHA) representatives. Additional resources were not available to conduct interviews with other stakeholders (e.g. staff from child protective services or other collaborative partners). In this chapter, findings are presented from data collected at two different points during the year: February and July 2003. Hence, qualitative data address program implementation through June 30, 2003 and are based on the perspectives of AFF program directors and RBHA representatives.

A. Method

Telephone interviews were conducted in February 2003 and July 2003 with program directors from each of the nine AFF provider agencies using a semi-structured interview protocol (data from WestCare were available only in July 2003). The protocol used in February 2003 was designed to systematically assess AFF program directors' perceptions regarding changes in program implementation and contextual issues and events affecting the implementation of the AFF program. In addition, program directors were asked to discuss their perceptions of facilitators and barriers to client success and the status of collaborative partnerships over the past year. The protocol used in July 2003 was similar to the protocol used in February 2003, with the addition of questions pertaining to AFF program directors' perceptions of client experiences in the AFF program. Data collected in July 2003 also reflected any new changes that had taken place between January 2003 and July 2003 regarding program implementation, collaboration, or contextual issues. At both data collection points, information also was gathered with respect to program directors' perceptions of lessons learned and important next steps for the program.

A single round of telephone interviews with representatives from four RBHA agencies was conducted in August 2003.[13] Interviews were conducted using a semi-structured interview protocol designed to assess RHBA representatives' perceptions regarding facilitators and barriers to implementing the AFF program, changes in the way the RBHA has been involved in delivering services to AFF clients since the inception of the program, and the status of their collaborative partnerships with their respective AFF providers.

In this chapter, data from the AFF program directors and RBHA representatives are presented separately with respect to discussions on perceptions of contextual changes, client experiences, and facilitators and barriers to the implementation of the AFF program. However, in the section describing the status of collaborative partnerships, data from AFF program directors and RBHA representatives are presented together with the purpose of offering multiple perspectives on how the two agencies work together to serve AFF clients.

[13] Interviews were conducted with RBHA representatives from Value Options (District I), NARBHA (Districts III and IV), EXCEL (District IV), and PGBHA (District V). CPSA, the RBHA for Districts II and IV, is the AFF provider for those districts, and, therefore, questions regarding how CPSA collaborated with their AFF provider were not relevant. CPSA program directors participated in the AFF program director interviews conducted in February and July 2003.

B. Perceptions of AFF Program Directors

In this section, we present AFF program directors' perceptions of contextual issues and events impacting the AFF program, clients' experiences in the AFF program, and successes and challenges in the implementation of the AFF program.

1. Contextual Issues and Events

AFF program directors' perceptions of contextual events impacting the AFF program are presented separately for the first half of the year and second half of the year. Data are presented separately because program directors' perceptions of contextual issues were different during the two timeframes covered in the interviews, reflecting the different issues and events perceived as affecting the AFF program during the different months of the reporting period.

a. Perceptions from the first half of the year

During the first set of interviews conducted with AFF program directors in February 2003, program directors indicated several factors they perceived as having an impact on the implementation of the AFF program. The four contextual issues most frequently reported by program directors included: 1) the restructuring of Arizona Department of Economic Security (ADES); 2) budget issues and concerns; 3) the long-term impact of changes in Title XIX eligibility requirements; and 4) the implementation of the Substance Exposed Newborns (SEN) policy.

Potential Changes in ADES

During the first half of the year, three AFF program directors (TERROS, SEABHS, and Horizon) noted that after the November 2002 elections, the newly elected governor was planning to make significant administrative changes in ADES and had redefined the role of CPS. These program directors were making reference to what ADES has described as the new administration reform effort in order to make systemic improvements. In specific, Horizon's program director perceived that the role of CPS workers has the potential to become more like that of police, focusing on the criminal aspects of child welfare and leaving other agencies responsible for providing services for families and communities. The AFF program directors at these three sites perceived that a redefined role of CPS could have an impact on the AFF program if CPS workers do not continue to focus their efforts on referring families for services. However, the perceptions of these program directors are inconclusive because the evaluator did not have an opportunity to validate the program director's perceptions by interviewing local DES-CPS staff to discuss changes in their roles and procedures.

Budget Issues and Title XIX Eligibility

Prior to the reconciliation of budget issues in June 2003, seven of the AFF program directors interviewed in February 2003 (TERROS, AZPAC Yuma, AZPAC Yavapai, SEABHS, Horizon, Old Concho, CPSA) indicated that budget issues continued to affect the AFF program. In specific, concerns regarding budget cuts and the livelihood of the program were making it difficult for some AFF program directors to plan for the future of AFF. For example, AFF program directors noted concerns regarding future resources for clients already enrolled, and uncertainty regarding the sustainability of collaborative partnerships or program development efforts in the community without continued funding. These concerns and uncertainties affected

the ways in which program directors planned future AFF implementation activities (i.e. program directors were not putting resources into program development activities). Further, two AFF program directors (SEABHS and Horizon) noted that the impact of increased eligibility for Title XIX had become more visible in the recent months, with 75 to 80 percent of AFF clients served through Title XIX providers. These program directors noted that due to the number of AFF clients eligible for Title XIX services, the program might seem redundant to State legislators. TERROS and CPSA program directors also noted that Title XIX providers were overwhelmed and over budget due to the high numbers of Title XIX eligible clients they were expected to serve.

SEN Policy

Three AFF program directors (TERROS, AZPAC Coconino, AZPAC Yavapai) noted that the implementation of the new policy on substance exposed newborns in the fall of 2002 highlighted the issue of substance abuse in child welfare and made serving this population a high priority in the State of Arizona. In particular, this policy calls for CPS workers, in cases where substance abuse is perceived to have played a role in a reported case of abuse or neglect and the client is either a pregnant mother or mother of a newborn, to refer the mother for services within 24 hours of the initial CPS contact. This new policy has created an influx of referrals to the AFF program, according to these three program directors.

Other contextual issues mentioned by AFF program directors included the privatization of the JOBS component of TANF, which may affect referrals from JOBS (AZPAC Yuma), wildfires that displaced many families and affected their participation in services (Old Concho), and drought, which had a negative impact on the local economy (AZPAC Yavapai).

AFF program directors also were asked whether there had been any events or issues at their own AFF provider agency, which may have affected the AFF program or the way in which services are delivered to AFF clients. The most common issue reported at the provider level was the increase in staff to serve AFF clients (TERROS, AZPAC Coconino, and Horizon). For example, TERROS added 20 new staff members due to the doubling in AFF referrals, which they perceived to be related to the SEN policy and the inability of overwhelmed and over-budget subcontractors to serve clients.

CPSA's program director noted that their agency anticipated that a new community effort to provide services in closer physical proximity to each other would change their local service delivery system. In specific, two major crisis services, a children's stabilization unit, and the CPSA Network Management were co-located in the same building. This co-location of service providers is expected to improve service delivery for AFF clients.

b. Perceptions from the second half of the year

During the second set of interviews conducted in July 2003, AFF program directors identified several factors they perceived as having an impact on the implementation of the AFF program. The four contextual issues most frequently reported by program directors included: 1) the prioritization of referrals to the AFF program for only SEN and dependency cases, a new State policy put into effect on May 15, 2003; 2) the addition of AFF provider treatment staff; 3) the expansion or addition of AFF services and service providers; and 4) changes in conducting outreach, engagement, and assessments.

Prioritization in Referrals

All nine AFF program directors perceived that the new referral policy issued on May 15, 2003, which required AFF to give priority to SEN and dependency cases, had an impact on the on-going operation of the AFF program. Several AFF program directors reported this change in referral criteria as challenging to program implementation. For example, AZPAC Coconino's program director reported that it was a challenge to re-train referral sources (CPS) on who was eligible for referral to the AFF program. AZPAC Yavapai's program director reported that the prioritization of referrals has narrowed the types of case referred to AFF to only those cases that are extremely difficult and complex. She noted that she is concerned that her staff will need more training and support to handle these types of cases or they will burn out. TERROS' program director echoed these concerns when he noted that due to the prioritization in referrals, the cases referred to AFF since May 15, 2003 are inherently more difficult and complex than they were prior to the prioritization, when a broader range of clients was referred.

Other AFF program directors offered a different perspective and perceived the prioritization in referrals as a facilitator to program implementation. For example, Horizon's program director reported that the prioritization has made the referral process more efficient because the referral restrictions ensure that those clients referred to AFF have a significant issue with CPS, unlike previous AFF cases where some abuse/neglect charges were unsubstantiated. AZPAC Yavapai's program director also perceived the prioritization as a facilitator and reported that since the implementation of the prioritized referrals, AZPAC Yavapai is receiving more collateral information on referred clients from CPS than they were before the prioritization was implemented. The program director explained that CPS generally collects more information on difficult cases such as SEN or dependency cases than on less complex cases or cases where the abuse/neglect is unsubstantiated. Therefore, CPS is better able to provide the AFF provider with client-level information after the prioritization in referrals then they were before the prioritization in referrals.

Some AFF program directors perceived that both the implementation of the SEN policy and subsequent prioritization in referrals for SEN cases contributed to an overall increase in referrals to the AFF program, while other program directors perceived these contextual changes as contributing to an overall decrease in AFF referrals. TERROS' program director reported an increase in referrals due in part to the implementation of SEN and the overall increase in substance abuse screenings of new mothers at the hospital coupled with the prioritization in referrals for these types of SEN cases. In contrast, AZPAC Coconino's program director reported an overall decrease in referrals since the prioritization of referrals in May 2003. As reported, the program director at this AFF provider site perceived the prioritization as challenging due the need to re-train referral sources about who is eligible for the AFF program, indicating that CPS may not be referring cases that are, in fact, eligible. SEABHS' program director also reported that referrals had decreased due to the prioritization of referrals. He noted that he had checked with referral sources to see if there was a lack of understanding regarding the new referral criteria, but CPS reported a lack of referrals that met the new criteria.

