



**Arizona Promoting Safe
and Stable Families Program
Annual Evaluation Report: FFY 2006**

May 2007



Prepared by:
LeCroy & Milligan Associates, Inc.
4911 East Broadway
Suite 100
Tucson, Arizona 85711
Phone: 520.326.5154 Fax: 326.5155

Prepared for:
Arizona Department of Economic Security
Office of Prevention and Family Support
Division of Children, Youth, and Families
1789 W. Jefferson, Site Code 940A
Phoenix, Arizona 85007



Acknowledgements

The evaluation team for this project wants to thank Mark Klym, Program Coordinator, for his supervision and oversight of the PSSF program as well as his guidance with the evaluation. The team also wants to acknowledge Anna Maria Leff Giffin, former Program Coordinator, for her support and contribution to the program's development and Valerie Roberson for her detailed feedback and input. We recognize and greatly appreciate all the data collected by the program sites as well as their input into the evaluation.

The evaluation team consists of Jen Kozik, MPH, Allison Titcomb, PhD, Jan Wallace, LCSW, Allyson Baehr BA, Cindy Jones BS, Delcia Cardenas, and Kerry Milligan, MSSW.

Suggested Citation:

LeCroy & Milligan Associates, Inc. (2007). Arizona Promoting Safe and Stable Families Program: Annual Evaluation Report: FFY 2006. Tucson, AZ: LeCroy & Milligan Associates, Inc.





Table of Contents

Acknowledgements	2
Table of Exhibits.....	4
Executive Summary	5
Introduction	8
Costs of Child Abuse and Neglect	8
Prevention Programs at the National and State Levels	9
Historical Review of Promoting Safe and Stable Families in Arizona	11
Evaluation of the Arizona PSSF program.....	12
Participant Profile	15
Long-term Family Profiles	15
Family Demographics	16
Referral Sources.....	20
Child Protective Services Involvement.....	20
Presenting Issues for which Families Seek Help	21
Short-term Family Profiles	24
Tribal Site Family Profiles	24
Summary.....	25
Program Services.....	26
Long-term Families	27
Long-term Family Services	29
Short-term Families	34
Tribal Site Families	35
Summary.....	36
Program Outcomes	37
Child Abuse and Neglect	38
Program Satisfaction	39
Parental Competence	41
Presenting Issue Improvement.....	42
Family Reunification.....	45
Historical Comparison.....	46
Recommendations.....	48
References	51





Appendix A: Listing of Program Agencies by County and Tribal Agencies 53
Appendix B: Detailed Demographic Profile of Long-term Families 61
Appendix C: PSSF Presenting Issues 66
Appendix D: Service List Definitions..... 69
Appendix E: Percent Improvement by Presenting Issue..... 74

Table of Exhibits

Exhibit 1. Promoting Safe and Stable Families Program Locations 10
Exhibit 2: Map of Participating Families by Region, FFY 2006..... 16
Exhibit 3: Risk Factors for Program Families, FFY 2006 Compared to Previous FFYs 19
Exhibit 4: Referral Sources for FFY 2006..... 20
Exhibit 5: CPS Involvement for FFY 2006..... 21
Exhibit 6: Presenting Issues by Income Level, FFY 2006 23
Exhibit 7: Types of Services: Percent of Long-Term Families..... 27
Exhibit 8: Families Receiving Intended Services 28
Exhibit 9: PSSF Parenting Support Services 29
Exhibit 10: PSSF Economic Stability Services..... 31
Exhibit 11: PSSF Health Care Services 32
Exhibit 12: PSSF Childcare Services 32
Exhibit 13: Disposition at Discharge 33
**Exhibit 14: Percent of PSSF families receiving Family Support and Family
 Preservation Services..... 35**
Exhibit 15: Program Satisfaction, FFY 2006 40
Exhibit 16: Retention Rate and Presenting Issue Improvement, FFY 2006 43
**Exhibit 17: Percent of Families Showing Improvement by Total Contact Hours,
 FFY 2006 44**
Exhibit 18: Improvement by Presenting Issue, FFY 2006 44
Exhibit 19: Out-of-home Placement Rates for Previous FFYs Compared to FFY 2006 46
Exhibit 20: State Strategic Plan Objectives, Previous FFYs Compared to FFY 2006 47
Exhibit 21: 2005 Recommendations and Key Results from 2006..... 48





Executive Summary

In 1997, the Division of Children, Youth, and Families in the Arizona Department of Economic Security created the Promoting Safe and Stable Families (PSSF) program to provide Family Preservation and Family Support Services to families throughout the state. The mission of the program was **and still is to** *strengthen and stabilize all families through the development of a continuum of family-centered services that are comprehensive, coordinated, community-based, accessible and culturally responsive.* Its **primary goal is to prevent child abuse and neglect throughout the state.** During last fiscal year, the PSSF program provided 35 services through its 16 statewide and seven tribal sites.

Based on evidence of its effectiveness, DES utilizes a family-centered framework in providing program services. This approach is strength-based and designed to allow the family to take a fundamental role in prioritizing and resolving their presenting issues. Because the PSSF program tailors services to meet individual family's needs, it is a statewide program able to offer services to families at various levels of risk. Furthermore, the services available to families in the program address many of the priority areas outlined in the Arizona Child Abuse and Neglect (CAN!) Prevention Plan.

During the 2006 fiscal year, the program has increased the amount of information shared with the sites and the level of technical support. Quarterly reporting to the sites, technical support to develop useful logic models, and increased communication all have begun to strengthen the program's ability to achieve its stated goals.





Participant Profile

In Federal Fiscal Year 2006, the program served a total of 7,668 families, 7,008 families by the 16 statewide program sites and 660 families by the tribal sites.

The long-term family profile shows:

- 87% of primary caregivers were female and 58% were over the age of 30.
- 61% of primary caregivers were responsible for two or more children and 59% were in a committed relationship (i.e., a spouse or significant other).
- Families were ethnically diverse (67% of children were from a ethnic /racial minority group).
- The median time spent in the PSSF program was 6.75 hours.
- 44% of families were referred by the legal system or law enforcement systems, 27% were self-referred, and 14% were CPS referrals.

Program Services

Program services included 24 family support (preventative services) and 11 family preservation (short-term, family-based services designed to assist families in crisis) services. See Appendix D for a complete list of services.

- 30% of families sought assistance to enhance their parenting skills and 20% of families sought education and training services.
- 96% of families received the service outlined at intake.
- 73% of families completed services and 18% became inactive. Service completion rates varied widely by site.

Program Outcomes

The PSSF outcomes measure how PSSF helps families improve, how satisfied families are with the program, and how many subsequent CPS cases occur.

- Greater than 99% of families did not have subsequent reports of child abuse and neglect within six months after discharge from the program.
- 97% of families surveyed reported they were satisfied with the program.
- 88% of families surveyed reported improved competence in their parenting skills and furthermore, 96% of families receiving specifically Parenting Skills Training reported improvement in their parenting skills.
- 75% of families surveyed showed a positive change on at least one presenting issue while in the program.





Recommendations

Based on the report findings, the following recommendations are made:

- **The program (providers, DES, and the evaluation team) should build on past gains in data collection to continue improving both the quantity and quality of data.**
- **Provider agencies should continue to work to increase the percent of families who improve on at least one presenting issue.**
- **The program should explore adding questions to more precisely measure parenting outcomes for each site providing such services.**





Introduction

"25 - 50% of all children will experience some form of abuse during childhood."

-Child Abuse Prevention Association

"A child in Arizona is abused or neglected every hour."

-Children's Defense Fund

"Providing services that engage, involve, strengthen, and support families is the most effective approach to ensuring children's safety, permanency, and well-being."

-National Clearinghouse on Child Abuse and Neglect Information

Costs of Child Abuse and Neglect

An estimated 872,000 children nationwide were victims of child abuse and neglect in 2004 (Child Welfare Information Gateway). The consequences suffered by children are wide-ranging, severe, and often last into adulthood. The results of child abuse and neglect include physical limitations (e.g., shaken baby syndrome, impaired brain development, poor physical health), psychological problems (e.g., eventual psychiatric disorders, cognitive and social difficulties), and behavioral consequences such as delinquency, substance abuse, and abusive behavior. The overall societal burden is staggering as well. In a 2001 study commissioned by Prevent Child Abuse America, the estimated total direct annual costs of child abuse and neglect in the United States were estimated at over \$24 billion per year (National Clearinghouse on Child Abuse and Neglect Information, 2004). Indirect costs included special education, mental health and health care, juvenile delinquency, lost productivity to society, and adult criminality. The annual indirect impact of such services was estimated at over \$94 billion. With a projected burden of over \$118 billion per year and increasing, the prevention of child abuse is a critical policy priority.





Prevention Programs at the National and State Levels

In response to the need to prevent child abuse and neglect, national family support programs exist to promote the well-being of children and families, by increasing their strength and stability through community-based services. Founded in 1981, Family Support America characterizes itself as an organization aimed at strengthening and empowering families and communities. All Family Support strategies are based on a belief that families are the cornerstones of a healthy society and that parent engagement and leadership are the foundations. Through investing in parenting and families, research on family support programs shows that long-term effects of the program include fewer incidents of child abuse and neglect, increased self-confidence and parenting skills among parents, and greater educational attainment among parents (Family Support America, 2006). Moreover, positive gains among participants in family support programs tended to persist over time (Comer and Fraser, 1998). All these results are demonstrated at some level in the Promoting Safe and Stable Families program in Arizona.

Along with the nationwide response to encourage Family Support programs in the 1990s, Arizona created the Family Support/Family Preservation program in 1995, which became Promoting Safe and Stable Families (PSSF) in 1997. Its mission is to:

...strengthen and stabilize all families through the development of a continuum of family-centered services that are comprehensive, coordinated, community-based, accessible and culturally responsive.

Through providing services using the Family Centered Practice model, PSSF works with Arizona families to prevent child abuse through a continuum of services. Statewide agencies and Governor Janet Napolitano have prioritized child abuse prevention in recent years. In 2004, the Governor's Prevention System Subcommittee released a report outlining recommendations for Arizona's Child Abuse and Neglect Prevention System. Now known as the CAN! Prevention Plan developed by Prevent Child Abuse Arizona, this system is a conceptual framework through which Arizona is working to

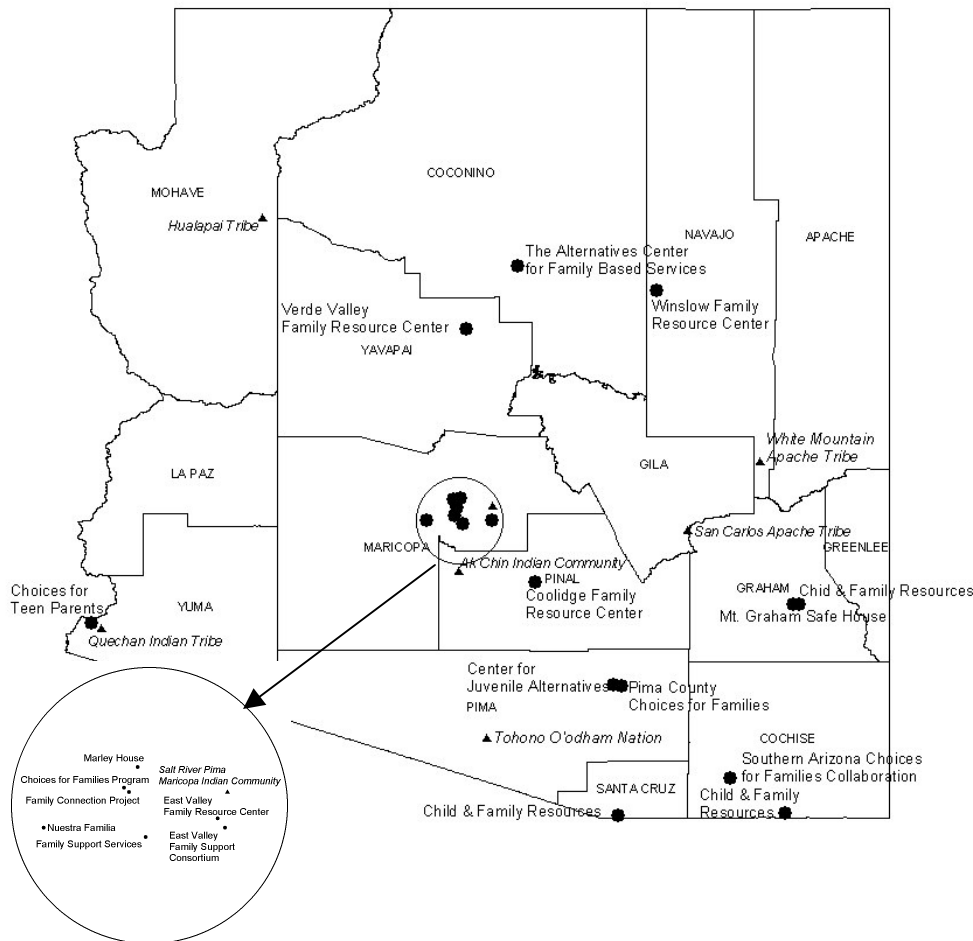




reduce child abuse and neglect statewide.¹ This framework highlights five key priorities including parenting support, economic stability, health care, childcare, and schools. In FFY 2006, PSSF agencies addressed the first four priority areas in varying degrees through the 35 services² they provided. The PSSF objectives are congruous with both the Governor’s prevention plan in working to decrease child abuse and neglect within the state and the Family Centered Practice model.

