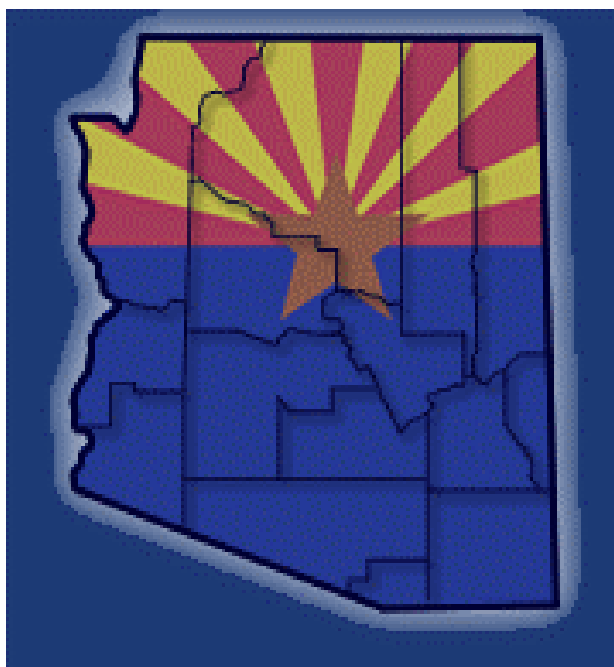


**Arizona Families F.I.R.S.T. Program
Annual Evaluation Report
for the Period
July 1, 2004 – June 30, 2005**



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Submitted by: Applied Behavioral Health Policy
The University of Arizona
721 N. Fourth Avenue, Suite 107
Tucson, AZ 85705
(520) 917-0841
Fax (520) 917-0845

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Applied Behavioral Health Policy
721 N. Fourth Avenue, Suite 107
Tucson, AZ 85705-8445
(520) 917-0841
email: abhp@email.arizona.edu
website: <http://www.abhp.arizona.edu>

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EXECUTIVE SUMMARY

Arizona Families F.I.R.S.T. Program in Brief

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

The evaluation of AFF, required by ARS 8-881, focuses on the implementation of the AFF Community Substance Abuse Prevention and Treatment Program within the six DES districts, the factors that contribute to their success, and the extent to which the legislature's outcome goals are met:

- Increases in timeliness, availability and accessibility of services;
- Recovery from alcohol and drug problems;
- Child safety from abuse and neglect; and
- Permanency for children through reunification.

This year's evaluation continues to focus on the documentation of program implementation through the analysis and reporting of client-level service utilization data from AFF providers and the Department of Health Services/Division of Behavioral Health Services, and qualitative data gathered from AFF program directors, RBHA and Child Protective Services (CPS) representatives, AFF clients, and other stakeholders. Analyses also were conducted with respect to child welfare outcomes as of June 30, 2005.

Key findings of the report are summarized below.

In What Ways Has the AFF Program Increased the Timeliness, Availability, and Accessibility of Services?

Throughout the state, individuals experiencing difficulties with substance use and child neglect or abuse were engaged in treatment services at impressive rates. During this past year, nearly 4,000 individuals were referred to the AFF program. Over 80% of these individuals were contacted through outreach and encouraged to seek treatment services; nearly 70% were assessed, and nearly 2,000 received AFF services this year. The process of reaching out to these families and encouraging them to seek help occurs in a rapid fashion, with contact from an AFF staff person occurring in less than three days for most individuals who have been referred to the program. This is a tremendous accomplishment and one of the cornerstones upon which the program is based. One element of an effective substance abuse treatment program is the rapidity with which individuals are engaged and begin receiving treatment services after their initial inquiry or referral.

Individuals engaged in AFF services received a complementary set of services from both DES and DBHS, and for many of these individuals, the AFF program has facilitated access to behavioral health treatment services and supports.

Throughout the state, the majority of individuals participating in the AFF program are exposed to a comprehensive and coordinated array of wraparound services that are jointly funded through the state's Department of Economic Security and Department of Health Services. For many of these individuals, the AFF program serves as a portal for their ability to access not only substance abuse treatment and other behavioral health services, but also medical care for themselves and their children, as they are assessed for and enrolled in Medicaid services. In most communities throughout the state, AFF participating clients are provided with a seamless system of care that ensures timely access to those services needed to make their children safe, to stabilize their families, and to attain permanency in their role as parents to their children.