CPSA's program director reported that due to budget issues, their agency had submitted a request to ADES to impose even more stringent restrictions on referral criteria than the State. CPSA's request involved limiting referrals to SEN and dependency cases *without any other identifiable funding source*. Therefore, clients eligible for Title XIX or clients with private insurance would not have been eligible for the AFF program. ADES did not approve this plan because it excluded virtually all Title XIX clients from enrollment in AFF.

Addition of Staff

Several AFF program directors reported the addition of AFF program staff during the last half of the year. AZPAC Yavapai's program director reported that they had hired a new staff person solely responsible for outreach and engagement, which has alleviated the burden on the case managers. SEAHBS' program director reported they have expanded their case management services through hiring additional staff. WestCare's program director reported the addition of two full-time counselors. AZPAC Yuma's program director reported they had hired a new case manager who also is a certified substance abuse counselor. This case manager replaced a previous case manager who had not been a certified substance abuse counselor. Horizon's program director reported they had increased the number of family therapists on their treatment team.

TERROS' program director reported that they have continued to hire new staff (case managers and therapists) to respond to the challenges associated with their increase in referrals during the past year. This increase in staff also is in response to the agency's need to serve more clients in-house, rather than through subcontractors who are dealing with budget constraints. TERROS' program director reported that TERROS has had to serve more AFF clients in-house because many of their subcontracting agencies have capped out their Title XIX funds.

Addition of Services or Service Providers

Several AFF program directors reported the recent addition of services or service providers. AZPAC Yavapai's program director reported the addition of a new non-Title XIX provider in Verde Valley (East Yavapai), which has been a valuable addition to that region. WestCare's program director reported the addition of services including counseling for children exposed to domestic violence and the addition of a sober living house (Blossom House). Horizon's program director also reported the addition of a fully functioning intensive outpatient (IOP) service in March 2003. Presently no AFF clients participate in this IOP service because most clients are employed and prefer outpatient (OP) services with supports. However, Horizon anticipates future use of this service by AFF clients. TERROS recently added five substance abuse treatment groups (IOP and OP) to serve clients.

AZPAC Yuma's program director reported that they are currently in the process of negotiating to become a Title XIX provider, which the director perceived would enable them to provide core substance abuse treatment services to AFF Title XIX clients.[14]

Changes in Outreach, Engagement, and Assessment

Some AFF program directors reported changes in how they conduct outreach or assessments with AFF clients during the last half of the year. For example, TERROS' program director reported that TERROS has increased the number of in-house assessments conducted, which has had a positive impact on the overall number of completed assessment. AZPAC Coconino reported that they are now conducting outreach in the jails in order to assess those clients referred to the AFF program and subsequently incarcerated.

[14] This was reported by the director during the telephone interview conducted by JBA at the beginning of the summer 2003.

As reported above, AZPAC Yavapai hired a new staff person who is solely responsible for the outreach and engagement components of the AFF program. This new staff person has helped to alleviate the workload on case managers and provided a more efficient outreach and engagement process. The agency also is using this new staff person to help respond to a new challenge of working with homeless referrals, where the outreach is more difficult. AZPAC Yavapai also reported that they are now conducting an additional case staffing after the assessment is completed. This additional staffing is conducted to further engage the client and introduce the client to his or her case manager. AZPAC Yavapai's program director perceives this additional staffing as useful for facilitating the client-case manger relationship.

2. Clients' Experiences in the Program

In this section, we present AFF program directors' perceptions of client experiences in the AFF program including factors related to engagement, retention, recovery, and relapse. **Exhibit IV-1** summarizes AFF program directors' perceptions of facilitators and barriers to client success in the AFF program. These general perceptions are based on the AFF program directors' exposure to AFF clients and the reports that directors have received from treatment staff.

Engagement in Treatment

Several AFF program directors (TERROS, AZPAC Yavapai, AZAPAC Yuma, and Horizon) noted that CPS-involved clients whose substance abuse treatment is court mandated are more likely to become engaged in treatment than non-mandated treatment cases referred by CPS or non-CPS involved cases. CPSA's program director further described that if providers work collaboratively with CPS and use their relationship with CPS effectively, CPS acts as an important motivator for engaging clients. However, the program director also noted that if the provider does not work collaboratively and effectively with CPS, and the client perceives CPS negatively, CPS might serve as a deterrent to engagement in treatment.

Several AFF program directors (SEABHS, CPSA, AZPAC Coconino, and AZPAC Yuma) also noted that the initial outreach and quality of the first contact with the client is a good indicator of whether a client will become engaged in treatment. Other factors perceived to contribute to client engagement include age and emotional maturity of client (AZPAC Yavapai), the accessibility of services (WestCare), and the client-centered approach to treatment, which individualizes treatment services to meet clients' unique needs (Old Concho).

Client Retention

Several AFF program directors (TERROS, AZPAC Coconino, AZPAC Yavapai) perceived that CPS-involved clients with court-mandated treatment are also more likely to remain in treatment than those clients who are not involved with CPS. TERROS' program director noted that clients referred by CPS are motivated to stay in treatment in order to retain their children in the home, or, if their children have been removed, to be reunified with their children. SEABHS' program director reported that the longer CPS stays involved, the longer the client remains in treatment. However, Horizon's program director perceived that while court mandated treatment might be the impetus for a client to begin treatment, retention in treatment is really a function of the client's personal motivation.

CPSA's program director reported the importance of collaboration between the provider and CPS when engaging clients, and several AFF program directors also discussed the importance

of this relationship in terms of retaining clients. Horizon's program director observed that clients are more likely to stay in treatment if they perceive all parties involved in their substance abuse treatment (AFF, CPS and client) are actively communicating and collaborating. Horizon's program director further explained that it is important for clients to understand that their AFF therapist or case manager is not an employee of CPS, but is working ***with*** CPS on behalf of the client in order to reunify the family. AZPAC Yavapai's program director also observed that collaboration among agencies, in particular CPS and AFF, is an important contributor to client retention. The program director explained that when clients feel as if agencies are cooperating and all parties are adhering to their agreements and commitments, clients are more likely to stay in treatment. Similarly, CPSA's program director noted that clients who perceive their substance abuse treatment provider as helping their family and working collaboratively with CPS are more likely to remain engaged in treatment than those clients who perceive their substance abuse case manager as "snitching" on them to their CPS worker or not working collaboratively with CPS.

Exhibit V-1
Program Directors' Perceptions of Client Experiences in Arizona Families F.I.R.S.T. [15]

AFF Provider Agency	Facilitators to Client Success in Arizona Families F.I.R.S.T.	Barriers to Client Success in Arizona Families F.I.R.S.T.
AZPAC Yavapai	• CPS involvement and court mandated treatment • High level of collaboration among service providers in rural areas • Strong sober community in Prescott • Support network	• Lack of sober communities in Verde Valley and other areas • Isolation in rural areas fosters drug use • Lack of meaningful employment opportunities • High level of criminal activities in some areas • Poverty • Co-occurring illness
AZPAC Yuma	• CPS involvement and court mandated treatment • Therapeutic relationship/rapport with clients • Support services provided • Case management helps clients with life needs	• Lack of sober living environment • Lack of support network • T19 providers are overwhelmed and backlogged
AZPAC Coconino	• Initial outreach and engagement of client/quality of first contact • Group treatment • Therapeutic relationship/rapport with clients • Matching client with the right services (client-centered approach) • Community support groups such as AA and NA	• Lack of housing for clients • Lack of transportation for clients • Lack of sober living environment • Meeting basic needs must come before treatment
CPSA	• Outreach to clients/quality of first contact • Good communication and collaboration between treatment provider and CPS • Family-centered and client-centered philosophy of AFF • Motivational techniques incorporated by the AFF program • Support network	• T19 providers are overwhelmed by the number of clients they have to serve • Different perspectives on substance abuse treatment of different agencies involved • Co-occurring illness

[15] Data were collected from eight of the nine providers in February 2003 and July 2003. Data from WestCare were available only in July 2003.

AFF Provider Agency	Facilitators to Client Success in Arizona Families F.I.R.S.T.	Barriers to Client Success in Arizona Families F.I.R.S.T.
Horizon	• CPS involvement and court mandated treatment • Frontline staff connecting with clients through outreach and establishing a good rapport • Good communication and collaboration between treatment provider and CPS • Consistency of staff throughout outreach and treatment	• Complexity of providing services in rural communities • Stereotypes of clients in treatment in rural communities contributes to lack of future opportunities (i.e. recovering clients not treated fairly by small community) • Lack of support network • Unemployment
Old Concho	• Collaboration among agencies working together to serve clients • Client-focused treatment and personalization of treatment services	• Territorial issues with some agencies • Poverty • Barriers to accessing treatment (e.g. transportation) • Lack of basic living skills
SEABHS	• CPS involvement and court mandated treatment • Initial outreach and engagement/quality of first contact • Case management for ongoing engagement • Client-centered and family-centered service plans	• Voluntary nature of program when CPS closes the case after referring to AFF (lack of CPS involvement) • Lack of support network • Isolation of clients in rural areas • Lack of transportation for clients • Cultural issues in rural areas (e.g. clients in rural areas and small communities are hesitant to ask for help due to a lack of anonymity)
TERROS	• CPS involvement and court mandated treatment • Committed therapists • Services provided to help with full range of life needs	• Lack of CPS involvement • Lack of transportation for clients • Lack of funding for special services not readily available (e.g. bilingual/bicultural) • Lack of resources to provide adequate outreach and engagement
WESTCARE	• Therapeutic relationship/rapport with client • Support services to help clients access treatment	• Lack of sober living environment • Barriers to accessing treatment (e.g. transportation)

Several AFF program directors (AZPAC Coconino, WestCare, SEABHS, Horizon, and CPSA, Old Concho) perceived the quality of the client-therapist relationship as integral to client retention in the program. Finally, TERROS' program director noted that level of participation in services (e.g. frequency of client participation in services) is an indicator of client retention.