The PSSF program consists of 16 statewide agencies and seven tribal agencies³. Exhibit 1 shows the location of all 23 agencies within Arizona.

Exhibit 1. Promoting Safe and Stable Families Program Locations



¹ For a copy of the CAN! plan, visit <http://www.pcaaz.org/documents/AZCAN.pdf>.

² A list of the providers by county, including the services they offer, can be found in Appendix A.

³ Since this was the first fiscal year tribal sites participated in the evaluation, beginning steps were taken to collect data from these sites.





Historical Review of Promoting Safe and Stable Families in Arizona

The Omnibus Reconciliation Act of 1993 first created Family Support and Family Preservation Services to provide federal funds to state child welfare agencies. In response, the Division of Children, Youth, and Families within the Arizona Department of Economic Security developed a five-year plan emphasizing the need for local communities to create family support and family preservation services to meet the communities' needs. In 1996, the state began funding 23 programs that served nearly 13,000 people during its first two years. In 1997, the Adoption and Safe Families Act amended the program, renaming it the Promoting Safe and Stable Families Initiative. The Arizona Promoting Safe and Stable Families program funded 25 sites, including six tribal locations, and served approximately 9,000 families. Since then, the program has fluctuated slightly in its number of sites and statewide impact on families but maintains its original focus on preventing child abuse and neglect.

In its current state, the PSSF program uses a family-centered, family-driven approach to providing services to any family in Arizona. Families come to the program voluntarily and through referrals with a variety of needs (i.e., presenting issues). Once the families identify their specific presenting issues, they are then matched to appropriate services, which include the spectrum of family support (preventative services) and family preservation (short-term, family-based services designed to assist families in crisis) services. Services vary across the state and some sites rely more heavily on referrals to provide the continuum of care for their clients.

In the past year, the program has increased the amount of information shared with the sites and the level of technical support. The program is beginning to report site-level information quarterly to all 16 sites. By providing data related to families served, outputs, and outcomes, the sites and DES is better able to monitor their progress. DES and LeCroy & Milligan Associates have jointly helped the sites develop their own logic models. These models help





the programs focus on their stated goals and objectives through measuring their service delivery and outcome data. These activities are coupled with increased communication between DES, the program sites, and LeCroy & Milligan Associates. The program is increasing its communication and information sharing in order to strengthen the overall success of the program.

Evaluation of the Arizona PSSF program

LeCroy & Milligan Associates has performed the evaluation of the PSSF program since the program began in 1998, with the most recent contract beginning in 2002. Since then, the evaluation has evolved over time to focus on specific outcome measures designed to measure change across all 16 sites. The associated data collection system has changed modestly during this period to best describe the participants' experiences in the program. During this time, the presenting issues list has expanded, the presenting issues scale has been revamped, and questions related to CPS involvement were added. In addition to the data collection system, the evaluation has evolved over time. Past evaluation activities include the development of program and system level logic models, a collaboration survey of agencies working with program sites, site visits to tribal and non-tribal sites, and extra GIS mapping projects examining the relation of CPS to PSSF. The current evaluation provides monthly and quarterly feedback to the Department of Economic Security, as well as to the participating sites. It also includes bimonthly statewide meetings to disseminate information, provide trainings, and solicit and strengthen the sites' involvement with the evaluation. Specific site data collection trainings and data analysis requests have also been performed regularly.

This annual evaluation report is designed to inform the DES administrators and PSSF program staff about the program's most recent performance. For families receiving more than two hours of service, the evaluation collects demographic information on the participants and their families, monitors families' abilities to address and reach personal goals, tracks services provided, and answers questions related to program outcomes. Specific outcome questions are based on the State Strategic Plan Objectives:





1. How many program participants had substantiated CPS reports within six months after discharge?
 - Using the statewide child abuse tracking database, PSSF participants are tracked to identify those with a substantiated report of child abuse.
2. What was the overall family satisfaction with the program?
 - Participants' satisfaction ratings are tracked and compared with other indicators of program success.
3. Was there improvement in self-reported parental competence?
 - Since poor parenting is a well-known risk factor for child abuse and neglect, PSSF specifically assesses self-reported parenting competencies as an outcome measure.
4. Was there improvement in at least one presenting issue?
 - PSSF families provide reasons (known as presenting issues) for why they came to the program for services. During participation and at the end of receiving services, the program tracks families' progress toward improving these issues.
5. What was the total number of families served?
 - The program tracks the number of families served by the program to assess how widespread the program's presence is throughout the state.





This report summarizes these evaluation data provided by 16 agencies and 7 tribal sites. Since this report reflects the last year in a five-year contract, historical perspectives are provided when appropriate to note data trends and lessons learned. The report is organized into the following four sections:

Participant Profile	Provides family demographic information and presenting issues.	<i>Page 15</i>
Program Services	Highlights the types and duration of services utilized by both short- and long-term families. It also describes reasons for discharging the program.	<i>Page 26</i>
Program Outcomes	Details program performance in reaching the State Strategic Goals outlined above.	<i>Page 37</i>
Recommendations	Draws conclusions from the data presented and makes recommendations for improvement. This section also tracks the program's progress in addressing last fiscal year's recommendations	<i>Page 48</i>





Participant Profile

Between October 2005 and September 2006 (FFY 2006), 7,668 families with 14,777 children received program services through both tribal and non-tribal sites. Limited service data was collected on 3,265 of these families, known as short-term families because they received less than two hours of service. An additional 3,743 families received two or more hours of service (i.e., long-term families), and program staff completed the Family Data Collection Form (FDCF) for these families. The FDCF captures demographic data, information regarding presenting issues, and certain outcome data. The following section reports an analysis of the demographic data, the presenting issues of each family for FFY 2006, and a comparison of data with previously reported fiscal years, when relevant. Tribal sites served 660 of these families with 681 children and their numbers are reported separately at the end of this section.

Long-term Family Profiles

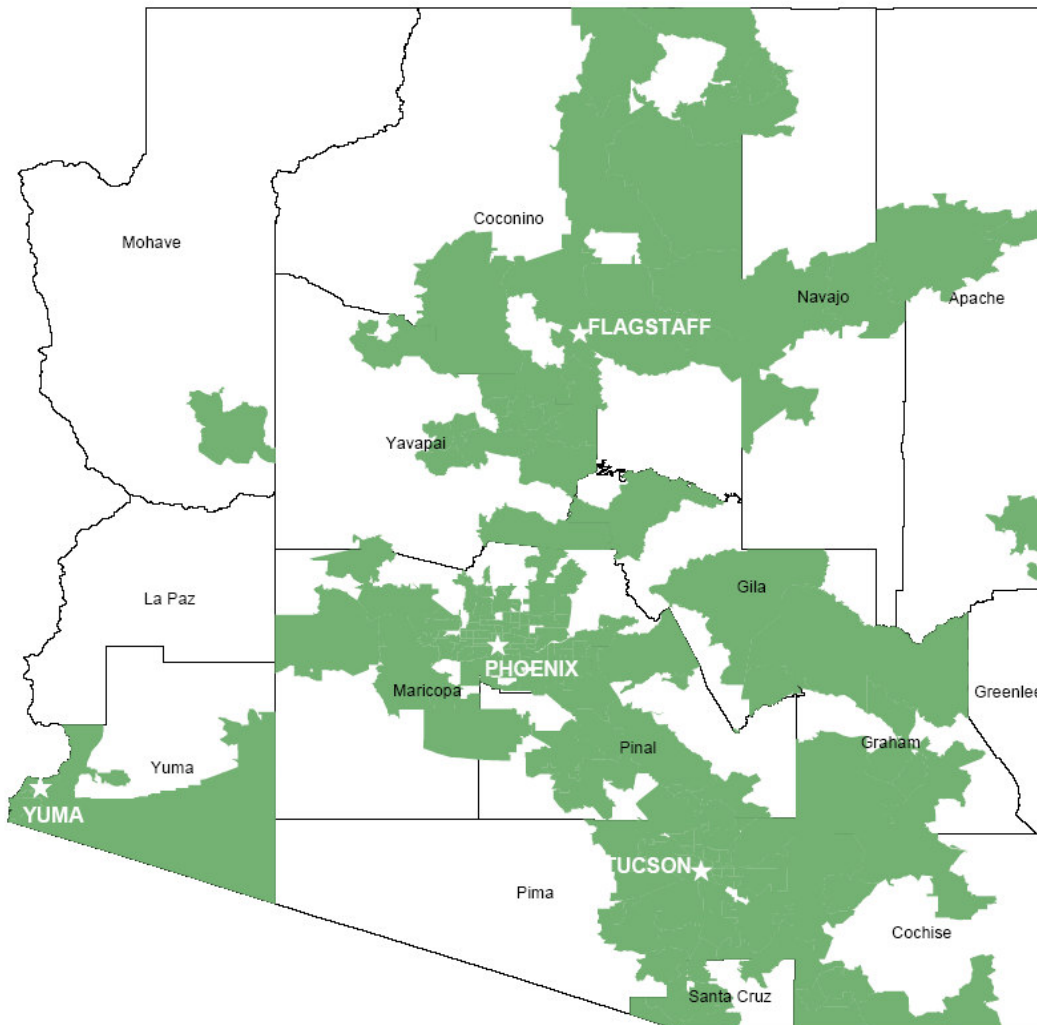
During FFY 2006, participating sites submitted data on 3,743 families who received two or more hours of service. This represents 6,131 adults and 7,865 children for a total of 13,996 people overall. The number of participants increased from FFY 2005 to FFY 2006. In FFY 2005, due to a delayed contract start period, only 11 months were included in the data collection cycle. FFY 2006 comprised of a full 12 months, and consequently the number of participants overall increased from 2,955 to 3,743.

Families participating in the PSSF program represent many different regions within Arizona. As shown in Exhibit 2, families were concentrated in particular regions, mostly those correlating with the location of the 16 program sites. However, the program did have an impact beyond the immediate location of those sites.





Exhibit 2: Map of Participating Families by Region, FFY 2006



**Note the regions above do not provide information about the number of families served (i.e., saturation).*

Family Demographics

Comparable to previous years, families who received services from PSSF program sites during FFY 2006 were a diverse group with varying needs. Historically, the demographic characteristics of families served have remained relatively constant and select demographics are provided below. For a complete listing of demographic characteristics of PSSF families, see Appendix B.





Household

- The average family size was four, and families ranged in size from one to 12 children.
- 77% of the families spoke English as their primary language, 13% spoke Spanish, and nine percent spoke a mixture of Spanish and English.
- The median time spent in the PSSF program was 6.75 hours.
- The median household income was \$17,988 for all families reporting income and \$10,800 for families below the poverty threshold.⁴

Many of the household demographics are comparable to the statewide averages for families. However, the average family size for PSSF (n=4) is slightly larger than the statewide average (n=3.24) in 2005 (U.S. Census: Arizona Fact Sheet). This increased family size is coupled with a lower household income for program families. The U.S. Census estimates the median⁵ income for a four-person family in Arizona was \$61,102 +/- \$1,625. The PSSF families' incomes are significantly lower than this amount and over 50% of PSSF families are below the poverty threshold. Although 36% of the income data are missing, these levels reflect the data trends seen in previous years. Given that poverty is a known risk factor for family stress, which can lead to child abuse and neglect, the PSSF program is serving families in need of prevention services.

Primary Caregiver and Other Adults in Household

- 87% of the primary caregivers were female, whereas 74% of the other adults in the household were male.
- Ten percent of the primary caregivers were younger than 21 years of age, while 58% were over the age of 30.
- 61% of primary caregivers were responsible for two or more children, with 6.3% being responsible for five or more children.

⁴ There is a noteworthy amount of missing data for families' incomes. Thirty-six percent of all participating families did not provide their annual income.

⁵ The median is a measure of central tendency and is the "middlemost" score or the value where half the scores fall above and half the scores fall below. The mean, or arithmetic average, is also a measure of central tendency and is calculated from the sum of all the scores divided by the number of scores.





- 59% of primary care givers were in a committed relationship (i.e., a spouse or significant other) with another adult residing in the household. Many families cared for other adults in the household, e.g., 17% had parents in the household and 8% had adult children.

Most PSSF families have a female primary caregiver for the children. Most PSSF families (59%) had either a spouse or a significant other residing in the household. This percent is comparable to the statewide average for married couple households with children under 18. In 2000, 66% of households nationwide with children under 18 were comprised of a married couple (Forum on Child & Family Statistics). While many PSSF families are caring for two or more children with limited financial resources, the two-adult household, on average, mirrors the Arizona's household structure.

Children in Household

- While 86% of primary caregivers were the natural parents of children in the household, over three percent of primary caregivers were the grandparents of residing children.
- Two-thirds (67%) of the children served in the program were from minority ethnic backgrounds. The largest minority groups served were Hispanic (44%), followed by children of mixed ethnicity (9%), African American (7%) and American Indian (5%).