Client Characteristics Associated with Recovery and Relapse

AFF program directors perceived several client characteristics as related to client success. The most frequently reported factor related to client success was CPS involvement. In specific, five out of nine AFF program directors (TERROS, AZPAC Yavapai, Horizon, SEABHS, and AZPAC Yuma) noted that clients who have lost their children or have a potential to lose their children are more likely to be motivated to succeed. TERROS' program director reported that, "Moms who want their kids back are the most likely to succeed."

Other client characteristics perceived to contribute to client success included: 1) employment; 2) age; 3) family and community support; and 4) permanent housing. Four out of the nine AFF program directors (AZPAC Yavapai, Horizon, AZPAC Coconino, and SEABHS) reported that employed clients are more likely to succeed in recovery than unemployed clients. Three program directors (AZPAC Yavapai, CPSA, AZPAC Yuma) noted that having a family support network contributed to client success. Program directors at WestCare and AZPAC Coconino noted that community support, including support groups such as AA and NA, is integral to client success. AZPAC Yavapai's program director perceived age as a characteristic related to client success, with older clients being more likely to succeed than younger clients due to their emotional maturity.

AFF program directors perceived that the lack of these characteristics were major barriers to success. In specific, program directors reported that unemployed, younger, homeless clients, with a lack of support, might experience more obstacles in recovery than clients described above.

AFF program directors also noted other client characteristics they perceived as barriers to success in recovery. Program directors from AZPAC Yavapai and Old Concho noted that clients with a mental illness or another co-occurring illness, or clients taking prescribed medication to cope with another problem, might experience more obstacles in their recovery than clients who do not face such additional issues. CPSA's program director noted that it is more difficult to engage and retain clients who face multiple issues (e.g. serious mental illness) because many of these clients are court-ordered to receive mental health treatment from providers other than those who are treating their substance abuse. This makes it overwhelming for these clients to navigate the service system.

AFF program directors also noted numerous factors that may inhibit a client's ability to remain sober after completing treatment. All AFF program directors noted that clients who maintain the same social relationships they had prior to their recovery are more likely to relapse. Several AFF program directors (TERROS, AZPAC Coconino, Old Concho, WestCare, and AZPAC Yuma) noted that without a sober living environment, clients are more likely to relapse after they have completed treatment. AFF program directors from AZPAC Yavapai and Old Concho noted that extreme poverty and homelessness are related to relapse. Horizon's program director perceived a difference between rural and urban areas in recovery. The program director reported that rural life may contribute to relapse because it is more difficult to distance one's self from past relationships than it is when living in a larger urban environment.

Eight of the nine AFF program directors (TERROS, AZPAC Yavapai, CPSA, AZPAC Coconino, WestCare, SEABHS, and AZPAC Yuma) reported that clients who have completed treatment and have subsequently been reunified with their children are likely to remain sober. AZPAC Yavapai's program director noted that these clients are likely to remain engaged in aftercare services and in contact with their case manager due to the high level of stress they face, and continued participation in these follow-up services contributes to their continued sobriety. CPSA's program director reported that clients usually stay in treatment voluntarily after they are reunified with their children, and, in fact, these successful families are usually more proactive with regard to continued participation in treatment. Program directors from AZPAC Yuma and Horizon further noted that these clients who have "already come so far" are usually motivated to stay sober and keep their family together.

3. Successes, Challenges, and Anticipated Next Steps in the Implementation of AFF

Exhibit V-2 summarizes at the site-level the AFF program directors' reports of the successes and challenges they have experienced with respect to program implementation during the past year. The exhibit also summarizes their anticipated challenges, issues, and next steps in the coming year.

AFF program directors reported similar successes in the implementation of AFF during both sets of interviews conducted during the year. The most frequently mentioned success was increased collaboration among service providers, CPS, and/or the RBHA (AZPAC Coconino, CPSA, Horizon, and TERROS). Increased cross-agency understanding also was reported by program directors at Horizon and Old Concho as a major success. AZPAC Yuma and TERROS emphasized the provision of support services to meet basic client needs and to increase clients' access to substance abuse treatment services as an important success and contribution of the AFF program. AZPAC Coconino and WestCare both noted that the implementation of client- and family-centered services was a success of the AFF program (i.e. as this was perceived to be an improvement in the service delivery system).

Other successes reported by AFF program directors included a streamlined outreach and engagement process through a single agency, increased case management activities through additional staff, decreased wait time for treatment, and an increased acceptance among the treatment community of incorporating client-centered practice into substance abuse treatment.

The most frequently cited challenge in the implementation of AFF reported during both sets of interviews was concern regarding budget issues and the ability to continue operating a program within the context of uncertain funding from year to year (AZPAC Yavapai, AZPAC Yuma, CPSA, WestCare, and TERROS). Although funding for AFF was continued, the perceptions and apprehension regarding continued financial support for the program affected how AFF program directors addressed long-term planning, such as program development activities and whether they built new collaborative relationships with community providers. Other challenges included the lack of residential care in the community; managing a high level of referrals each month; lack of transportation in rural areas; and a shortage of transitional housing.

Exhibit V-2
Lessons Learned in the Implementation of Arizona Families F.I.R.S.T.
Emerging Themes from Interviews with Program Directors[1]

AFF Provider Agency	Successes in the Implementation of Arizona Families F.I.R.S.T.	Challenges in the Implementation of Arizona Families F.I.R.S.T.	Anticipated Challenges and Issues and Next Steps
AZPAC Yavapai	• Engagement of re-referrals to AFF program • Decreased wait time for treatment	• Lack of training to deal with issues of dual diagnosis • Lack of transportation • Lack of capacity for residential treatment • Uncertainty of program funding from year to year	• Funding issues/exploring other funding options • Expansion of referrals • Training staff on dual diagnosis • Training staff to work with teenage parents • Develop and train staff on aftercare curriculum
AZPAC Yuma	• Increased quality of care for clients • Increased access to services through the provision of support services	• Budgetary issues with CPS regarding monitoring and tracking clients UAs	• Expansion of JOBS referrals • Building better relationship with the investigative unit at CPS (established relationship with on-going case unit)

[1] Data were collected from eight of the nine providers in February 2003 and July 2003. Data from WestCare were available only in July 2003.

AFF Provider Agency	Successes in the Implementation of Arizona Families F.I.R.S.T.	Challenges in the Implementation of Arizona Families F.I.R.S.T.	Anticipated Challenges and Issues and Next Steps
AZPAC Coconino	• Increased collaboration with CPS • Decreased wait time for treatment • Individualized treatment services	• Shortage of transitional housing when client is in aftercare	• Program development (e.g. development of education and treatment programs for children and teenagers) • Learning to engage the entire family in treatment • Increase substance abuse treatment support groups (individual, group, and women's support groups)
CPSA	• Increased collaboration with providers, courts, and domestic violence programs • Increased collaboration among providers themselves • Increased collaboration within own RBHA • Informal collaboration efforts (i.e. building relationships without formal contracts) • Addition of Mother and Child Addiction Services (MCAS)—a new service to women who are pregnant or postpartum with SA issues	• Maintaining schedule for program development (i.e. development of new housing program) • Operating the program within a context of funding uncertainty • Keeping up with the high level of referrals each month (60/month) and ensuring that every client is served	• Continued support and collaboration among DES, providers, RBHA, and staff • Continue to advocate for program and work with Advisory Board on program development for 2004 • Focus on sustainability and capacity building • Train CPS workers to work directly with RBHA (due to CPSA's planned restrictions on referrals to AFF to only those clients who are non-Title XIX and have no other identifiable source of funding)[16]

[16] CPSA's plan to restrict referrals to SEN and dependency cases with no other identifiable source of funding was not approved by ADES.

AFF Provider Agency	Successes in the Implementation of Arizona Families F.I.R.S.T.	Challenges in the Implementation of Arizona Families F.I.R.S.T.	Anticipated Challenges and Issues and Next Steps
Horizon	• Increased cross-agency understanding with RBHA and CPS • Increased collaboration with CPS	• Complexity of providing services in rural areas • Uncertainty regarding future funding for AFF has impeded the expansion of new collaborative partnerships	• Define AFF program's funding and future • Maintaining level of service and collaboration • Working on program development issues (e.g. services in rural areas) • Strengthening understanding of CPS workers to lay out road maps for clients beyond a few years—focus on graduating clients into different, continuing programs • Providing clients with long-term support • Continued collaborative work with the local RBHA
Old Concho	• Increased understanding of law enforcement regarding SA issues • Increased acceptance by the community of SA treatment	• Lack of cross-agency understanding among CPS and treatment providers	• Deal with budget issues Increase collaboration among treatment providers, RHBA and CPS • Increase treatment services available for Native American living on reservation • Conduct staff trainings to increase understanding of different agency roles and SA issues • Increase collaboration with criminal justice system • Housing development in collaboration with local RBHA

AFF Provider Agency	Successes in the Implementation of Arizona Families F.I.R.S.T.	Challenges in the Implementation of Arizona Families F.I.R.S.T.	Anticipated Challenges and Issues and Next Steps
SEABHS	• Streamlined outreach and engagement service through a single agency • Increased case management through the addition of case workers	• Lack of transportation in rural areas • Lack of trained, culturally competent staff in the area • CPS closes case after referral to AFF, making participation in services voluntary and engagement of clients difficult	• Continue to improve the outreach and engagement and case management components of the program • Re-educate referral sources on referral criteria • Continue to work towards collaboration goals
TERROS	• Increased collaboration and infrastructure with DES and CPS • Increased access to services through the provision of support services • Meeting clients' basic life needs	• Budget issues • Space issues (new staff have been hired due to surge in referrals to the AFF program)	• Secure continued funding • Develop policies and procedures and training manual on AFF program for new case managers • Train staff on motivational interviewing • Reduce staff turnover
WESTCARE	• Individualized and wrap-around treatment services that meet individual client needs	• Uncertainty of continued funding	• Expansion of treatment staff • Program development including the expansion of treatment services (group treatment services)

The most frequently reported anticipated challenge was having to continually deal with uncertain funding from year to year while continuing to advocate and increase sustainability for the program (AZPAC Yavapai, Horizon, Old Concho, CPSA and TERROS). Next steps noted by program directors are to train staff (dual diagnosis, aftercare, teenage parenting), move forward with program development activities (e.g. housing development at CPSA and Old Concho), expand JOBS referrals, continue collaboration efforts and strengthen cross-agency understanding, and re-educate referral sources on referral criteria.

C. Perceptions of RBHA Representatives

In this section, we present the perceptions of the RBHA representatives with regard to the factors that have contributed to the success of the AFF program, as well as the challenges encountered by the RBHA in collaborating with AFF providers. RBHA representatives' perceptions reflect the experiences they have had in working with their local AFF provider(s) in their district(s). **Exhibit V-3** displays the partnerships of the five RBHA agencies and the nine AFF providers.

Exhibit V-3

RBHA Agency	Counties Served	AFF Provider(s)
Value Options	Maricopa	TERROS
Community Partnership of Southern Arizona (CPSA)	Pima, Graham, Greenlee, Santa Cruz, and Cochise	CPSA and SEABHS
Northern Arizona Behavioral Health Authority (NARBHA)	Mohave, Coconino, Apache, Navajo, and Yavapai	AZPAC Coconino, AZPAC Yavapai, Old Concho, and WestCare
EXCEL Group	Yuma and LaPaz	AZPAC Yuma and WestCare
Pinal-Gila Behavioral Health Authority	Pinal and Gila	Horizon

1. Factors Contributing to the Success of the AFF Program

RBHA representatives were all familiar with the AFF program and appeared to have a good understanding of the program's operations with respect to their local AFF provider(s). RBHA representatives reported several factors contributing to their successful collaboration with AFF providers and implementation of the AFF program including: 1) RBHA attendance at AFF collaborative meetings and participation in cross-agency training; 2) multi-agency staffings in which both the AFF provider and RBHA treatment staff participate; 3) coordination with the AFF provider to determine Title XIX eligibility; 4) the availability of additional substance abuse treatment staff at the RBHA agency; and 5) a centralized referral process for substance abuse cases at the RBHA agency.

All four RBHA representatives (EXCEL, PGBHA, NARBHA, and Value Options) reported effective communication and collaboration as the key to successfully providing coordinated service delivery for Title XIX AFF clients. All RBHA representatives reported that they regularly attend AFF collaborative meetings, and NARBHA and Value Options representatives reported participating in cross-agency trainings. As examples, NARBHA developed workgroups at each of their local Title XIX providers to provide training on the AFF program, and Value Options has

collaborated with TERROS in providing training to local providers on how to work with CPS cases and how to provide culturally competent services.

EXCEL has worked with one of their local AFF providers (AZPAC Yuma) to implement multi-agency treatment team staffings for particularly complex cases. EXCEL's representative reported that these multi-agency staffings and on-going coordination between the AFF and RBHA case managers have increased the collaboration between the agencies' staff, and consequently improved the quality of service delivery for clients. The Value Options representative also noted that communication between their RBHA case manager and the AFF case manager has facilitated serving the AFF clients. EXCEL further noted that additional substance abuse treatment staff and a centralized referral process for all substance abuse cases at the RBHA agency has facilitated coordination with their AFF providers and improved the timeliness of services for AFF clients.

Finally, in order to help improve the timeliness of service delivery for AFF clients, NARBHA decided to determine Title XIX eligibility for AFF clients. NARBHA's local Title XIX providers coordinate with the local AFF providers in determining Title XIX eligibility as quickly as possible, which expedites treatment for these clients.

2. Challenges Encountered and Overcome in Working with AFF

In describing challenges that have been encountered in collaborating with the AFF program to provide substance abuse treatment services to AFF clients, the RBHA representatives reported ways in which their working relationships with their local AFF providers have changed and evolved since the inception of the AFF program.

The EXCEL representative reported that at the inception of AFF, EXCEL only staffed one substance abuse counselor, which made it difficult to provide treatment for all AFF referrals. In addition, at the inception of the program, all referrals to EXCEL were sent to their Child and Family Clinic, regardless of the type of case. Due to this, it was difficult to address referrals in a timely manner. In response to these challenges, EXCEL created a Substance Abuse Treatment Outpatient Center, designed specifically to enhance substance abuse treatment. In creating this Center, EXCEL hired additional substance abuse treatment staff and centralized substance abuse referrals at this location. These changes increased the timeliness of services for all substance treatment clients (including AFF clients) and enhanced service delivery.

The PGBHA representative reported that the effectiveness of the AFF collaborative partnership has been challenging because not all of the partners attend the collaboration meetings regularly. She did note, however, that CPS attended a collaboration meeting for the first time in this most recent quarter. The PGBHA representative reported that she works with Horizon to overcome these challenges by continuing to attend meetings and working with Horizon to gain investment from the community. She further noted that Horizon does an excellent job in conducting outreach and sending out information to collaborators in a timely manner.

NARBHA is the RBHA for four AFF providers (AZPAC Coconino, AZPAC Yavapai, Old Concho, and WestCare) located in five counties. A challenge encountered by NARBHA was to develop a coordinated service delivery system among NARBHA's local Title XIX providers and the AFF providers in five counties. NARBHA overcame this challenge by setting up workgroups in each of the five counties. During these workgroups, NARBHA trained the local Title XIX providers on the AFF program. NARHBA also provided an opportunity for Title XIX providers to

meet with the AFF "point person" in their respective county with whom they would coordinate services. These workgroups provided the infrastructure in the Title XIX programs that was necessary to respond to the needs of the AFF program.

NARBHA's representative reported that this infrastructure was easier to develop in counties where the AFF provider agency dealt with only one Title XIX provider for service coordination. In some counties, the AFF provider has to coordinate services with multiple Title XIX providers. For example, WestCare's Title XIX provider in Mohave County, Mohave Mental Health, is located at three sites: Kingman, Bullhead City, and Lake Havasu. The lack of a centralized location has made coordinating services for AFF Title XIX clients more difficult than in other counties where the AFF provider coordinates with a single Title XIX provider located at a single site.

Another challenge faced by NARBHA and the local AFF providers was determining Title XIX eligibility for AFF clients. As described earlier, in order to expedite determination of eligibility and increase the timeliness of treatment services, NARBHA coordinated with local AFF providers and accessed the Medifax system directly to determine Title XIX eligibility for all AFF clients.

NARBHA's representative also described a third challenge involving the competing missions of the different systems involved (e.g. ADHS, ADES, and the courts). Different agencies had different conceptualizations of substance abuse treatment and system roles, which made collaboration difficult at first. Through active communication and cross-agency education, all agencies involved have now begun to develop a deeper understanding of the other agencies' goals and are working together to serve the AFF population.

NARBHA's representative also noted that it was a challenge when an AFF provider wanted to place a Title XIX AFF client in a non-Title XIX treatment facility, and use ADES funding to provide the services. The AFF provider wanted to do this because of the perception that there was less of wait for the non-Title XIX treatment slot. The NARBHA representative understood that waiting for a Title XIX treatment slot may be frustrating for AFF providers but noted that it was important that Title XIX funds be used to provide treatment for Title XIX clients since this funding source already is available to these clients. Increased communication between the NARBHA and the local AFF provider agencies has helped to alleviate these frustrations, according to the NARBHA representative.

The representative from Value Options noted that for Title XIX providers in Maricopa County who are not well versed in working with CPS-involved or the court-involved clients, it is a challenge to coordinate services for these clients because the provider does not understand CPS reporting requirements, mandated services, or timeframes. Value Options has used their history of working with CPS through the Family Recovery Project to overcome this challenge by focusing their efforts on training their Title XIX providers on the needs and perspective of CPS. The RBHA representative further noted that their AFF provider, TERROS, has done an excellent job in bringing the collaborative partners (including CPS) to the table to continue to train and educate across agencies.

The Value Options representative noted another challenge around the family-focused approach to treatment in the AFF program. The representative reported that some of the Title XIX providers have historically provided services for adults only, but not for children or families. Due to this, Value Options has continued to work with providers to assist them in developing expertise in addressing family issues related to substance abuse treatment.