Most children in the program were from minority populations. According to the U. S. Census Bureau Arizona Fact Sheet, the program had a higher number of Hispanic families compared to the state averages (44% and 15%, respectively). These numbers corresponded with a lower number of Anglo families compared to Arizona's percentage (33% and 76%, respectively). With program household demographics varying greatly from the state norm, the PSSF program has to address the cultural risk factors and utilize the protective factors to best serve their families.

Families receiving services had a number of significant risk factors for child abuse and neglect (see Exhibit 3). The trends reflected below are comparable to data trends noted in previous years. A positive difference from previous years was that fewer primary caregivers were unemployed at intake and fewer primary caregivers had less than a high school education. A





noteworthy downward trend is the increase in the number of children in out-of-home care. In FFY 2006, 445 families had children in out-of-home care at intake, which accounted for 831 children not living with their families.

Exhibit 3: Risk Factors for Program Families, FFY 2006 Compared to Previous FFYs

Risk Factors	Average for Previous FFYs ^a	FFY 2006
Income below poverty threshold ^b	57%	54%
Single parent household	45%	45%
Unemployed primary caregiver at intake	45%	39%
Primary caregiver less than high school education ^c	33%	26%
In neighborhood 1 year or less	37%	35%
Children in out-of-home care at intake	11%	13%
Homeless at intake	7%	7%

^aThe data included are an average of FFYs 2003, 2004, and 2005 values.

^bPoverty threshold is defined using the 2004 U.S. Census definition (www.census.gov, 2006). The 2004 definition is the most current one available at the time of this report.

^cSince several PSSF sites provide prevention services to high school students, this percentage should be used with caution.

Several risk factors were assessed at intake and discharge, which allows for pre- and post-test comparisons to analyze how the program addressed these issues. Of the 1,448 primary caregivers unemployed at intake, 13% (n=191) became employed while participating in the program. Part of this number reflects a natural flow of people in and out of employment. However, when compared with the 5% (n=101) who went from being employed to unemployed, there is a statistically significant difference from intake to discharge (chi-sq=1653, p<0.001). Homelessness was also assessed at baseline and discharge from the program. While 7% (n=277) of participants began the program “homeless,” only 4% (n=130) report being homeless at discharge. Although a noteworthy finding, many families had their status unknown at discharge. Those families with an unknown status could greatly impact the results in this comparison. Although pre- and post-program analyses are useful in estimating program impact, the significant amounts of missing data limit the ability to generalize from these data.

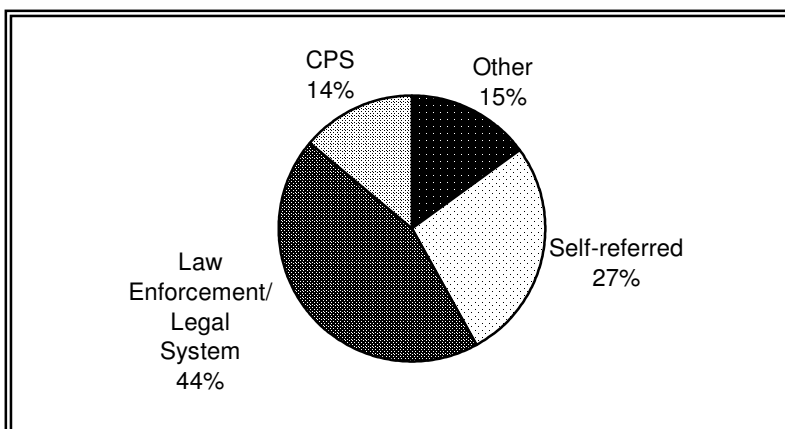




Referral Sources

Although program participation is free and voluntary, families are referred through various sources (see Exhibit 4). Most participating families (44%) were referred from either law enforcement or from the legal system. The site serving the greatest number of PSSF families specializes in juvenile offenders. Self-referred or voluntary referrals make up 27% of all referrals. Historically this number has been as great as 40% but has declined proportionally in recent years. The percentage of families referred by CPS increased from nine percent to 14% this year. "Other" sources such as friends and schools made up approximately 15% of all referrals for this year.

Exhibit 4: Referral Sources for FFY 2006



Child Protective Services Involvement

In addition to referrals from Child Protective Services (CPS), families were asked whether any member had previous contact with CPS. Exhibit 5 details the number of participating families with various levels of CPS involvement.





Exhibit 5: CPS Involvement for FFY 2006

CPS Involvement	% (n)
Referred from CPS	14% (528)
Any family member with CPS involvement ^a	31% (386)
CPS Report made during Program Participation	4% (153)
Any family member with CPS involvement WITH a CPS Report made during Program Participation	11% (42)

^aOut of the 3,743 total respondents, 33% of participants answered this question.

Fourteen percent of all families entering the program were referred by CPS. Of the 33% of families who responded to the follow-up question, 31% (n=386) reported that any member of their family had ever had any contact with CPS. Not surprisingly, a number of CPS reports occurring during program participation were with families who had previous CPS contact. Eleven percent of families with previous CPS involvement (n=42) went on to have a CPS report filed while participating in the program. While minimal data were collected on this relatively new question, it is recommended that the program monitor this relationship and potentially increase surveillance to high-risk families to attempt to prevent future CPS reports during program participation.

Presenting Issues for which Families Seek Help

The Promoting Safe and Stable Families program is a universal prevention program, meaning that the agencies do not screen families based on their level of risk. Therefore, any family with a child who wants assistance is eligible to receive services. The issues that families brought with them range from the need for basic goods (food, clothing, etc.) used to preserve their families during difficult times, to dealing with the complex problems of family management to support their families. (See Appendix C for a complete list of presenting issues.)





During the first visit with the agency, the family and the caseworker decide which of 13 issues best describe why the family is seeking assistance from the agency. These issues are used to develop prevention plans for the families and to identify the most helpful services. Following the intent of family-centered practice, the PSSF program focuses on the issues determined by the family and develops a tailored plan of action to address those issues to stabilize the family and minimize potential negative effects of risk factors.

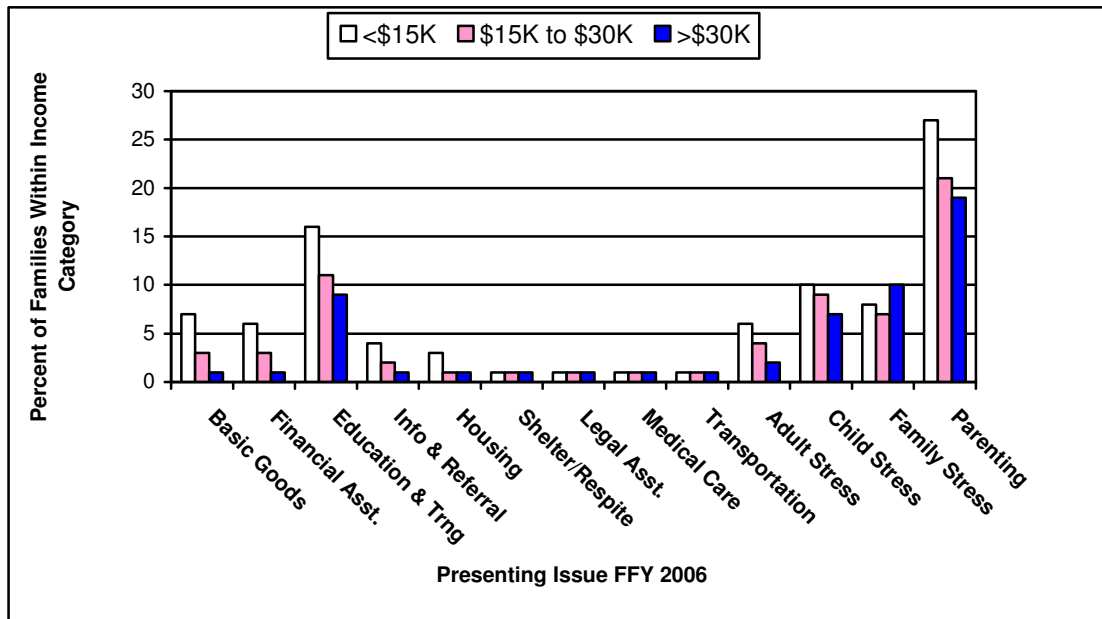
Similar to previous years, the average number of presenting issues was two, and the most common presenting issue was Parenting Assistance. Parenting Assistance helped parents cope with unmanageable children, learn age-appropriate discipline techniques, and encourage them to become more supportive and prepare for parenthood. Approximately 30% of all families listed parenting as a presenting issue. Education and Training appeared as the next most frequent presenting issue with 20% of families identifying it. Education and Training services provided help finding a job, improving in school, financial literacy and other supplemental education classes. Child Stress was the third most frequent presenting issue and was selected by 15% of program families. The least identified issues were legal assistance and transportation (both less than 1%).

Presenting issues can vary greatly depending on families' levels of income. Those with lower incomes have historically presented with more immediate needs, while those with higher incomes want to focus on parenting issues. Exhibit 6 shows the differences in presenting issues stratified by income bracket.





Exhibit 6: Presenting Issues by Income Level, FFY 2006



There were 1,044 families with incomes less than \$15,000, 713 families with incomes between \$15,000 and \$30,000, and 654 families with incomes greater than \$30,000. First, families with lower incomes on average had more presenting issues than families with higher incomes. Moreover, there are noticeable income differences with regard to presenting issues. It can be seen on the left side of Exhibit 5 that as income increases, the likelihood of seeking services related to material assistance decreases, as could be expected. For example, 14% of the presenting issues identified among the lowest income group were Basic Goods or Financial Assistance, whereas less than one percent of the highest income families identified these needs. In contrast, as shown on the right side of Exhibit 5, as income rises, demand for services related to family management increases. Parenting and Family Stress issues accounted for 29% of the presenting issues among the highest income group. Proportionally, this percentage has decreased since last fiscal year with more families in the lowest income group (37%) wanting these services.





These data indicate that agencies should continue to provide parenting and help with family and child stress services to families of all income brackets. This year more low-income families had parenting as a presenting issue than supplemental material assistance (e.g., basic goods and financial assistance). Since low-income families continue to utilize such services more frequently than higher-income families, it is important to continue to assist them with their basic needs.

Short-term Family Profiles

During FFY 2006, participating sites submitted data on 3,265 families who received less than two hours of service. For these short-term families, 58% had one adult in the household while approximately 35% of families had two adults present. The majority of these households had numerous children with the average being 2.28 children per household. This number is slightly skewed in that approximately 5% of all short-term families reported not having a child present.⁶ Over 36% of families had three or more children. While these children are not always present to directly receive program services, they often benefit indirectly from PSSF.

Tribal Site Family Profiles

FFY 2006 was the first year in which data were collected and analyzed for the tribal service providers. Until this year the tribal partners were not required to provide information for the evaluation and, consequently, minimal data was available to be reported about their impact in the community. This year's data represents the first steps in increasing the tribal contribution to the evaluation and provides their beginning output measures. These output measures include the number of families served, families with CPS contact, and the type of services provided.

⁶ The program intends to serve families with a child aged 0 to 18. Approximately 84% of families without a child present were served at one particular site. Follow up with this site will occur to improve their data quality.





For this federal fiscal year, the tribal sites served 660 families with a total of 681 children.⁷ Of those reporting the families' number of children, the median was two children per family served, with numbers ranging from one to eight. These numbers are similar to the non-tribal sites. However, caution should be used when interpreting number of children for the tribal sites since nearly 48% of families were missing that information.

Moreover, of all tribal site families, 24% (n=158) reported having contact with CPS. This rate is substantially higher than the CPS referral rate (14%) among non-tribal providers. However, due to great amounts of missing data, these numbers should again be reviewed with caution. In future years, the program intends to collect more information about tribal families to help them best meet their populations' needs.

Summary

In FFY 2006, the Promoting Safe and Stable Families program in Arizona served and discharged 3,743 long-term families, representing over 13,996 adults and children. Tribal sites served 660 families with 681 children. These families were demographically diverse and arrived at the program with many different kinds of issues. Although there were minor differences in the family profiles, overall families were relatively similar in FFY 2006 to other fiscal years. Fewer primary caregivers were unemployed at intake and more had at least a high school education. More children were in out-of-home care than in recent fiscal years. Another key difference from previous years was the increase in percent of families that were referred by Child Protective Services and law enforcement. Over time, there has been a decrease in the percent of self-referred families. For the first time, tribal data were collected and analyzed for the evaluation.

⁷ For FFY 2006, data were collected from all tribal sites except White River Apache. For those sites submitting data, 48% were missing information about the number of children served.





Program Services

The 16 community-based program providers offered a multitude of services to address the needs of the participating families. Along with the other partners in their community-based collaborations, the participating agencies utilized an array of prevention services in response to the presenting issues discussed in the previous section. Exhibit 6 highlights the types of services provided to participating families. The goal of the program is to match families' presenting needs with appropriate services for as long as families need them. Once families are matched to services, they are distinguished as either short-term families or long-term families. Short-term families should receive less than two hours of service, while long-term families should get more than two hours of service.

In FFY 2006, both Family Support and Family Preservation Services were offered to the families.