A final challenge noted by the Value Options representative was dealing with changes in a clients' Title XIX eligibility. The representative noted that when a client changes from non-Title XIX to Title XIX status, the client must change service providers if the current provider cannot deliver Title XIX services. Consequently, the client may not have access to the same services. However, this problem was alleviated somewhat by the implementation of covered services for Title XIX clients in the fall of 2001. Under covered services, AFF Title XIX clients receive substance abuse treatment services similar to what they receive under Senate Bill 1280 funding.

D. Collaborative Partnerships

In this section, we discuss the status of the collaborative partnerships at each of the nine AFF provider sites as described by AFF program directors in interviews conducted during the past year. All AFF program directors reported that they had engaged in activities during the annual reporting period to enhance or maintain their collaborative partnerships. Four of the AFF program directors (CPSA, AZPAC Yavapai, AZPAC Coconino, and TERROS) reported conducting activities related to the specific goals their collaborative partners identified during the Technical Assistance on Collaboration meeting in June 2002.[17] Several AFF providers specifically reported improvements in their collaboration with CPS. In fact, one AFF provider (AZPAC Yavapai) reported that CPS attended their AFF collaboration meeting for the first time during the last quarter since the program's inception. Interviews with AFF RBHA representatives validated the information gathered by AFF program directors as RBHA representatives reported a shared commitment to collaboration.

A common collaboration goal reported by AFF program directors was to increase collaboration with CPS, the courts, and other local service providers. Examples of specific activities conducted to reach this goal included: 1) creating procedures to provide CPS workers with status reports for AFF clients; 2) conducting educational trainings with CPS staff regarding the AFF program; 3) conducting trainings with family courts and drug courts; 4) increasing staff access to service planning meetings by using alternate locations; and 5) cross-agency trainings, including training local treatment providers on issues of cultural competency.

AZPAC Yavapai

AZPAC Yavapai has focused on building a better collaborative relationship with their local RBHA, a goal they developed at the Technical Assistance on Collaboration meeting in June 2002. During an interview conducted in February 2003, the AFF program director reported that through open and frequent communication with the local RBHA, the AFF program's partnership with the RBHA has improved. The AFF program director also noted that the AFF provider agency now convenes service-planning meetings alternately between the AFF provider agency and the RBHA agency. The co-location of these meetings has increased the attendance of RBHA staff and improved collaboration.

In July 2003, the AFF program director reported that collaboration has continued to improve. She noted that through the budget crisis, agencies felt camaraderie with each other, and this camaraderie has endured. As an example of this mutual support, the program director reported that both CPS and the local RBHA attended the East Yavapai collaborators' meeting

[17] During the Technical Assistance on Collaboration meeting, AFF provider agencies and their collaborative partners worked to identify goals for their local partnerships in order to enhance service delivery for clients.

for the first time together since the inception of the program. CPS had not been attending the collaboration meetings regularly, but the AFF program director was committed to bringing CPS to the table and did so by showing up at the CPS offices in-person on the day of the last collaborators' meeting and asking CPS to join.

The RBHA representative from NARBHA concurred that collaboration has continued to improve in Yavapai County. The representative noted in an interview conducted in August 2003 that active communication and cross-agency education have aided the RBHA and AFF provider in forming a shared mission and collaborative goals.

AZPAC Coconino

Due to concerns over low referrals during the first half of the annual reporting period, AZPAC Coconino had focused on building a better collaborative relationship with CPS, a goal they developed at the Technical Assistance on Collaboration meeting. AZPAC Coconino conducted educational trainings about the AFF program at the CPS office, and began to provide CPS workers with status reports on CPS clients referred to the AFF program. The program director believes that these activities enhanced CPS staff's understanding of AFF and the work done with clients. In July 2003, the AFF program director reported that this work has paid off and CPS has begun to have a more active presence at collaboration meetings.

As described above, NARBHA, the local RBHA for Coconino County, also reported good collaboration with AZPAC Coconino. Representatives from the local RBHA agency regularly attend AFF collaboration meeting in Coconino County.

AZPAC Yuma

AZPAC Yuma has continued to develop collaborative relationships with CPS, their local RBHA, and community agencies. In February 2003, the AFF program director reported that the collaboration with the local RBHA (EXCEL) had continued to be a challenge because RBHA counselors did not attend staffings for AFF clients even though they were invited to attend. The AFF program director understood, however, that RBHA staff were so busy with their clients that they did not have time to attend meetings. In July 2003, the AFF program director reported that collaboration with EXCEL had improved and noted that EXCEL representatives had worked hard to increase coordination with AZPAC Yuma. The AFF program director also reported that AZPAC Yuma is currently in the process of applying to be one of EXCEL's licensed Title XIX providers so that the agency can directly provide services to Title XIX clients and thus offer a continuum of care.

Information gathered from EXCEL's representative in August 2003 echoed these sentiments of improved collaboration. EXCEL implemented several program changes that have helped to increase collaboration including hiring additional substance abuse treatment staff, creating a substance abuse treatment outpatient center, and developing a centralized referral process for substance abuse cases.

AZPAC Yuma also has worked collaboratively with community agencies such as Amberly's Place to provide substance abuse treatment to homeless clients. Finally, AZPAC Yuma convenes monthly meetings with CPS, which the AFF program director reported has helped to strengthen their working relationship.

CPSA

During the first half of the annual reporting period, CPSA carried out several activities in order to meet the collaboration goals that were developed at the Technical Assistance on Collaboration meeting in Phoenix. The agency's goals focused on improving CPSA's pre-existing relationships with collaborative partners such as CPS and the juvenile court. First, CPSA conducted trainings with AFF referral sources (e.g. CPS and JOBS) regarding the AFF program and American Society of Addiction Medicine (ASAM) requirements for determining levels of care. Second, CPSA created a protocol, which outlined the documentation that CPS and JOBS caseworkers should expect to receive from AFF treatment provider agencies. Finally, CPSA facilitated collaboration with the juvenile courts through trainings with AFF providers, family courts, and drug courts, as well as participated in model court trainings.

During the second half of the reporting period, the AFF program director reported that with the knowledge of secure funding for the 2004 fiscal year, the Advisory Board has re-focused their collaborative efforts on using program development funds to develop housing for clients with community agencies.

Horizon

During the first half of the year, Horizon maintained collaboration through continuing activities such as quarterly meetings and active communication with local CPS and RBHA agencies, but the program had not established any new collaborative activities since the Technical Assistance on Collaboration meeting in June 2002. The program director discussed how the anticipated budget crisis had created a situation where people were tentative to commit to further planning, and from his perspective, it did not make sense to try and expand or initiate new collaborative relationships at that time.

During the interview conducted in July 2003, the AFF program director noted that with funding secure, collaboration has begun to improve with more providers showing up to the table. The program director further noted the increased involvement of faith-based groups. The RBHA representative from PGBHA reported that she works with Horizon on conducting community outreach to gain investment from local service providers in the AFF program. The PGBHA representative also noted that she attends the AFF collaboration meetings regularly and that Horizon is an excellent collaborative partner.

Old Concho

During the annual reporting period, Old Concho conducted activities to improve collaboration with agencies in Navajo County. Old Concho implemented team meetings for clients serviced in Navajo County similar to the meetings they have conducted in Apache County, where collaboration has been successful. Old Concho invited RHBA representatives (NARBHA), probation officers, CPS caseworkers, and family preservation workers to attend client staffings in Navajo county, and the program director reported that collaboration in Navajo county had improved.

RBHA representatives from NARBHA also reported increased collaboration in Navajo County, similar to the effective collaborative partnership already established in Apache County. The NARBHA representatives noted that collaboration in Navajo County was more difficult than in Apache County because Navajo County has three different local RBHA sites. However, the representative reported that collaboration had improved due to Old Concho’s efforts to form

strong relationships in the county. The NARBHA representative noted that the weekly staffing in Navajo County is an example of improved collaboration. He further noted that RBHA representatives attend these staffings.

SEABHS

During the first half of the year, SEABHS continued their quarterly collaboration meetings with residential treatment providers, community agencies, and JOBS and CPS. SEABHS' program director reported in February 2003 that, although AFF had provided educational outreach to CPS, which had facilitated some collaboration, CPS had not consistently attended the collaboration meetings. At that time, the AFF program director reported that their next steps in collaboration would involve focusing on collaboration at the local level, rather than at the regional level. During a follow-up interview conducted in July 2003, the AFF program director reported significant changes in collaboration goals. He reported that collaboration activities had increased in the last quarter and focused on the involvement of more local partners and a shared mission of collaborative cross-agency trainings (e.g. courts, substance abuse treatment providers, and prevention departments).

TERROS

During the Technical Assistance on Collaboration meeting, TERROS established a goal of enhanced collaboration with CPS. TERROS developed an action plan related to this goal that consisted of offering one-day, monthly trainings to CPS to increase their understanding of the AFF program and the different roles of CPS and the AFF provider agency in serving AFF clients. These trainings occurred and continue to be conducted. The AFF program director reported that these trainings enhanced their partnership with CPS and the understanding of CPS regarding the work that AFF does.

In an interview conducted in July 2003, the AFF program director reported that TERROS has conducted trainings with local providers in the area of culturally competent service delivery. In an interview conducted with the RBHA representative from Value Options, the representative noted that TERROS has done an excellent job in bringing the collaborative partners (including CPS) to the table and continuing to train and educate across agencies. Value Options is an active collaborative partner and attends all AFF collaboration meetings. As well, TERROS representatives attend collaboration meetings at the local RBHA.

WestCare

In the single interview conducted with WestCare in July 2003, the AFF program director reported that collaboration with CPS had increased due to outreach by WestCare. The AFF program director further noted that CPS now has more confidence in the AFF program and a better understanding of how AFF serves clients referred by CPS.

NARBHA's representatives noted a lack of proactive collaboration with the RBHA on the part of WestCare. Several factors may explain this perceived lack of collaboration. First, WestCare's parent agency and residential treatment center are located in Nevada, and the agency is not a Title XIX provider. Second, Mohave Mental Health, the local Title XIX provider, is not centralized and is located at three distant sites, making it more difficult to collaborate. Third, WestCare has had staff turnover in management positions during the last year.

Chapter VI
CLIENT SATISFACTION

In order to assess client satisfaction and experiences with AFF services, data were obtained from clients who participated in focus groups conducted during April and May 2003 at each of the nine AFF sites. There were 41 AFF clients interviewed (34 females and 7 males). On average, focus groups consisted of four to five AFF clients, although some groups were larger (e.g. 9 clients in the TERROS focus group). At two of the AFF sites (AZPAC Yuma and Horizon), only one client showed up to participate in the focus groups, although several were scheduled to participate. All of the clients were currently enrolled in AFF intensive treatment services or outpatient services.

The AFF provider agencies assisted the evaluator with arranging the meetings with clients. The criteria for inclusion was that clients needed to be enrolled in the AFF program and they needed to be receiving some type of substance abuse treatment. For the focus groups, the evaluator met with clients who already were participating in ongoing group treatment meetings (i.e., they were not convened together in a group setting for the sole purpose of a focus group interview).[18] Clients were informed about the focus group in advance and provided consent for their participation both before the focus group meeting, and at the focus group meeting in writing. Only those clients who provided consent attended the focus group meeting. Information is not available regarding clients who were enrolled in group treatment and invited to participate but chose not to attend the focus groups. Clients participating in the focus groups included those who were currently living with their children as well as clients whose children were living in foster care or with relatives.

Clients who participated in the focus group were each provided with a $15.00 cash incentive for their participation. Questions posed to clients focused on their experience with AFF, their level of satisfaction with the program, the services they found most helpful, and areas in which they had continued needs.

The information obtained from clients through the focus group was organized according to the themes of client goals, participation in services and activities, experience and satisfaction with AFF, and professional staff, need for services, and knowledge and understanding of AFF. The cross-site findings from the focus groups and interviews with AFF clients are summarized below:

A. Clients' Goals

AFF clients' most frequently reported goals across the nine AFF provider agencies were reunification with their children and recovery from substance abuse. Secondary goals also frequently mentioned were to achieve higher education, to gain and maintain employment, to find permanent housing, and to create a stable home for their families. Some parents spoke about wanting to be "a better parent." One client reported that her experience in the AFF program had given her a goal to become a substance abuse counselor. Another client indicated that, while reunification with her children was a goal, the most important focus at this time was to "work on myself" [recovery] and not push or rush goals with respect to getting back her children since she had been unsuccessful in treatment prior to AFF.

[18] In order to protect the confidentiality among AFF clients receiving treatment for substance abuse problems, it was necessary to conduct focus groups with "already established" groups rather than bring together clients in a group meeting for the first time (and thus risk disclosure to others that they were in treatment for substance abuse).

B. Clients' Participation in Service Activities

All clients interviewed across the AFF provider sites reported that CPS referred them to the AFF program. Clients generally spoke of two main categories of treatment: groups (sometimes referred to as classes) and individual treatment. Clients also mentioned other types of treatment including family drug court, parenting classes, couples counseling, and gender specific treatment (e.g. women's recovery groups and men's mood management). Across most of the AFF sites, clients mentioned other agencies and programs from which they received services such as AA, NA, and the Arizona Children's Association.

Clients from six AFF provider agencies reported that they played a role in the development of their treatment plan, reflecting the client-centered philosophy of the AFF program. Clients from one AFF provider agency reported mixed levels of participation in their service plan development. Two of the clients who participated in the focus group at this site reported having a role in the development of their treatment plans, two other clients indicated they had no options about their treatment plans or providers. All clients who participated in focus group at two other AFF provider agencies indicated that they felt they did not have any choices with respect to the agency from which they received services or the particular treatment services they received.

Although the amount of time spent in treatment varied among clients who participated in the focus groups, all clients across the AFF provider sites reported that groups and individual treatment sessions occurred at set times and days of the week, and that, in general, they attended their treatment sessions as planned. For the most part, clients noted flexibility in their treatment schedules (e.g. evening sessions) and were able to attend treatment without conflict. However, clients from three sites noted difficulty in attending treatment due to work schedules and some felt overwhelmed with working full time and also trying to attend meetings or counseling several hours per week. Clients at three other sites noted, however, their counselors' willingness to try to arrange therapy at convenient times. At one site, clients expressed their dissatisfaction with the schedule of treatment services and expressed a desire for more flexibility in scheduling and more options for child care. Many clients noted that although treatment required a major time commitment, they did not feel overwhelmed by the amount of time spent in treatment. One client stated, "It is time consuming, but it works. People won't go if they don't want to go and will say it is excessive. But it works if you have a good attitude."

AFF clients from all nine of the AFF provider sites reported receiving valuable services in addition to their core substance abuse treatment services. These services included assistance with bus passes and taxi vouchers, furniture vouchers, housing, driver's licenses, food, diapers, and baby formula. Clients described these services as helpful, and one client noted that AFF staff "were able to assist with all areas of life," which she believed had helped reduce her stress and decrease her chance for relapse.

Clients from four AFF provider agencies expressed that transportation was a barrier to receiving services, but also noted that staff helped with transportation problems and the program provided bus and taxi vouchers. All of the clients who participated in focus groups indicated they did not have any concerns about ethnic or cultural barriers to receiving treatment. Spanish clients noted the availability of Spanish speaking treatment and case management staff.

C. Clients' Experience and Satisfaction with AFF

All participating AFF clients from the nine AFF provider sites reported they were either satisfied or very satisfied with the services they have received. In general, clients across the nine AFF provider sites mentioned the value of group treatment and "not feeling alone." Clients from two AFF provider agencies did not identify any particular programs or classes as being more helpful than other services. Clients from the other AFF provider agencies did mention specific services as particularly helpful or valuable. For example, clients at one AFF site noted Family Drug Court, individual counseling, and IOP as particularly helpful. Clients from another site noted that relapse prevention, AA/NA, parenting classes, grief group treatment, women's recovery group, and individual therapy were particularly valuable. Clients from a third AFF site noted that relapse prevention/aftercare group sessions, individual counseling, and education classes (e.g. living skills) had been especially helpful.

Clients from all nine AFF provider sites reported they were very happy and satisfied with treatment staff. Across the AFF sites, clients indicated that they trusted the staff, felt comfortable talking with them, and felt they were knowledgeable and caring. Clients indicated that it was helpful when treatment therapists discussed their progress with case managers, and most clients noted that this type of communication occurred regularly and was useful in the coordination of appropriate services. Clients also reported receiving positive feedback and encouragement from case managers, which gave them an incentive to comply with their treatment. Some clients also stated that substance abuse treatment staff who were recovering addicts were particularly helpful because they knew personally about the recovery process and were able to relate well with clients. In general, the degree of trust and caring among staff seemed crucial to clients for their recovery. Without this level of concern, many clients felt they would not be able to recover.

Clients living in rural areas or small towns had understandably experienced more difficulties with transportation and getting to appointments than clients living in more urban areas. Many reported either that bus systems were not useful (e.g., the bus route did not access all the locations they needed to reach) or that cabs and van transportation services were unreliable. Phoenix and Tucson appeared to have the best transportation systems for clients.

The few clients who were negative in their portrayal of AFF expressed that they had been victims of domestic violence and they were dissatisfied over other issues such as poor legal aid or having lost custody battles to an ex-spouse because of their addiction and history with CPS. Several of these clients were unhappy about these issues and it affected how they viewed the program.

D. Clients' Need for Services

Clients from all AFF provider agencies, with the exception of two AFF provider agencies, felt that they were receiving the services they needed in their treatment program. In specific, at one AFF site, of the clients who indicated they had been diagnosed with a serious mental illness, none reported that they were currently being treated with mental health services. A client from another AFF site reported that she was not currently receiving parenting classes as stipulated by her CPS case plan, but was uncertain as to why she was not receiving this service.

Clients from the other seven AFF provider agencies reported that, in general, they were receiving the services they needed. These clients, however, also indicated other service needs in their communities including: 1) transitional housing; 2) parenting classes and child care; 3) couples counseling and domestic violence classes; 4) family sessions and home visits; and 5) housing and group classes for men. Housing, which would allow children to live with their recovering parents, was cited as a needed service, and several parents did not have a place to live where their children were allowed (e.g., shelters and transitional centers). This limited their ability to rebuild their relationships with the children. Clients also reported how it was difficult to obtain their own housing and expressed a need for more low-income housing set aside for parents in their situation. CPS will not return children to their parents unless the parents have a living arrangement that CPS finds acceptable, and clients reported that this posed an additional challenge for them. There were several clients that wished domestic violence services and education were more available in the program because they viewed these services as important to them and believed these services could help break the cycle of addiction and prevent relapse.

Clients at one AFF site reported needing more choices in service providers. A client from another AFF site expressed a desire to remain in treatment at the agency she began treatment with, rather than switching to a Title XIX provider after her eligibility was determined.

E. Clients' Knowledge and Understanding of AFF

Clients from the majority of AFF provider agencies had heard of the AFF program and believed they were enrolled in the AFF program. However, clients from three AFF provider agencies were uncertain as to the description of AFF or the details of the services offered by AFF. Clients from two AFF sites associated their treatment with the specific service agencies providing their services rather the AFF program, although clients at one of these AFF sites were still generally aware of the AFF program. No clients indicated paying for treatment services, and many believed their treatment was paid for through a variety of sources including CPS and Title XIX funds. Some clients were uncertain as to who paid for their treatment. One client believed that AFF was a type of "insurance program."