- *Family Support Services* are designed to help parents provide stable and nurturing homes, promote safe environments, and enable healthy child development.
- *Family Preservation Services* are designed to preserve and reunite families through intensive intervention, resulting in safe, stable, and nurturing home environments.

A key challenge in the evaluation has been assessing the wide variability of service models utilized by the 16 provider agencies. Although several of the agencies were located within family resource centers, other types of agencies that offered services included a domestic violence shelter, an adoption agency, and two adolescent support programs. Because of their variability, the 16 provider agencies offered different types of services to the families they served. Most of the agencies provided both family support and family preservation services to families in need.

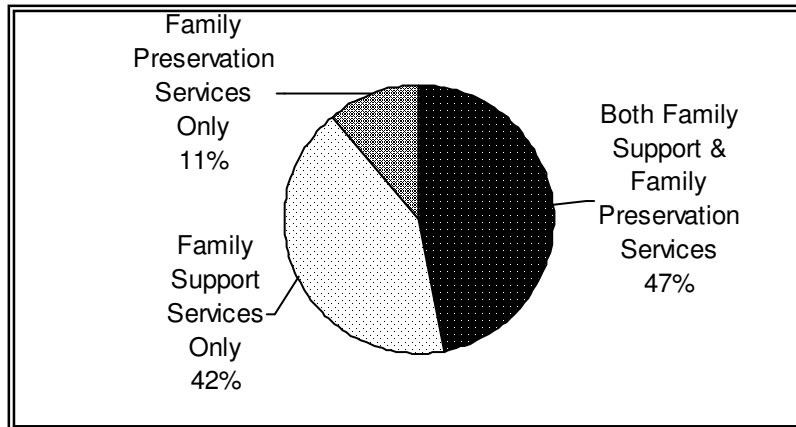




Long-term Families

Long-term families received either Family Support Services or Family Preservation Services or a mixture of both. Exhibit 7 displays the breakdown for long-term families.

Exhibit 7: Types of Services: Percent of Long-Term Families



In FFY 2006, 3,330 families received Family Support Services, including 1,576 who used only Family Support Services and 1,757 who used both Family Support and Family Preservation Services. An additional 403 families received only Family Preservation Services, bringing the total number of families receiving any Family Preservation Services to 2,158. These service utilization percentages mirror those from FFY 2005. Historically, there has been a slight shift from Family Support services to Family Preservation services.

For Family Support Services, median contact time per family was 9.5 hours and similarly for Family Preservation Services, the median was 9.0 hours.⁸ For families receiving both services, median contact was 3.5 hours.⁹ Among

⁸ Since these data are heavily skewed by a few families who remained in the program for a long time, the median was used rather than the mean. This change should be noted when comparing these numbers to past evaluation reports.

⁹ Families who required shelter services often received both service types. Due to the significant amount of time these families spend using these services, they severely inflate the amount of contact time. Using the median (3.5 hours) instead of the mean (45.5 hours) provides a more representative amount of contact time.





families who got both services, most received assessment, case management, and information and referral services. Assessment and information and referral tend to be more short-term services, which helps understand the decrease in contact time for both services.

Providers continued this year to track services received in conjunction with the presenting issues. This information shows to what degree agencies are providing services directly to address the presenting needs of the participants. Ninety-six percent of all families received intended services, which means that agencies were able to provide services directly aimed to address the families' presenting issues 96% of the time.

Exhibit 8: Families Receiving Intended Services

	Number of Services Families Received	Percent of Services Families Received
Family Received Intended Services	7,164	96%
Family Did Not Receive Intended Services	284	4%

Of families who received their intended services, 96% improved in at least one of their presenting issues. For the four percent of families who did not receive their intended services, only 69% improved in their presenting issues. This finding suggests that a greater percent of families with services intended matched with received services tend to improve in their presenting issues. Since presenting issues and intended services are identified together at intake, it makes sense that continuing the projected service plan would increase the likelihood of improvement. While those not receiving intended services did often receive other applicable services, matching services results in more participants improving their presenting issues.





Long-term Family Services

The next section describes the services families received in the PSSF program, grouped according to the priorities outlined in the Arizona Child Abuse and Neglect (CAN!) Prevention Plan. Those priority areas include the following:

- Parenting support
- Economic stability
- Health care
- Childcare

Family Support and Family Preservation Services exist on a prevention continuum of care. Accordingly, services received can be grouped together by area of service, similar to those highlighted in the CAN! Report.

Parenting Support Services

The first priority area of the CAN! Plan is Parenting Support Services. The Plan recommends that state agencies and community providers develop a support system for new parents and parents experiencing challenges through key developmental stages of life. Many PSSF services provide the type of support recommended by the Plan. The following table details the 11 PSSF services supporting the intent of the Plan with the number of participants served and median number of service hours noted.

Exhibit 9: PSSF Parenting Support Services

Parenting Support Services	# of Participants Served	Median # of Hours Served
Assessment/Evaluation	2,375	1.3
Case Management	2,254	1.0
Early Intervention	593	0.5
Family Planning	46	1.0
Independent Living Skills	99	5.0
Mentoring	152	2.0
Parent Skills Training	768	6.0
Self-Help Groups*		
Family Support	31	5.0
Family Preservation	142	1.0





Parenting Support Services	# of Participants Served	Median # of Hours Served
Social Development	64	7.5
Socialization and Recreation	207	12.0
Supportive Intervention-Counseling*		
Family Support	203	2.0
Family Preservation	364	4.3

* Self-Help Groups and Supportive Intervention-Counseling are both Family Support and Family Preservation Services. Therefore, they are reported above separately.

Of the 3,743 families that received more than two hours of service, 83% (n=3,118) received one or more services related to Parenting Support. Of the 1,594 families who listed Parenting as one of their presenting issues, 78% received at least one of these Parenting Support services. The program sites should continue to match parenting services with families' presenting with parenting issues to strengthen their service delivery. The most frequently accessed services in the Parenting Support category were the short-term services Assessment and Case Management, followed by the longer-term service Parenting Skills Training. Approximately 26% of all families received Parent Skills Training during their participation, and of those, 96% self-reported improved parenting skills at discharge.

Economic Stability

Another priority area in the CAN! Plan is Economic Stability. The Plan suggests that services be provided to families to improve their economic stability to reduce poverty. The nine categories in the PSSF program that could be characterized as services that improve economic stability are included in the following exhibit.





Exhibit 10: PSSF Economic Stability Services

Economic Stability Services	# of Participants Served	Median # of Hours Served
Basic Education	285	1.0
Emergency Human Services	136	2.0
Exemplary Youth Work Programs	10	0.3
Food and Nutritional Services	183	2.0
Housing Support Services	66	1.0
Job Development and Placement	95	2.0
Job Training	87	2.3
Supplemental Provisions	221	1.0
Transportation*		
Family Support	66	2.3
Family Preservation	64	7.5

* Self-Help Groups and Supportive Intervention-Counseling are both Family Support and Family Preservation Services. Therefore, they are reported above separately.

Each of these services helps families to improve their economic well-being, either directly or indirectly. Nearly 22% of families (n=809) received services related to economic stability. Of those families, 50% had presenting issues categorized as either Basic Goods or Financial Assistance, compared to 24% from FFY 2005. Approximately 22% of program families received Job Training or Job Placement services specifically. Basic Education was the most frequently used economic service with an hour being the median time spent.

Health care

Health care is another priority in the CAN! Plan for preventing child abuse and neglect. Healthy children are less likely to be victims of child abuse and the Plan recommends that high-quality health care be accessible to all families in Arizona. While the PSSF program does not focus on health care specifically, several services do address health-related issues. The following four services are designed to address health needs.





Exhibit 11: PSSF Health Care Services

Health Care Services	# of Participants Served	Median # of Hours Served
Crisis Shelter Services*	73	96.0
Health Education	66	1.0
Nursing	128	9.5
Nutrition Education	55	1.0

* Crisis Shelter Services include overnight stays at shelters.

Among families receiving two or more hours of service, only eight percent (n=298) received health care services. Of these services, nursing was the most utilized service, followed by crisis shelter services for domestic violence. While less than two percent of families used a crisis shelter, the median service time is significantly greater than any other service. While only 25 participants had shelter/respite care as a presenting issue, 73 participants accessed the crisis shelter service.

Childcare

The final focus area of the CAN! Plan is childcare. Accessible childcare promotes economic stability, healthy childhood development, and school readiness, all of which are considered protective factors for child abuse and neglect. The Plan emphasizes the need for high quality, affordable childcare in all Arizona communities. Like health, childcare is not a primary goal of the PSSF program, but is tied directly to helping families and is represented by PSSF services. The following two services are intended to improve childcare for participating families.

Exhibit 12: PSSF Childcare Services

Childcare Services	# of Participants Served	Median # of Hours Served
Childcare*		
Family Support	36	1.0
Family Preservation	69	1.0
Respite care*		
Family Support	251	1.0
Family Preservation	174	20.0

* Self-Help Groups and Supportive Intervention-Counseling are both Family Support and Family Preservation Services. Therefore, they are reported above separately.



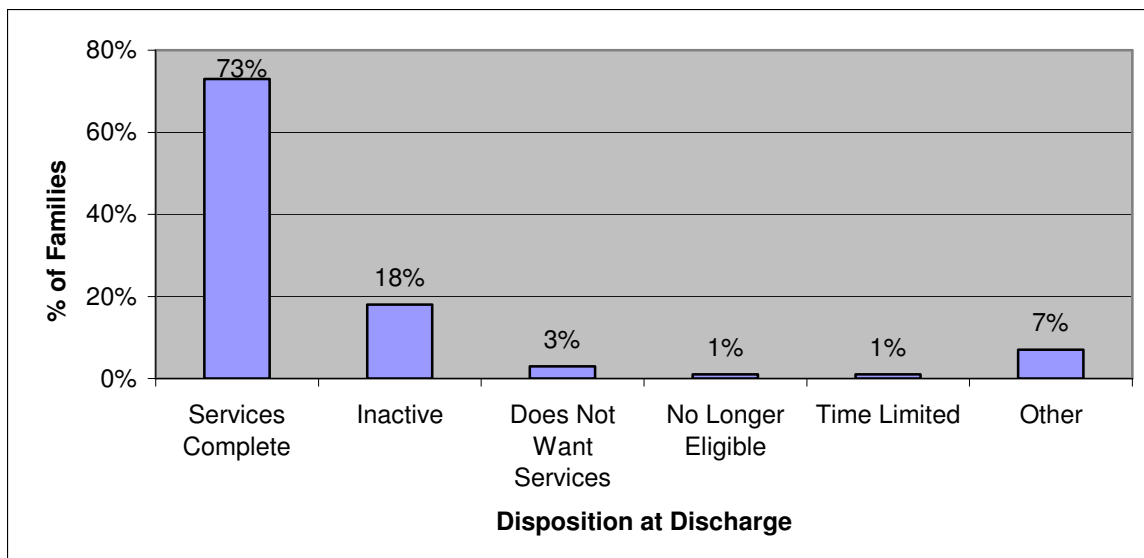


Approximately nine percent of long-term families received services related to childcare, and mostly consisting of respite care. The Family Preservation-funded respite care was utilized for significantly longer than the other childcare-related services. Approximately three percent of participating families received actual childcare services (n=105). With child, family, and parenting stress accounting for nearly 57% of all presenting issues, child-related services, while infrequently utilized, are potentially useful for many families participating in the PSSF program.

Reasons for Discharge

Participants were discharged from the program for a variety of reasons (see Exhibit 13). The percentage of families that complete services was 73%, the same as FFY05. Provider agencies determine with the families when they are no longer in need of service. The percentage of inactive families, families who stopped contacting the service provider, was approximately 18%, which was up by 3% from the last federal fiscal year. Few families (only 3%) responded that they no longer wanted PSSF services.

Exhibit 13: Disposition at Discharge





Comparable to previous fiscal years, lower income families (less than \$15,000/year) were less likely to complete services than higher income brackets (more than \$30,000/year), 66% of lower income families completed services while 82% of higher income families completed services. Moreover, 20% of lower income families became inactive families compared to 15% of higher income families.

Service completion rates varied widely by site. Although 73% of all families completed service, seven sites had completion rates below 50%. However, the site serving the greatest number of participants had a 90% completion rate, which increased the overall program rate.

Short-term Families

In FFY 2006, 3,265 families were designated as short-term families, which means they received less than two hours of service. The services provided addressed the presenting issues identified by the families, and were either Family Preservation and/or Family Support Services. (See Appendix D for a list of each type of service.) Due to the limited time spent with these families, minimal data were collected from them.

Of the short-term families, 71% received Family Support Services, and 29% received Family Preservation Services. The average contact time for the clients was 73 minutes with contact ranging from 12 minutes to a full two hours. Approximately 42% (n=1,355) of the families had their intake and discharge performed on the same day. Most families came into the program identifying short-term needs and therefore received immediate services to address those needs. The most common services received were Information and Referral (23%), Assessment and Evaluation (21%), and Case Management (17%). These services frequently last longer than one day and potentially explain the relatively low percentage of same-day service. Approximately 55% of all services were provided in-house by the respective agency while 52% of were referred out to another agency for services. Some participants received both in-house and outsourced services.





Family Preservation Services were used by a smaller number of short-term families. However, the percent of families using these services increased dramatically from FFY 2005 to FFY 2006. In FFY 2006, Family Preservation Services accounted for 29% of all services used by short-term families, with the Information and Referral category making up 79% of that number.

In summary, families that received short-term services more frequently received Family Support Services with the most common being Information and Referral, Assessment, and Case Management. About half the services were received in-house and the other half were referrals to other agencies.

Tribal Site Families

Minimal data were collected from tribal sites on their services. During this first year, data were collected on the type of service provided (either Family Support or Family Preservation). Due to differences in service allocation between tribal and non-tribal sites, the percent of families receiving each type of service differs accordingly (see Exhibit 14).

Exhibit 14: Percent of PSSF families receiving Family Support and Family Preservation Services

	% of Families Receiving Family Support Services	% of Families Receiving Family Preservation Services
Tribal sites	70%	24%
Non-tribal sites	89%	42%

More families in non-tribal sites received family support services and family preservation services. This difference results from tribal sites typically providing only one type of service to a given family. While many non-tribal sites provided both types of services to a particular family, there was only one instance of this happening with tribal sites. This shows that tribal providers generally rely on a particular type of service (i.e., Family Support or Family Preservation) for each family.





Summary

Similar to years past, the Promoting Safe and Stable Families provider agencies delivered a multitude of prevention services in response to the many issues identified by the participating families. These services ranged from providing assistance with basic needs to direct intervention designed to strengthen family functioning and increase the overall safety and stability of the families.

The program continues to show progress in particular areas. Comparable to previous fiscal years, most families sought assistance to enhance their parenting skills and education and training services this year. Coupling a high match rate of intended and received services with a 75% program completion rate, more families are receiving appropriate levels of assistance for their needs than in years past. Still, there remain gaps in service availability in certain rural communities due to limited funding and services prioritization.





Program Outcomes

Since FFY 2002, the provider agencies of the Arizona Promoting Safe and Stable Families program have utilized two instruments—the Family Data Collection Form and the Program Satisfaction Survey—to collect outcome data from participating families. These two measures provide important information about participants, including:

- degree of improvement in the family's presenting issues;
- changes in status of select measures of family stability and safety;
- program satisfaction; and
- self-perception regarding increased parental competence.

Outcome data were then linked to key performance goals outlined in the Department of Economic Security's State Strategic Plan Objectives. Data were collected on all long-term families to determine the program's success in reaching these objectives. The reason for matching outcome data to these performance goals was to best answer the overarching evaluation question:

To what extent does the implementation of the Arizona Promoting Safe and Stable Families program contribute to strengthening and stabilizing families?

The following section discusses each of the State Strategic Plan Objectives independently and provides historical data trends, when applicable. The program is required to report on these objectives as well as the overall number of new families receiving services. Additional outcome measures are also described.





Child Abuse and Neglect

Objective: Maintain 99% of high-risk families that did not have subsequent reports of child abuse and neglect within six months after discharge from the program.

Result: 99.5% of families did not have a subsequent CPS report.

Many of the families served by this program are at high risk for committing child abuse and neglect due to the presence of known risk factors (i.e., poverty, emotional stress, homelessness, etc). In order to monitor the program's ability to prevent child abuse and neglect, the evaluation tracks program participants six months following their discharge to determine if the primary caregiver had a substantiated Child Protective Services (CPS) report filed. This incidence is determined by thoroughly reviewing a data extraction from the statewide CHILDS (Children's Information & Library Data System) database for primary caregivers meeting these criteria.

For FFY 2006 the CHILDS data extraction included families with substantiated CPS cases occurring between 08/31/2006 and 02/28/2007. Only long-term families were included in the review. Since only families who were out of the program at least six months were included in the review, those families with a discharge date before 08/31/2006 were examined. Based on these criteria, 3,384 families discharged from the program were included in the check. Of that number, 16 families had positive matches for substantiated incidences of child abuse or neglect for an overall rate of 99.5% of families with no substantiated reports. This match rate is highly contingent on the availability of detailed information for each family and the reliability of the CHILDS data.¹⁰

¹⁰ These rates are determined by a process that requires a "match" on available information on the families such as mother's name, social security number and date of birth. When details for the match are missing in either database, the accuracy of the match can decrease.





Program Satisfaction

Objective: Of the families who complete a client satisfaction survey, maintain a client satisfaction rate of at least 90%.

Result: Of families surveyed, 97% reporting being satisfied overall with the program.

Program coordinators at each of the 16 sites administered the Program Satisfaction Survey. Close to the end of services, administrators gave surveys to program participants to complete and return to the site in a sealed envelope to encourage participants to honestly assess the programs. Some programs used incentives to encourage participants to complete and return the form.

Program satisfaction was measured using the first 14 items from the Program Satisfaction Survey. Respondents were asked to measure their satisfaction by using a 5-point Likert scale with the endpoints being Strongly Disagree and Strongly Agree. The items include statements about the family's experience with the staff and program as well as overall impressions of the program infrastructure. This year 42% of program participants (n=1,566) completed a satisfaction survey, with 86% responding in English and 14% in Spanish. The FFY 2006 completion rate of 42% exceeded the last two years' return rates of approximately 36%.¹¹ Overall satisfaction was comprised of two subsets:

- Family satisfaction—how the respondent felt their family was treated and
- Service satisfaction—the respondents' perceptions regarding the manner in which services were delivered.

¹¹ Despite an increased completion rate, participants were not randomly sampled to complete the survey. Those who completed the survey were the participants who, for the most part, completed program services. Therefore, these data could be slightly biased, in that they do not address a fully representative sample of those who completed and did not complete services.





As shown in Exhibit 14, consumer satisfaction *exceeded* the State Strategic Plan's goal of 90% in all three scales.

Exhibit 15: Program Satisfaction, FFY 2006

	State Strategic Goal	Percent of Families Satisfied FFY 2006
Family Satisfaction	90%	96%
Services Satisfaction	90%	96%
Overall Satisfaction	90%	97%

Satisfaction rates were slightly higher among those who completed the survey in Spanish (99%) than those who completed the English version (97%). Those who spent more than five hours in the program were generally more satisfied (98%) than those who spent less than five hours (94%).

Providing services that families perceive in a positive light is important because, as McCurdy and Daro (2001) suggest, high quality services increase program retention. Furthermore, evidence has shown a positive relationship between perceived service quality and program outcomes (Herman, 1997). Approximately 92% of the families who completed the survey also completed services. As noted by Littell (2001), families who actively complete services are likely to view the program more positively than families who do not. As indicated above, 42% of all families completed the Program Satisfaction Survey. Therefore, provider agencies should focus their efforts on increasing the completion rate of the Program Satisfaction Surveys to include as representative of a typical participant's experience as possible. The program could increase their diversity of responses by increasing the incentives used with select families.





Parental Competence

Objective: Maintain at 89% the number of families reporting improvement competence in their parental skills.

Result: 88% of all families surveyed reported improved parental competence and furthermore, 96% of families receiving Parenting Skills Training reported improvement.

The parental competence scale was derived from the responses to seven statements on the Program Satisfaction Survey. These statements were measured using the same Likert scale as the rest of the Satisfaction Survey. Participants' responses represented self-reported improvement of parenting competence resulting from program involvement.¹² In FFY 2006, 88% of the individuals who answered the questions regarding parental competence perceived that they did improve. However, over 96% of those receiving Parenting Skills Training specifically reported improving their parenting abilities. As would be expected, families who received targeted services felt they improved in those specific areas. Moreover, 94% of families who identified parenting as a presenting issue reported improving their parenting competence. Program duration and referral sources also potentially impacted participants' responses. Furthermore, 80% of those referred from the legal system improved compared to 94% improvement from other referral sources.

While this rate is slightly below the State Strategic Plan Objective, it should be noted that 11 of the 16 providers exceeded the 89% threshold of improved parental competence. Historically, programs that have not achieved this measure for the past three years should continue to focus on improving parenting competence within families who seek parenting services. Moreover, with the significant amount of missing data on this outcome, the program should consider adding another validated measure to assess parenting abilities.

¹² The same potential biases with the program satisfaction surveys apply to this measure as well, since both are collected through the same form. Moreover, self-report data are potentially biased in other fundamental ways (e.g., respondent bias).





Presenting Issue Improvement

Objective: Maintain at 70% the number of families who achieve improvement in at least one presenting issue.

Result: 75% of families improved in at least one presenting issue.

At intake, families discussed with agency staff members which presenting issues brought them in for service and selected the most applicable from an established list of reasons.¹³ During this initial meeting, agencies rated the families in terms of their ability to resolve those issues utilizing their own resources. Families were then rated again on their progress at discharge, regardless of the reason for their leaving. The difference between these two ratings formed the basis for determining whether or not the family improved while enrolled in the program.

Across all families and all presenting issues, 75% of families improved on at least one issue between intake and discharge. This percentage exceeds the State Strategic Plan goal of 70% and is the first time in a few fiscal years for the program to exceed this goal. The retention rate or percentage of families completing services stayed at 73% to match FFY 2005's percent. In this case however, a higher retention rate translated to demonstrated improvement with presenting issues in FFY 2006. As shown in Exhibit 16, more families this year completed services and improved on at least one presenting issue than in recent years.

¹³ See Appendix C for a complete list of presenting issues.





Exhibit 16: Retention Rate and Presenting Issue Improvement, FFY 2006

	Previous FFYs*	FFY 2006
Percentage of Families Completing Services (Retention Rate)	68%	73%
Percentage of Families Showing Improvement on at Least One Presenting Issue	70%	75%

**Previous FFYs include FFY 2003, FFY 2004, and FFY 2005 and values represent an average of both years.*

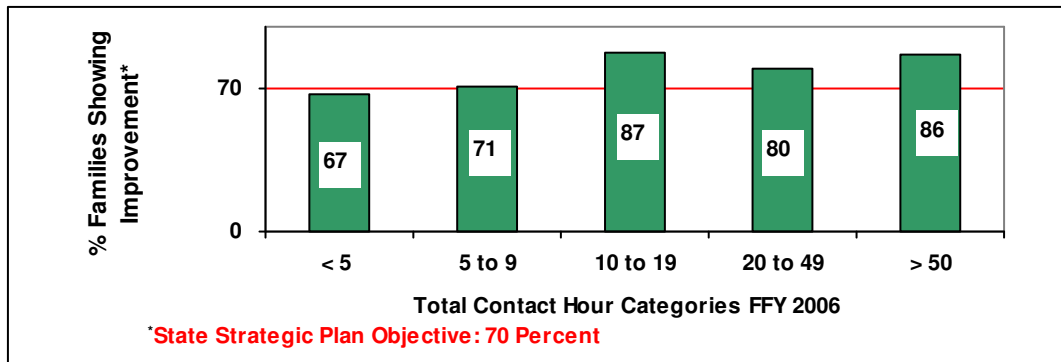
In addition, there are several key factors that increase the likelihood that a family will demonstrate improvement on at least one presenting issue. One of the critical elements to family-centered practice is to provide services that directly address the presenting issues, or risk factors present within the family. Starting in FFY 2004, providers were asked to directly connect the services offered to the needs of the family. As noted in a previous section, 96% of families did receive at least one service tied to their needs. In FFY 2006, 80% of families who received intended services demonstrated improvement on at least one presenting issue. Providers should continue to try to adapt their service delivery models so that every single family receives services that directly address their needs.

Besides matching services to needs, another factor related to demonstrated improvement is the number of contact hours families had with the providers. As can be seen in Exhibit 17, 67% of families receiving less than five hours of service (n=1,078) showed improvement at discharge. The chance of improvement steadily increased with more contact time. Spending more than five hours with providers (n=2,655) results in at least 71% of families showing improvement.





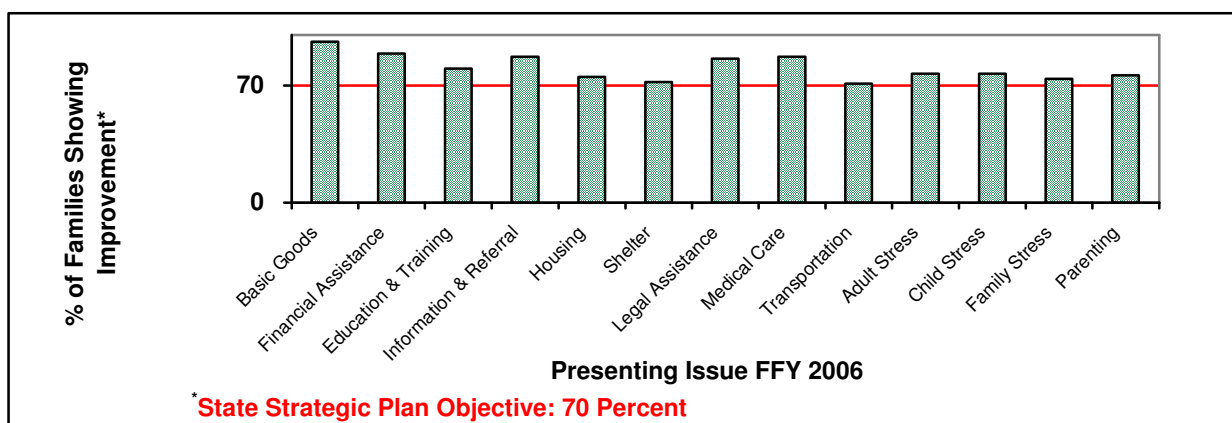
Exhibit 17: Percent of Families Showing Improvement by Total Contact Hours, FFY 2006



There is also a potential link between program satisfaction and demonstrated improvement. For families who were satisfied with the program at discharge, approximately 90% improved on a given issue. Conversely, for families who did not improve during program participation, 11% were not satisfied with the program.