Chapter VII
SUMMARY AND CONCLUSIONS

The second year of the Arizona Families F.I.R.S.T. program (AFF) was examined in this report through service utilization data for the annual reporting period of April 1, 2002 through March 31, 2003, and through process data collected mid-year and at end of FY 2003. The evaluation data have contributed to an understanding of the characteristics of clients that participate in AFF; the types of drugs used by clients across AFF sites and the patterns of drug usage; referral trends over the first eight quarters; levels of client engagement and retention in treatment; service utilization patterns; and contextual and program-specific factors affecting the ongoing implementation of AFF services. Early child welfare and employment outcomes that serve as benchmarks for the AFF population also are reported. Key findings of the annual report are summarized below.

AFF Clients Engage in Substance Abuse Treatment and Remain in Treatment

- Engagement in treatment services was one of the Steering Committee's suggested performance measures. Sixty eight percent of all clients referred to AFF were subsequently engaged in treatment services. Engagement in treatment may be viewed as an intermediary outcome that is attained prior to observing long-term outcomes related to recovery.

- Overall, clients who receive an assessment are likely to have a service plan developed and enter treatment. Seven of the AFF provider agencies (AZPAC Coconino, AZPAC Yavapai, Horizon, Old Concho, SEABHS, TERROS and WestCare) completed assessments on more than 70 percent of their referred clients. AZPAC Yuma and CPSA completed assessments on 67 percent and 58 percent, respectively, of referred clients.

- At seven of the AFF sites, there was a consistent pattern, whereby 100 percent of clients with a service plan went on to receive treatment services.

- With respect to length of stay in treatment, for clients who participated in AFF during the annual reporting period, 45 percent remained in treatment for six months or longer. In addition, 22 percent of clients who received treatment during this reporting period had remained in treatment for 8 months or longer. These patterns are promising given that research on substance abuse treatment emphasizes that the longer a client remains in treatment, the more likely it is that the treatment will result in long-term behavior change.[19]

- Several AFF program directors (TERROS, AZPAC Coconino, AZPAC Yavapai) perceived that CPS-involved clients with court-mandated treatment are more likely to remain in treatment than those clients who are not involved with CPS.

AFF Clients Report Satisfaction with their Experience in AFF

- Clients from the majority of AFF provider agencies reported that they played a role in the development of their treatment plan. Clients across the AFF sites discussed the value of participating in group treatment and “not feeling alone.” Clients reported that they

[19] Hubbard, R., Marsden, M., Rachal, J., Harwood, H., Cavanaugh, E., & Ginzburg, H. (1989). Drug Abuse Treatment: A National Study of Treatment Effectiveness. Chapel Hill: The University of North Carolina Press.

trusted the staff, felt comfortable talking with them, felt they were knowledgeable and caring.

- Clients reported that their treatment therapists discussed their progress with case managers regularly and that this was helpful in coordinating appropriate services. Clients also indicated that the positive feedback and encouragement they received from staff gave them an incentive to comply with their treatment.

Other Lessons Learned After the Second Year of the Program

- Program directors reported that the successes experienced to date with respect to implementation of AFF include increased collaboration among service providers, CPS, and /or the RBHA; the use of outreach and engagement services to get clients into treatment; the ability to provide support services to meet basic client needs and to increase clients' access to substance abuse treatment; and implementation of client- and family-centered services.

- RBHA representatives identified several factors that had contributed to effective collaboration with AFF providers and implementation of the AFF program. These included (1) RBHA representatives in attendance at AFF collaborative meetings and participation in cross-agency training; (2) multi-agency staffings in which both the AFF provider and RBHA treatment staff participate; (3) coordination with the AFF provider to determine Title XIX eligibility; (4) the availability of additional substance abuse treatment staff at the RBHA agency; and (5) a centralized referral process for handling substance abuse cases at the RBHA agency.

- The most frequently cited challenge reported by AFF program directors in the implementation of AFF was concern regarding budget issues and the ability to continue operating a program within the context of uncertain funding from year to year. Other challenges included the treatment staff's lack of training to deal with issues of dual diagnosis; lack of residential care in the community; managing a high level of referrals each month; lack of transportation in rural areas; and a shortage of transitional housing.

- AFF program directors most frequently reported that CPS involvement was a key factor associated with client success in treatment. In specific, five out of nine AFF program directors (TERROS, AZPAC Yavapai, Horizon, SEABHS, and AZPAC Yuma) noted that clients who have lost their children to foster care or have a potential to lose their children are more likely to be motivated to succeed.

- Other client characteristics perceived by AFF program directors to contribute to client success were (1) employed clients are more likely to succeed in recovery than unemployed clients; (2) older clients are more likely to succeed in recovery than younger clients due to their emotional maturity; (3) having a family support network and community support, including support groups, is integral to client success; and (4) clients that had permanent housing are more likely to succeed than homeless clients.

- With respect to evaluation, continued evaluation efforts with the AFF program should emphasize strong data management at the provider level, the ability to enforce providers to supply evaluation data, and the ability to integrate data from multiple platforms at the State and provider levels.

Conclusion

Overall, information presented in this report indicates that in the last quarter of this reporting period, AFF experienced its highest rate of referrals to date. This was occurring at the same time that uncertainties regarding the future funding of the program caused some of the AFF program directors to delay moving forward in building new collaborative partnerships and expanding their program development activities.

Levels of engagement in treatment continue to be high for AFF clients, with 68 percent of all referrals to the program ending up in treatment and 98 percent of clients with a service plan developed receiving some treatment services. Findings on retention in treatment indicate that clients are remaining in treatment for several months, which is an expected proximal outcome prior to recovery. The early outcomes data have provided some general benchmarks for the AFF population with respect to subsequent substantiated reports of abuse and neglect, reunification, time spent in foster care, maintaining employment status, and gaining employment. Process data gathered from clients suggests that the coordination among staff and clients' relationships with treatment staff have been important in helping clients obtain the services they need and to comply with their treatment plan.

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Appendix A
Lessons Learned through AFF Evaluation

Lessons Learned through Evaluation

The existing evaluation was structured by building a client-level database system that stored data gathered quarterly from the AFF provider agencies and annually from State agencies (ADES and ADHS). The evaluation plan identified the required data elements that would be included in the client database system, and as necessary, updates were made to the system (e.g., primary drug used). Despite efforts made by the evaluator and ADES to inform providers about the required data elements that were needed, critical data that addressed primary drug used by clients, the presence of co-occurring conditions among caregivers, and indicators of recovery and treatment completion were not supplied by AFF provider agencies.

Listed below, we discuss some of the lessons learned through the evaluation to date in the hopes that continuing evaluation efforts with the AFF program can benefit from the information.

- **Importance of Data Management**. When relying on data collection to be carried out at the local level by the provider staff, it is critical that there is a strong data manager in place to capture the required information and manage the delivery of data. As the evaluator's contract was affected by budget cuts, ADES assumed a greater role in working with providers in an effort to encourage them to submit necessary data elements. Some providers were more successful than others in supplying data. A few of the providers already had a functional data system and their data managers were able to incorporate the needs of AFF into their existing system. For other providers it was necessary for the evaluator to develop a data entry system and provide technical assistance on data entry and transfer of the information. In some instances, staff turnover resulted in new individuals assuming data management responsibilities and the need for the evaluator to provide additional training. Also, we learned that it is important when providers are responsible for supplying data elements for the evaluation that leverage be applied to ensure they add the required data elements to their local data systems.

- **Continuity in Evaluation Contract.** Between the 2002- 2003 Fiscal Years, the evaluator's contract to work on data activities with providers ended in June 2002. Following the budget uncertainties for AFF, and the subsequent negotiations of a new evaluation contract, it was not until February 2003 that a new contract was in place to continue the evaluation. During that time period prior to finalizing a new evaluation contract, ADES notified providers of required data elements and the expectations that they should be completing ASI-follow-up assessments. In the spring of 2003, when the evaluator was able to resume work, it was discovered that providers had failed to complete the six-month ASI-lite follow-ups at the time the assessments should have been completed. Hence, the continuity in an evaluation contract is important for keeping up-to-date with providers who are responsible for supplying evaluation data. The fact that the evaluator did not have the authority to enforce providers to supply evaluation data was another factor that may have contributed to the missing data on key elements.

- **Working with Data from Multiple Platforms**. The AFF evaluation relied on data coming from multiple sources, each using its unique platform for storing information. The client level database included data from CHILDS, JAS/AZTEC, CEDARS/ENCOUNTERS, and the data systems in place at each of the nine AFF provider agencies. The evaluator learned that in pulling together data from so many different sources, it is important to choose an identifier that is present in each of the systems. This is particularly true with respect to the State data systems. For the AFF evaluation, the evaluator relied on client social security number and birth date in order to link data from one system to another. Even this approach posed problems, since the social security number was not always reliable (e.g., sometimes family members used the same social security number rather than a unique number). Hence, in order to avoid significant work in matching clients successfully across data systems, it is important to work toward having a unique identifier that crosses all systems and is reliable.

  Another aspect of working with data from multiple platforms is that updates to the client database system will be influenced by the different platforms. We learned that each State data system updates information in a unique way, and that these different update mechanisms could not be handled by the client level database. In order to avoid duplication of data in the AFF client level database, it was necessary to replace all of the data once an update was received. For example, CHILDS data, ADHS data, and JAS/AZTEC data had to be reloaded from the beginning date each time these data were added to the client level database.