In addition to retention, contact hours, and program satisfaction, there was some variability in improvement across specific presenting issues. Exhibit 18 displays the results of whether the family demonstrated improvement on each presenting issue separately.

Exhibit 18: Improvement by Presenting Issue, FFY 2006





While families improved overall on their presenting issues, each issue varied with the percent improvement.¹⁴ The most improvement was seen in the immediate services (e.g., basic goods and financial assistance were both over 90%). Typically long-term issues (e.g., shelter at 72%) were more difficult to demonstrate improvement during program participation. Providers should continue their efforts to demonstrate improvement in their participating families.

Family Reunification

A critical component of family-centered practice is the emphasis on promoting family stability and preventing out-of-home placements. This is also a concern statewide with the number of children in out-of-home care increasing 12% in one year, ending in September 2005 (Children's Action Alliance). When appropriate, a supporting service provided is reuniting families that have been separated. During the initial meeting with families, data were collected regarding the number of children in out-of-home care, defined as placement with an individual or agency other than the child's parent or legal guardian. These data were also collected when families left the program.

As can be seen in Exhibit 19, approximately 13% of the families providing data had children in out-of-home care at intake. There were 445 families with 831 children in out-of-home care at intake and 446 families with 926 children in such care at discharge. Although the number of families is almost the same from intake to discharge, many families had a status change. Of those families that had children in out-of-home care at intake, 41% of families had no children in out-of-home care at discharge.¹⁵ This potentially means 168 families were reunited while participating in this program, a number comparable to those reported in previous reports. However, there were still 241 families with children that remained in out-of-home care from intake to discharge. Agencies should continue to focus their efforts on preventing long-term out-of-home care placements by assisting the families in addressing risk

¹⁴ See Appendix E for a full list of percent improvement by presenting issue.

¹⁵ Only families with information at both intake and discharge were included in this analysis.





factors so that their families can be reunited. The data also show that 197 families (over six percent of the total families) who had children in out-of-home placement at discharge did not have children in out-of-home placement at intake. This rate of out-of-home placement between intake and discharge has maintained itself since FFY 2003.

Exhibit 19: Out-of-home Placement Rates for Previous FFYs Compared to FFY 2006

	Previous FFYs*	FFY 2006
Percentage of families with children in out-of-home care at intake	11%	13%
Percentage of these families that were reunited at discharge	41%	40%
Percentage of families who had their children placed in out-of-home care between intake and discharge	4.7%	4.5%

**Previous FFYs include FFY 2003, FFY 2004, and FFY 2005 and values represent an average of all three years.*

As noted earlier, the percentage of families referred to the program through CPS has increased from nine percent in FFY 2005 to 14% this year. The number of families with children in out-of-home care at intake increased to 13%, and at the same time, the number of CPS referrals increased. Due to the increase in CPS referrals, it is expected the number of children already in out-of-home care would be higher at intake. However agencies should address the increase in children in out-of-home care by targeting their services to help families through a variety of training topics that could include parenting skills, domestic violence, and substance abuse.

Historical Comparison

Exhibit 20 compares the success rate in meeting the State Strategic Plan Objectives over the past four years. The data from FFY 2006 indicate that the program consistently met all but one of the strategic objectives. This year's numbers were comparable to previous fiscal years. Every year the program has exceeded both the objectives for subsequent CPS reports and program satisfaction. In most years, families met the goal for self-reported parental





competence; this year, the program was slightly below the projected goal. However, this year more families improved in their improvement of presenting issues than in past years. On average, the program has historically met or exceeded the state strategic goals, and this pattern has continued this fiscal year.

Exhibit 20: State Strategic Plan Objectives, Previous FFYs Compared to FFY 2006

	Previous FFYs ^a	FFY 2006	Outcome Goal	State Strategic Objective
No CPS Reports 6 Mos. After Discharge	99%	99.5%	99%	Met
Overall Family Satisfaction	97%	97%	90%	Met
Improvement in Parental Competence ^b	90%	88%	89%	Nearly Met ^c
Improvement in at Least One Presenting Issue	70%	75%	70%	Met
Total Number of Families Served	7,656	5,963	Report	Met

^a Previous FFYs include FFY 2002 through FFY 2005 and values represent an average across years.

^b Parental Competence is self-reported.

^c While the program overall was just below the state objective, 11 of the 16 providers met this outcome goal. Furthermore, 96% of families receiving Parenting Skills Training reported improvement.





Recommendations

Overall, the Promoting Safe and Stable Families (PSSF) providers continued to offer a wide range of services to a diverse group of families in a manner that is consistent with the program's mission. The program's mission is to strengthen and stabilize all families through the development of a continuum of family-centered services that promote safety, are comprehensive, coordinated, community based, accessible and culturally responsive (Arizona Department of Economic Security).

As part of the PSSF program's quality assurance process, the program tracks and monitors progress in addressing recommendations made in the previous year's evaluation report. The following table lists recommendations from last year's report that were suggested to help improve the program and relevant results from 2006 that address them.

Exhibit 21: 2005 Recommendations and Key Results from 2006

2005 Recommendations	Key Results from 2006
<i>Provider agencies should develop strategies to increase the percentage of families that show improvement on at least one presenting issue.</i>	More families improved with their presenting issues, with 75% showing improvement over time. Continued matching of services to each presenting issue may account for some of this increase.
<i>Provider agencies should continue to work to increase the return rate of the Program Satisfaction Survey.</i>	The Satisfaction Survey return rate increased from 36% to 42%. Programs should continue to collect Satisfaction Surveys from all their program participants.
<i>Provider agencies should focus on improving families' confidence in their parenting competence.</i>	Parenting competence increased from 87% to 88%. However, programs slightly missed their goal of 89%.





2005 Recommendations	Key Results from 2006
<i>Provider agencies should receive increased technical assistance to critically examine their own outcomes.</i>	During August 2006, sites received regional logic model trainings that focused heavily on identifying their program goals, objectives, and outcomes. Ongoing technical assistance with these logic models as well as regular site visits from DES administrators could further help sites examine outcomes.

Based on an analysis of the data presented in this report, the following recommendations are made to help the program progress in the upcoming year.

- The program (providers, DES, and the evaluation team) should build on past gains in data collection to continue improving both the quantity and quality of data.

Overall data collection has improved over the years with most sites. This success is a result of the diligent efforts of the sites and consistent, quality training. However, a couple of sites submitted less data than in previous years and some data was submitted too late for this report. Therefore, timely and sufficient data submission from all sites would be an appropriate goal. The program can also strive to continue improving the data quality and uniformity of interpreting Family Data Collection Form questions. We recommend continuing training efforts with those sites experiencing difficulties with their data or with newly-hired staff to ensure high-quality data collection across the program as a whole.





- **Provider agencies should continue to work to increase the percent of families who improve on at least one presenting issue.**

Based on this year's findings, more families improved their presenting issues than in recent fiscal years. This success could be partially attributed to staff implementing the data collection tool more consistently due to ongoing trainings with staff throughout the previous year during bimonthly meetings. The program should continue to provide staff trainings in order to keep reaching this goal in next year.

- **The program should explore adding questions to more precisely measure parenting outcomes for each site providing such services.**

The program should determine a realistic amount of change for each site's parenting program. For instance, a short-term parenting program could anticipate influencing a participant's knowledge rather than striving for behavioral change. In order to measure this change, the program could explore appropriate assessment questions or other ways to measure this outcome. These outcome measures could more specifically help track success achieved by participants' involvement in program services. Select sites could pilot the measures initially to determine the usefulness of the information for both DES and the individual sites.





References

Arizona Department of Economic Security (2007). Promoting Safe and Stable Families. URL: <http://www.de.state.az.us/dcyf/opfs/safe.asp>.

Arizona Prevention System Subcommittee. (2004). Arizona Child Abuse and Neglect Prevention System. URL: <http://www.governor.state.az.us/cps/documents/NeglectPreventionSystem-Gov%27sOfficeFinal.pdf>.

Child Abuse Prevention Association (2007). URL: <http://www.childabuseprevention.org/>

Child Welfare Information Gateway (2007). Long-term Consequences of Child Abuse and Neglect, 2006. URL: http://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm.

Children's Action Alliance (2007). Facts: Arizona's Abused and Neglected Children: February 2006. URL: <http://www.azchildren.org/display.asp?pageId=11&parentId=0>.

Children's Defense Fund (2007). URL: <http://www.childrensdefense.org/site/PageServer>

Comer, E. W., & Fraser, M. W. (1998). Evaluation of six family-support programs: Are they effective? *Families in Society: The Journal of Contemporary Human Services*, 79 (2), 134-150.

Family Resource Coalition (2006). Family Support Programs and the Prevention of Child Abuse. URL: <http://www.fww.org/articles/misc/frc.htm>.

Family Support America. (1996). *Making the case for family support: An essay with supporting document* [Brochure]. Chicago, IL: Author.

Family Support America. (2006). The Family Support America Story. URL: <http://68.248.104.69/content/aboutus.htm>.

Forum on Child and Family Statistics (2007). America's Children in Brief: Key National Indicators of Well-Being, 2006. URL: <http://childstats.gov/americaschildren/2003spe1.asp>





Herman, S. E. (1997). Exploring the link between service quality and outcomes. *Evaluation Review*, 21 (3), 388-404.

Littell, J. H. (2001). Client participation and outcomes of intensive family preservation services. *Social Work Research*, 25 (2), 103-113.

McCurdy, K. & Daro, D. (2001). Parent involvement in family support programs: An integrated theory. *Family Relations*, 50, 113-121.

National Center for Family Support. (2006). NCFS Resources. URL: http://www.familysupport-hsri.org/resources/r_essentials.html.

National Clearinghouse on Child Abuse and Neglect Information. (2004). Child maltreatment 2002 : Summary of Key Findings. URL: <http://nccanch.acf.hhs.gov/pubs/factsheets/canstats.pdf>

Prevent Child Abuse Arizona. Arizona Child Abuse and Neglect (CAN!) Prevention Plan (2007). URL: <http://www.pcaaz.org/documents/AZCAN.pdf>.

U.S. Census: Arizona Fact Sheet (2007). URL: http://factfinder.census.gov/servlet/SAFFFacts?_event=Search&_state=04000US04&_lang=en&_sse=on.

U.S. Census Bureau. (2007). Income - Median Family Income in the Past 12 Months by Family Size. URL: <http://www.census.gov/hhes/www/income/medincsizeandstate.html>.





Appendix A: Listing of Program Agencies by County and Tribal Agencies





APACHE COUNTY

No locations available in this county.

COCHISE COUNTY

Child & Family Resources - Southern Arizona Choices - (Cochise and Santa Cruz Counties) 999 E. Fry Blvd., Suite 222, Sierra Vista, AZ 85635

Website: www.childfamilyresources.org

For Referral Call: (520) 458-7348 Sierra Vista/Benson, (520) 364-5150 Douglas/Bisbee

Services Offered: Case Management, Child Abuse Education and Awareness, Early Developmental Assessment and Intervention, Family Planning, Independent Living Skills, Parent Skills Training, Parent Self- Help Groups, Planned Respite Care, Social Development, Socialization and Recreation, Intensive Family Preservation and Reunification Services, Parent Aide, Supportive Intervention and Guidance Counseling, Emergency Cash Assistance.

Target Population: Families in Benson, Bisbee, Douglas, Nogales and Sierra Vista.

COCONINO COUNTY

Open Inn Inc. The Alternatives Center for Family Based Services- Flagstaff-823 W. Clay, Flagstaff, AZ 86001

For Referral Call: (928) 214-9050

Services Offered: 24-Hour Crisis Center providing: Assessments, Education/Training, Independent Living Skills, PEER/Self-Help Group, Respite, Counseling, Transportation, Crisis Intervention, Emergency Services, 24-Hour Hotline, Shelter, Intensive Family Preservation Services.

Target Population: Coconino County Families with children 0-17 yrs, specializing in juvenile status offenders, victims of abuse and/or domestic violence, substance abusing youth and families, homeless and pregnant and parenting teens.

GILA COUNTY

Mt. Graham Safe House - Gila, Graham and Greenlee Counties - PO Box 1202, Safford, AZ 85548-1202

For Referral Call: (928) 348-9104 or Greenlee County toll free 1-888-269-9104

Services Offered: Domestic Violence Emergency Shelter, Transitional Housing Apartments, Victim Advocacy Program which includes: Education, Crisis Intervention, 24-Hour Information and Referral Hotline, Escort, and Transportation through the Social, Legal and Medical Services, Food, Clothing and Other Emergency Items, Emergency Financial Assistance, Transitional Housing.

Target Population: Female victims of Domestic Violence and Sexual Assault and their children in Greenlee and Graham Counties and the San Carlos Reservation.

GRAHAM COUNTY

Mt. Graham Safe House - Gila, Graham and Greenlee Counties - PO Box 1202, Safford, AZ 85548-1202

For Referral Call: (928) 348-9104 or Greenlee County toll free 1-888-269-9104

Services Offered: Domestic Violence Emergency Shelter, Transitional Housing Apartments, Victim Advocacy Program which includes: Education, Crisis Intervention, 24-Hour Information and Referral Hotline, Escort, and Transportation through the Social, Legal and Medical Services, Food, Clothing and Other Emergency Items, Emergency Financial Assistance, Transitional Housing.

Target Population: Female victims of Domestic Violence and Sexual Assault and their children in Greenlee and Graham Counties and the San Carlos Reservation.





GREENLEE COUNTY

**Mt. Graham Safe House - Gila, Graham and Greenlee Counties - PO Box 1202, Safford, AZ 85548-1202
For Referral Call: (928) 348-9104 or Greenlee County toll free 1-888-269-9104**

Services Offered: Domestic Violence Emergency Shelter, Transitional Housing Apartments, Victim Advocacy Program which includes: Education, Crisis Intervention, 24-Hour Information and Referral Hotline, Escort, and Transportation through the Social, Legal and Medical Services, Food, Clothing and Other Emergency Items, Emergency Financial Assistance, Transitional Housing.

Target Population: Female victims of Domestic Violence and Sexual Assault and their children in Greenlee and Graham Counties and the San Carlos Reservation.

LA PAZ COUNTY

No locations available in this County.

MARICOPA COUNTY

Aid to Adoption of Special Kids- 501 E. Thomas Road, Suite 100, Phoenix, AZ 85012

For Referral Call: (602) 254-2275 or 800-370-2275

Services Offered: Education and Information, Education/ Training, Information and Referral, Mentoring, Parenting Skills Training, Peer/ Self-Help Groups, Respite, Socialization and Recreation, Family Counseling, Behavior Management Consultation, Play Therapy for Post Traumatic Stress, Intensive Family Preservation Services including Crisis Intervention and Stabilization. (Providers in the Flagstaff, Tucson, and the Phoenix Area)

Target Population: Foster, Foster/Adopt, Kinship and Adoptive Families in Districts I, III, V, and VI.

Arizona's Children Association - Nuestra Familia - 9401 W. Garfield, Tolleson, AZ 85353

For Referral Call: (623) 936-3980

Website: www.arizonaschildren.org

Services Offered: Case Management, Community Education and Information (Child Abuse Education and Awareness), Child Day Care, Exemplary Youth Work Program, Health/Nutrition Education & Information, Assessment, Early Intervention (Early Developmental Assessment and Intervention), Education/Training, Community Education and Information (Workplace Support for Families), Family Planning, Food, Job Development and Placement, Housing Search and Relocation Information and Referral, Job Training, Independent Living Skills, Basic Education (Literacy Classes for Families), Peer/ Self- Help Groups, (Parent Self-Help Groups), Parenting Skills Training, Respite, Client Access, Education and Information, Socialization & Recreation, Social Development, Supportive Intervention/Guidance Counseling (Mental Health Support & Intervention), mentoring, Transportation, Nursing Services (Visiting Nurse Services).

Target Population: Avondale, Buckeye, Cashion, El Mirage, Goodyear, Surprise, and Tolleson Families.

Black Family and Child Services- 1522 E. Southern Avenue, Phoenix, AZ 85040

For Referral Call: (602) 243-1773

Services Offered: Family Support Services include: Assessment/Evaluation, Basic Education, Case Management, Client Access, Education & Information, Child Care, Community Education and Information, Early Intervention, Exemplary Youth Work Program, Food and nutrition Services, Health Education, Housing Support Services, Independent Living Skills, Information and Referral, Job Development and Placement, Job Training, Nursing, Nutrition Education, Parenting Skill Training, Self-Help Groups, Social Development, Socialization and Recreation, Supportive Intervention/Guidance Counseling, and Transportation.

Target Population: Services will focus on the geographic community that lies between McDowell Road on the North to Baseline Road on the South, and between 43rd Ave on the West to 48th St. on the East.





This area takes in some or all of the zip codes 85040, 85041, 85009, 85007, and 85034. A primary focus of outreach activities is to engage the African American community.

Child Crisis Center - East Valley Inc. - Family Resource Center -170 W. University, Mesa, AZ 85201 For Referral Call: 480-834-9424

Website: www.childcrisis.org

Services Offered: Family Resource Center providing: Basic Education, Community Education and Information, Information and Referral, Parenting Skills Training, Self-Help Groups, Social Developmental, Socialization and Recreations, Supportive Intervention, Crisis Shelter Services, Emergency and Human Services, Shelter Services.

Target Population: East Valley Families.

Child & Family Resources - Choices for Families - 700 W. Campbell, Suite 3, Phoenix, AZ 85013 For Referral Call: (602) 234-3941

Website: www.childfamilyresources.org

Services Offered: Child Day Care, Child Abuse Education and Awareness, Early Development Assessment and/or Intervention, Education/ Training, Family Planning, Independent Living Skills, Job Training, Mentoring, Parenting Skills Training. Parent Education Groups, Supplemental Provisions, Mental Health Support and Intervention, Transportation, Emergency Services, Intensive Family Preservation Services, Parent Aide, Respite, Supportive Intervention/Guidance Counseling.

Target Population: Families of children 0-18 years from Baseline to Bell, between 30th St. and 75th Ave.

Desert Mission Inc. - Marley House Family Resource Center - Sunnyslope Area, 9 E. Mission Lane, Phoenix, AZ 85020

For Referral Call: (602) 331-5817

Services Offered: Resource Center providing: Case Management, Information & Referral, Parenting Skills Training & Support Groups, Healthy Families, recreations, Counseling, Outreach, Mentoring.

Target Population: Families in Sunnyslope with zip codes of 85020, 85021 with children under 18 years.

Mesa United Way - Family Support Program - East Valley-137 E. Main, Mesa, AZ 85201

For Referral Call: (480) 834-2121

Services Offered: Efforts are primarily directed toward prevention. Services include Mentoring, Parenting Skills Training, Health and Wellness Education, Peer/Self-Help Groups, Social Development and Recreation, Family Support, Information and Referral, Literacy and continuing education services to both reduce the incidence of child abuse and to resolve parenting issues.

Target Population: Maricopa County Families in East Mesa, with some services offered in the area specifically from Greenfield Road east to Meridian Road, and from Thomas Road south to Williams Field Road.

MOHAVE COUNTY

See tribal provider list.





NAVAJO COUNTY

Parents Anonymous of Arizona, Inc. - Winslow Family Resource Center -200 W. Third Street., Winslow, AZ 86047

For Referral Call: (928) 289-5491

Website: www.parentsanonymous.org

Services Offered: Family Resource Center providing: Intake and Assessment, Child Abuse Education and Awareness, Food and Clothing, Rent and Utility Assistance, Housing Search and Relocation, Budgeting, Job Search and Job Training, Continuing Education, Parent Skills Training, Parent Self-Help Groups, Teens and Adult Life Skills, Youth and Children's Programs, Informational Workshops, Emergency Services, 24-Hour Crisis Line, Intensive Family Preservation Services, Individual and Family Counseling.

Target Population: Winslow Families.

PIMA COUNTY

Child & Family Resources - Pima County Choices for Families Collaboration -2800 E. Broadway; Tucson, AZ 85716

For Referral Call: (520) 881-8940

Website: www.childfamilyresources.org

Services Offered: Child Abuse Education and Awareness, Early Development Assessment and/or Intervention, Education/Training, Health/Nutrition, Education and Intervention, Tutoring and Mentoring, Parent Skills Training, Parent Aide, Case Management, Information and Referral, Peer/Self Help Groups, Respite, Social Development, Supplemental Provisions, Supportive Intervention/Guidance Counseling, Crisis Intervention, Intensive Family Preservation and Reunification Services, Respite.

Target Population: Families in the Tucson metropolitan area with children ages 0-18.

Open Inn, Inc. - Center for Juvenile Alternatives - 630 E. 9th St., Tucson, AZ 85705

For Referral Call: (520) 670-9040

Services Offered: 24-Hour Crisis Center providing the following: Assessments, Education/Training, Independent Living Skills, Peer/Self-Help Group, Respite, Counseling, Transportation, Crisis Intervention, Emergency Services, 24-Hour Hotline, Shelter, Intensive Family Preservation and Reunification Services.

Target Population: Juvenile Status Offenders (8-17yrs.) and their families, Truant children (6-16yrs.) and their families, community referrals and walk ins- families with children 0-17.

PINAL COUNTY

Coolidge Family Resource Center - 340 South Main Street, Coolidge, AZ 85228

For Referral Call: (520) 723-4711

Website: <http://coolidgeschools.org/>

Services Offered: Resource Center providing: Newborn Assessment, Basic Education, Case Management, Child Day Care, Child Abuse Education, Workplace Support for Families, Early Intervention, Education and Training, Family Planning, Food, Health/Nutrition Education, Housing Search & Relocation,





Independent Living Skills, Mentoring, Parenting Skills Training, Counseling, Transportation, Crisis Intervention/Domestic Violence, Emergency Services, Parent Aide Service, Shelter Services, Supportive Intervention/Guidance.

Target Population: Families living in the Coolidge Unified School District.

See tribal provider list.

SANTA CRUZ COUNTY

Child & Family Resources - Southern Arizona Choices - (Cochise and Santa Cruz Counties), 827 N. Mastick Way, Nogales, AZ 85621

For Referral Call: (520) 458-7348 Sierra Vista/Benson, (520) 364-5150 Douglas/Bisbee, (520) 281-9303 Nogales.

Website: www.childfamilyresources.org

Services Offered: Case Management, Child Abuse Education and Awareness, Early Developmental Assessment and Intervention, Family Planning, Independent Living Skills, Parent Skills Training, Parent Self Help Groups, Planned Respite Care, Social Development, Socialization and Recreation, Intensive Family Preservation and Reunification Services, Parent Aide, Supportive Intervention and Guidance Counseling, Emergency Cash Assistance.

Target Population: Families in Benson, Bisbee, Douglas, Nogales and Sierra Vista

YAVAPAI COUNTY

Parenting Arizona Resource Center - 753 N. Main, Cottonwood, AZ 86326

Collaboration of Parents Anonymous, Catholic Social Services and Open-Inn/Crossroads Youth Services.

For Referral Call: (928) 639-1227 / FAX (928) 649-1541

Website: www.parentsanonymous.org

Services Offered: Families: Assessment & Evaluation, Community Information & Referral, Supportive Intervention, Peer Self Help Groups, Parenting Skills Training. Youth: Respite-Short Term, Independent Living Skills, Crisis Interventions

Target Population: Families and Youth in the Verde Valley Area.

YUMA COUNTY

Child & Family Resources - Choices for teen parents-1020 S. 4th Ave., Yuma, AZ 85364

For Referral Call: (928) 783-4003

Services Offered: Child Abuse Education and Awareness, Child Care Resource and Referral, Education/Training, Family Planning, Health/Nutrition Education and Intervention, Life Skills Education for Children and Adolescents/Independent Living Skills, Job Development and Placement, Peer/Self-Help Groups, Parenting Skills Training, Social Development.

Target Population: Yuma Families with focus on Teen Parents.

See tribal provider list





Tribal Providers

For FFY 2006, the PSSF program funded seven tribal sites. The sites' locations, contact information, and services provided are described below.