Appendix B
AFF Project Director Interview, February 2003

ARIZONA FAMILIES F.I.R.S.T.
PROGRAM DIRECTOR INTERVIEW GUIDE
February 2003

Respondent-- ***AFF Program Director***

Date: _____

Specific AFF Site:_____

Name of Director/others interviewed:_____

_____

Time Period Covered: July 2002 to February 2003

The purpose of this interview is to get an update on the ongoing implementation of the AFF program and whether there have been any contextual changes or issues in the past six months that have impacted the AFF program or the way services are delivered to AFF clients.

Probe for <u>when</u> during the past 8 months these changes occurred.

A. Update on Program Implementation

1. Since the last interview we conducted in June 2002, have there been any changes in your procedures for:

   - Obtaining referrals?
   - Conducting outreach and engagement?
   - Conducting screenings?
   - Conducting assessments?

     Probe:
     How has the change to using the ASI-Lite affected your assessment process?
     Are you continuing to use the SASSI as a screening tool? How is this working?
     Are you using another assessment tool in conjunction with the ASI-Lite? If so, which assessment tool are you using and why are you using it?

   - Developing service plans?
   - Determining levels of care?

2. Have there been any changes since the last interview in how you provide treatment services?

   Probe:
   For example, have there been changes in the services you offer, the persons/agencies that provide the services, the way in which you coordinate services, etc?

3. Have there been any changes in the types of services provided?

   Probe:
   Service additions?
   Service deletions?

4. Have there been any changes in your capacity to serve clients? (either increased capacity or decreased capacity?)

   Probe:
   Any changes in the number of treatment slots available?

B. Service Utilization and Perceptions of Client Success

1. As you finish the second year of your AFF program, what have been your perceptions regarding client success?

   Probe:
   What have been your perceptions of client engagement?
   What have been your perceptions of client retention?
   What have been your experiences with clients graduating from the program? (e.g. do you have a sense of how many clients "completed treatment?")

2. What do you perceive as facilitators related to client success in the AFF program implemented at your site?

3. What do you perceive as barriers related to client success in the AFF program implemented at your site?

C. Contextual Issues and Events

1. Have there been any significant events or issues in the State of Arizona since last summer that you believe may have impacted the AFF program or the way you deliver services to AFF clients?

   Probe:
   Have the election and new administration in Arizona impacted the program?

   Have changes in CPS or DES impacted the program?
   Have changes in ACCESS impacted the program?

2. Have there been any other events or issues that may have impacted the AFF program or the way you deliver services?
Probe:
Budget or resource issues?
Staff turnover?
Internal changes in your agency (e.g. management changes)?
Natural disasters (e.g. forest fires in the summer)?

D. Collaboration

1. At the Technical Assistance on Collaboration Meeting in Phoenix this past June, each of the AFF provider sites worked with their collaborative partners attending the meeting on plans for increasing collaboration. Do you remember what kinds of collaboration goals your team developed at the meeting?

2. Since the June meeting in Phoenix, what types of collaboration activities has your program completed or been involved in?

   Probe:
   Are these activities related to your initial plans/goals for increased collaboration?

3. Do you feel more progress has been made in attaining the collaboration goals you established at the June meeting? How so?

   Probe:
   In what ways have you (or have you not) moved closer to attaining your collaboration goals?

4. What has facilitated your efforts toward reaching your goal(s) of collaboration?

5. What has impeded your efforts toward reaching your goal(s) of collaboration?

6. What are your next steps for increasing/maintaining collaboration?

E. Overall Impressions and Next Steps

1. As an AFF site, what do you see as the greatest changes in the past six months for the AFF program (if any)?

2. What do you see as your greatest accomplishments regarding the AFF program in the past six months?

3. Have there been any new barriers you have encountered in the last six months?

   Have there been ongoing barriers that you continue to face?

   What do you see as the greatest challenges that the AFF program will face in the next six months?

4. Have there been any new lessons learned regarding the AFF program since last July?

5. What do you see as important next steps for the AFF program (in the next six months or so)

Appendix C
AFF Project Director Interview, June 2003

ARIZONA FAMILIES F.I.R.S.T.
PROGRAM DIRECTOR INTERVIEW GUIDE
June/July 2003

Respondent-- ***AFF Program Director***

Date: _____

Specific AFF Site: _____

Name of Director/others interviewed: _____

_____

Time Period Covered: March 2003 through July 2003

The purpose of this interview is to get an update on the ongoing implementation of the AFF program and whether there have been any contextual changes in the past four months that have impacted the AFF program, as well to collect data regarding your perceptions of clients' experiences in the AFF program.

Probe for <u>when</u> during the past 4 months these changes occurred.

A. Update on Program Implementation

1. Since the last interview we conducted in February 2003, have there been any significant changes in operating procedures that have impacted the AFF program?

Probe for changes: (note, we do not read each of these)

- Obtaining referrals?
  (refer to quarterly referral data)
- Conducting outreach and engagement?
- Conducting screenings?
- Conducting assessments?
  (Refer to quarterly assessment data)
- Developing service plans?
- Determining levels of care?
  - Changes in the services you offer?
  - Changes in the agencies that provide the services?
  - Changes in your capacity to service clients (i.e. treatment slots)?

2. Since the last interview we conducted in February 2003, have there been any significant contextual changes that have impacted the AFF program?

   Probe:
   Significant changes or events in the State of Arizona (e.g. CPS, DES, Budget)?

   Significant changes or events at your particular AFF program (e.g. staffing, budget, resources)?

B. Perceptions of Clients' Experiences in the AFF Program

As we begin the third year of the AFF evaluation, we are interested in your perceptions of clients' experiences in the AFF program.

1. What factors do you perceive as contributing to whether or not a client becomes engaged in the AFF program?

2. What factors do you perceive as contributing to whether or not a client remains engaged in treatment?

Probe: For those clients involved in CPS, what factors do you perceive as contributing to whether or not a client stays in treatment (e.g. Court mandated)?

Probe: For those clients involved in CPS who have had their children removed from the home, what has been your experience with these clients after they have been reunified with their children?

3. What factors do you perceive as contributing to whether or not a client relapses once he or she has completed treatment?

4. Do you have a sense of how many clients have "competed treatment" (i.e. Clients have completed the major phase of their treatment program. Once a program starts to bill aftercare for a client, we would consider that client to have completed his/her major phase of treatment)?

5. Do you have a sense of how many clients have been reunified with their children?

6. Do you continue to follow-up or check-in with clients after they finish treatment?

7. In general, what would you identify as client characteristics contributing to whether a client will succeed in AFF?

8. In general, what would you identify as client characteristics contributing to whether AFF clients will continue to struggle in their efforts to recover?

9. We would like invite each AFF provider to contribute to the annual report that will go to the State Legislature by submitting to us a short case study

(something that could fit in a text box – perhaps a couple of paragraphs) that documents the experience of one of your AFF client "success stories." Please keep all identifying information confidential (e.g. change names). We would like to include this type of qualitative data in our next evaluation report, and would like to have all 9 sites represented.

C. Collaboration

1. Since our last interview conducted in February, have there been any significant changes in your collaboration goals or activities?

D. Overall Impressions and Next Steps

1. Have there been any new lessons learned regarding the AFF program since our last interview conducted in February 2003?

2. What do you see as important next steps for the AFF program (in the next six months or so)?

Appendix D
RBHA Representative Interview

Arizona Families F.I.R.S.T.
RHBA Representative Interview Guide
August 2003

Respondent--RBHA Representative:

Date:

Specific RHBA:

AFF Sites Included in RBHA Region:

Time Period Covered: March 2002 through July 2003

Introduction: The purpose of this interview is to gather information that will provide the evaluation with the RBHA perspective regarding the implementation and operation of the AFF program. This information will be used in conjunction with information collected from AFF program directors to better understand service delivery for AFF clients, many of whom are Title XIX.

We will ask you some general questions regarding how the RBHA is involved with service delivery to AFF clients. You will also be asked about factors, which facilitate the RBHA's ability to serve AFF clients and any challenges encountered in serving these clients. Finally, we will ask you some specific questions related to the respective AFF provider site(s) with which you work or have worked.

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1. What is the typical process by which your agency would get involved in serving an Arizona Families F.I.R.S.T. client?

2. Is the RBHA provided with any additional resources to serve this group of clients (i.e., individuals referred to Arizona Families F.I.R.S.T.)?

3. What factors do you think have contributed to your ability to successfully serve this client population?

4. Have there been particular challenges in serving Arizona Families F.I.R.S.T. clients?

   Probe:
   Budget crisis
   New policy on Substance Exposed Newborns – has there been a surge in referrals to local RBHA providers?

5. How have you worked to overcome these challenges?

6. Overall, is it different to provide services for AFF clients than for other Title XIX clients (or is service delivery the same as it is for other Title XIX clients)?
If different, how so?

7. Looking back to the inception of the AFF program, have there been any changes in the way the RBHA has been involved in delivering services to AFF clients?

Probe:
Changes in how AFF clients are referred to the RHBA?
Changes in developing service plans for AFF clients?
Changes in delivering treatment services to AFF clients?
Changes in collaboration activities with the AFF provider and other local agencies?

8. Can you comment on the types of collaboration activities you participate in with regards to the AFF program?

Probe:

Are representatives from your RBHA agency invited to attend the AFF staffings/service plan meetings? Do you know if they attend? If RBHA staff do not attend, what are some of the factors that make it difficult for them to attend (e.g., times, location, other work priorities/commitments, etc.)?