Ak Chin Indian Community-48203 W. Farrell Rd, Maricopa, AZ 85239

**Contact: Julie Jimenez/Consuella Narcia- (Prevention Resource Center) 520-568-8125
Dena Romo (Recreation Program) 520-568-9527
Franklin Sam (Community Center Child Care) 520-568-2221
Services Offered: Child Care Services, Parenting Education, Substance Abuse Prevention and Awareness Activities, Social/Development and Socialization & Recreation.**

Hualapai Tribe-PO Box 179, Peach Springs, AZ 86434

**Contact: Lucille Watahanagie 928-769-2200
Services Offered: Resource Center providing: Newborn Assessment, Child Day Care, Early Intervention, Educational Training, Family Planning, Food, Health/Nutrition Education and Intervention, Independent Living Skills, Information and Referral, Job Development and Placement, Parent Skills Training, Social Development, Socialization and Recreation, Supplemental Provisions, Transportation.**

Quechan Indian Tribe-PO Box 1899, Yuma, AZ 85366-9352

**Contact: Margarita Rubalcaba 760-572-1080
Services Offered: Parenting Classes, Court Hearing, Home Studies, Individual Counseling, Support Services, Community Liaison, Substance Abuse Assistance, Transportation, Anger Management Classes, Health Care, Quechan Housing.**

Salt River Pima – Maricopa Indian Community – 10005 E. Osborn Rd., Scottsdale, AZ. 85256

**Contact: Felicia Panana, Family Reunification/Preservation Coordinator 480-850-8298
Services Offered: Intensive Case Management, 1:1 Parenting, Family Therapy, Transportation, Family Reunification and Preservation Services.**

San Carlos Apache Tribe-PO Box O, San Carlos, AZ 85550

**Contact: Rebecca Pahe 928-475-2313
Services Offered: Intensive Family Preservation Services and Reunification Services, Parent Aide, Family Therapy, Crisis Intervention, Alcohol and Drug Abuse Program, Parenting Skills Training.**





Tohono O'odham Nation-PO Box 810, Sells, AZ 85634

**Contact: Stanley Cruz (Family Preservation Supervisor, Services) 520-383-6100
John David (Child Welfare Manager, Administration) 520-383-6100
Services Offered: Assessment/Evaluation, Case Management, Early Intervention, Intensive
Family Preservation Services and Reunification Services, Parent Aide, Parenting Skills Training,
Transportation, Information and Referral.**

White Mountain Apache Tribe-P.O. Box 1870, White River, AZ 85941

**Contact: Carlene M. Narcho, Director 928-338-4164
Services Offered: Parent Aid Services, Emergency Human Services, and Supportive
Intervention/Guidance Counseling.**





Appendix B: Detailed Demographic Profile of Long-term Families





Household Demographics (N=3,743)

Household Demographics	N (%)
Primary Language	
English	2,872 (77.3%)
Spanish	484 (13.0%)
Mixture of English/Spanish	346 (9.3%)
Other	12 (0.3%)
Homeless at Intake	
No	3,425 (91.7%)
Yes	277 (7.4%)
Lived in Neighborhood	
1 year or less	1,252 (35.0%)
More than 1 year	1,729 (48.3%)
Income Level*	
Less than \$10,000	621 (25.8%)
\$10,000 to \$19,999	754 (31.2%)
\$20,000 to \$29,999	382 (15.9%)
Greater than \$30,000	655 (27.2%)
Poverty Threshold**	
Below Poverty Threshold	1,294 (53.7%)
Above Poverty Threshold	1,115 (46.3%)

* Approximately one-third of all long-term families did not provide income data.

** Poverty threshold is defined using the 2005 U.S. Census definition (www.census.gov, 2007). The 2005 definition is the most current one available at the time of this report.

Primary Caregiver Demographics (N=3,743)

Primary Caregiver Demographics	N (%)
Gender	
Female	3,197 (87.1%)
Male	475 (12.9%)





Primary Caregiver Demographics	N (%)
Education Level	
Not High School Graduate	939 (25.5%)
High School Graduate/GED	863 (23.4%)
Some College	713 (19.4%)
Associates Degree	137 (3.7%)
Bachelor's Degree	276 (7.5%)
Advanced Degree	97 (2.6%)
Marital Status	
Married	1,382 (37.4%)
Never Married	738 (20.0%)
Separated/Widowed/Divorced	903 (24.5%)
Consensual (Living Together)	229 (6.2%)
Ethnicity	
American Indian	188 (5.1%)
Asian/Pacific	37 (1.0%)
African American	209 (5.7%)
Hispanic	1,585 (43.0%)
White	1,496 (40.6%)
Mixed Heritage	80 (2.2%)
Age	
Less than 21 years old	270 (10.1%)
Between 21 and 30 years old	587 (22.0%)
Between 31 and 40 years old	996 (37.3%)
Greater than 41 years old	820 (21.9%)
# of Children PCG is responsible for	
0	168 (4.5%)
1	1,209 (32.7%)
2-4	2,025 (54.8%)
5+	233 (6.3%)
# of Children in Out-of-Home Care at Intake	
0	2,927 (81.0%)
1 or more	445 (15.9%)





Primary Caregiver Demographics	N (%)
Employed at Intake	
Yes	1,877 (50.4%)
No	1,448 (38.9%)

Other Adults in Household Demographics (N=2,391)

Other Adults in Household Demographics	N (%)
Relationship to Primary Caregiver	
Adult Child	182 (7.6%)
Non-relative	80 (3.3%)
Parent	409 (17.0%)
Other relative	240 (10.0%)
Step	29 (1.2%)
Significant other	367 (15.3%)
Spouse	1,052 (43.9%)
Gender	
Female	611 (25.6%)
Male	1,780 (74.4%)
Ethnicity	
American Indian	104 (4.4%)
Asian Pacific	15 (0.6%)
African American	90 (3.8%)
Hispanic	1,020 (42.9%)
White	957 (40.2%)
Mixed Heritage	32 (1.3%)
Education Level	
Not High School Graduate	555 (23.6%)
High School Graduate/GED	617 (26.2%)
Some College	280 (11.9%)
Associates Degree	87 (3.7%)
Bachelor's Degree	149 (6.3%)
Advanced Degree	84 (3.6%)





Children Demographics (N=8,304)

Children Demographics	N (%)
Relationship to Primary Caregiver	
Natural	6,672 (85.8%)
Adoptive	264 (3.4%)
Foster	105 (1.4%)
Grandchild	253 (3.3%)
Non-relative	18 (0.2%)
Other relative	74 (1.0%)
Step	91 (1.2%)
Gender	
Female	4,104 (49.4%)
Male	4,200 (50.6%)
Ethnicity	
American Indian	445 (5.4%)
Asian Pacific	58 (0.7%)
African American	563 (6.8%)
Hispanic	3,612 (43.6%)
White	2,746 (33.2%)
Mixed Heritage	769 (9.3%)
Enrolled in School	
Yes	5,037 (64.7%)
No	1,934 (24.8%)





Appendix C: PSSF Presenting Issues





Promoting Safe and Stable Families Presenting Issues

1. My family wants BASIC GOODS (household material goods) of...

1a	Food
1b	Clothing
1c	Household items (toys, gifts at holidays, toiletries etc.)

2. My family wants FINANCIAL ASSISTANCE for...

2a	Housing (household utilities, bills, rent /eviction help)
2b	Medical (pay for medical services, prescriptions, co-pay etc.)
2c	Child care
2d	Transportation (car repairs, bus passes, gas, relocation etc.)
2e	Work or school supplies, uniforms, shoes etc.

3. One member of our family would like to get EDUCATION, SKILLS, TRAINING to...

3a	Help find a job, finish school, improve school performance, improve budgeting and financial mgt, increase family health [family planning, immunizations, nutrition], improve decision-making skills etc.
----	--

4. My family wants INFORMATION about, REFERRAL to or HELP with paperwork on...

4a	Services: child care services, educational, gov't services (CPS, DES, immigration etc.), medical services, mental health services, parenting services etc.
----	--

5. My family wants HOUSING because...

5a	Current home unstable
5b	Home not safe or secure because of locations or environment
5c	Change in economic status

6. My family wants immediate SHELTER or RESPITE because...

6a	Conflict in home: domestic violence, parent unable to provide care (in detox/jail/etc.) and needs safe place for children etc.
----	--

7. My family would like LEGAL ASSISTANCE in...

7a	To address child custody, child support, illegal or delinquent activities, divorce, order of protection, rights (tenants, parental, victim etc.), paternity establishment etc.
----	--

8. My family wants MEDICAL CARE to...

8a	Treat illness or disability
8b	Get evaluated for health maintenance (glasses, birth control pills, thyroid, ADHD, DDD, dental, etc.)

9. My family wants TRANSPORTATION to...

9a	Travel to work, school, other agencies etc.
----	---

10. I would like (or another adult in my home needs) to be able to cope with...

10a	Emotional distress – adult depression, anger, grief, past trauma, loss domestic violence, sexual abuse, substance abuse, etc.
10b	Isolation/lack of communication





11. My CHILD's goal is to be able to cope with...

11a	Emotional distress - child (depression, anger, grief, past trauma, loss domestic violence, sexual abuse, substance abuse, etc.)
11b	Lack of confidence and/or few friends
11c	School adjustment/performance
11d	Home conflicts/defiance

**12. Our FAMILY wants help in dealing with stress
from...**

12a	Isolation
12b	Family conflict
12c	Communication problems within family

13. As a PARENT(S), I/we want to learn how...

13a	To cope with unmanageable child due to... violence, aggressive, withdrawn, sexual, running away, school performance, special needs, negative influence from friends, stealing etc.
13b	To understand what to expect from my child at this age, to learn how much supervision is needed
13c	To learn new discipline methods
13d	To be more accepting/supportive of my child
13e	To prepare for parenthood and how to care for an infant





Appendix D: Service List Definitions





Service Definitions

Family Support Services

Type of Family Support Service	Explanation of Family Support Service
Assessment/Evaluation	Services that provide an evaluation to identify and analyze problems, needs and/or assets and may recommend corrective action and/or treatment.
Basic Education	A service that provides instruction in educational areas necessary for an individual to function effectively. The emphasis of this service is literacy classes for families.
Case Management	A service that determines the needs and eligibility of an individual applying for/receiving services to enhance effectiveness. For those individuals eligible, the appropriate services and/or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary, and/or terminated. This includes assistance in finding necessary resources in addition to covered services to meet basis needs; communication and coordination of care, engagement, and follow-up of crisis contacts or missed appointments.
Child Care	A service that provides supervised planned care for children during a portion of a 24-hour day.
Early Intervention	Services provide activities to meet and enhance the developmental needs of children or families. Services may include, but are not limited to: managed and/or health care services, family support and preservation. The emphasis for this service is early developmental assessment and/or provision for intervention.
Exemplary Youth Work Program	Services provide various employment-related training activities for youth. Services may include, but are not limited to: occupational/vocational education, assessment, basic education, work experience, counseling, case management and job placement.
Family Planning	A service that provides assistance to individuals to voluntarily implement plans to determine the number and spacing of children.
Food & Nutritional Services	Services that provide food and nutritional needs.





Type of Family Support Service	Explanation of Family Support Service
Health Education	A service that provides interpersonal and daily living skills training and counseling to prepare individuals for independent living.
Housing Support Services	A service that provides services to locate and maintain a home.
Independent Living Skills	A service that provides help with interpersonal and daily living skills or counseling for independent living.
Job Development/ Placement	A service that provides assistance in obtaining employment for job-ready individuals.
Job Training	A service that develops specific vocational skills.
Mentoring	A service that provides positive role models that support and guide individuals to achieve personal growth.
Nursing	A service that provides nursing intervention that may include patient care, coordination, facilitation and education.
Nutritional Education	A service that provides individual or group instruction about food to maintain or improve development.
Parent Skills Training	A service that provides training that promotes specific parent or caregiver skills. The emphasis of this service is parenting education on skills, family planning, child development, education, discipline, and communication.
Respite Care	A service that provides short-term care and supervision consistent with the health needs of the person; to supplement care; to provide a safe living environment; and/or to support or relieve caregivers for the benefit of the person.
Self-Help Groups	A service that provides peer intervention in a group setting.
Social Development	Services that provide structure and instruction, designed to promote improved social functioning.
Socialization & Recreation	A service that promotes mentally and emotionally healthy interaction between participants and that may be organized around leisure activities.
Supplemental Provisions	A service that provides supplemental food, clothing, toys, vouchers or household supplies to individuals. This service is intended to supplement individuals on a non-emergency basis.





Type of Family Support Service	Explanation of Family Support Service
Supportive Intervention - Counseling	A service that provides supportive intervention and/or guidance.
Transportation	Services that promote or provide mobility.

Family Preservation Services

Type of Family Preservation Service	Explanation of Family Preservation Service
Child care	A service that provides supervised planned care for children during a portion of a 24-hour day.
Crisis Shelter Service	Services that provide assistance to abused individuals or families. Services include but are not limited to: shelter and counseling.
Emergency Human Services	Services respond to crises-related situations where there is an inability to provide for the basic needs. Services may include, but are not limited to: case management, financial services, and referral.
Information & Referral	A service that provides or arranges for assistance to individuals to enable them to gain access to services through the provision of accurate and current information and referral to appropriate resources. Referral may involve short-term supportive assistance and follow-up. This service may include a 24-hour hotline.
Intensive Family Preservation & Reunification	Service provides intensive crisis-oriented activities to families whose children are at significant risk of out-of-home placement due to abuse and/or neglect in order to allow those children to safely remain in their own homes. Services may include, but are not limited to: counseling, communication and negotiation skills, parenting skills training, home management skills, job readiness training, case management, development of linkages to community resources.
Parent Aide Training	A service that provides instruction and assistance for parents or caregivers in improving their skills and ability to fulfill parenting roles and responsibilities.





Type of Family Preservation Service	Explanation of Family Preservation Service
Respite Care	A service that provides short-term care and supervision consistent with the health needs of the person; to supplement care; to provide a safe living environment; and/or to support or relieve caregivers for the benefit of the person.
Self-Help Groups	A service that provides peer intervention in a group setting. The emphasis of this service is peer/self-help groups in a crisis situation.
Shelter Services	Services that provide for care, refuge and protection.
Supportive Intervention-Counseling	A service that provides supportive intervention and/or guidance.
Transportation	Services that promote or provide mobility.





Appendix E: Percent Improvement by Presenting Issue





Percent of Families who Improved by Presenting Issue

Presenting Issue	% Improved
Basic Goods	96%
Financial Assistance	89%
Education & Training	80%
Information & Referral	87%
Housing	75%
Shelter	72%
Legal Assistance	86%
Medical Care	87%
Transportation	71%
Adult Stress	77%
Child Stress	77%
Family Stress	74%
Parenting	76%