To What Extent Has the AFF Program Assisted Persons in Their Recovery From Alcohol and Drug Problems?

Individuals engaged in the AFF program received effective help that has facilitated reduction and/or abstinence of illicit substances and abuse of alcohol. Over 50% of clients who have completed their participation in AFF services demonstrated no drug use at all during their participation in the AFF program, as verified by drug tests. Fifteen percent of clients who reported using drugs or alcohol upon enrollment in the AFF program reported no use at the time of their discharge. Over 20% of clients who were using methamphetamine or marijuana at the time of their enrollment in the AFF program reported no use of these illegal drugs at the time of their discharge.

What Do We Know About Drug Use Among AFF Clients?

Based upon the initial assessment information collected on 3,090 participating AFF clients, 67% of participants had used alcohol or one or more illegal substance in the 30 days immediately prior to their assessment. Alcohol, marijuana, methamphetamine, and other drugs were the more commonly self-reported substances, each being reported by approximately 24% - 30% of all clients.

Among participating AFF clients that reported substance use in the 30 days prior to their AFF assessment, only 685 reported using only one substance. Fifty-four percent reported using two substances, while 13% reported using three or more substances. The more common patterns of self-reported multiple substance use consisted of combinations of alcohol, methamphetamine, and marijuana.

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

While Assessment, Evaluation, and Screening services were provided to 84% of all participating AFF clients, individuals also received a variety of therapeutic and support services. Family (54%), individual (29%), and group (25%) counseling were common treatment services,

while supportive services (89%), case management (88%), and transportation (28%) were the more common support services reported. Relatively few participating AFF clients were reported to have received personal care, peer services, home care & family training, supported housing, childcare, or aftercare services through the AFF or RBHA networks. It is possible, however, that AFF clients received these services through other DES programs (i.e., child care services from the DES case worker) or local agencies.

To What Extent Are AFF Clients Staying in Treatment Services?

At the close of the reporting period, approximately 80% of participating AFF clients in SFY 2005 had completed or were discharged from treatment services, while 20% were still actively engaged in AFF services. Among those clients jointly served by AFF and RBHA provider systems, there was a tendency to have their services closed by the AFF provider while continuing to receive services from a RBHA provider. These individuals were provided with services for a period ranging from 140 – 270 days, on average. Clients who were served only by an AFF provider and not a RBHA provider experienced the shortest length of services provision, at 82 days, on average.

How Has the AFF Program Promoted Child Safety and the Reduction of Child Abuse and Neglect?

Children of AFF parents or caregivers experienced less subsequent neglect and abuse compared to the state averages. During SFY 2005, only 64 out of the 3090 participating AFF clients (representing 2% of participating clients) had a new substantiated CPS report filed subsequent to their enrollment in the AFF program. This rate is a quarter of the rate reported by CPS for the six-month period ending March 31, 2005 for the entire CPS population including AFF clients.¹

How Has the AFF Program Promoted Permanency for Children Through Reunification?

Children throughout the state whose parents have been engaged in AFF services were reunited with their parents at rates that exceeded state averages. Over 600 children, representing 23% of all of the children of the participating AFF clients, achieved permanency this year. For the vast majority of these children, permanency through reunification with their parents or caregivers was achieved, with the median length of time in out-of-home placement at 29 days.

What Has Been the Pattern of Referrals to the AFF Program?

A total of 3,851 individuals were referred to the AFF program during State Fiscal Year (SFY) ending June 30, 2005, averaging 963 referrals per quarter. Referrals in DES District I constituted slightly more than half of all referrals (50.6%), followed by DES District II (23.1%) and District III (12.5%).

¹ Arizona Department of Economic Security. (2005). Child Welfare Reporting Requirements: Semi Annual Report For the Period October 1, 2004 Through March 31, 2005.

What Are the Characteristics of Participating Clients?

Among all participating AFF clients in SFY 2005, 73% were women, with an average age of 31. Persons of Hispanic, African-American, and American Indian heritage comprised 25%, 8%, and 4% of the participating AFF clients, respectively. Nearly 60% of the participants possessed at least a high school diploma or GED, with slightly more than 25% employed either part- or full-time. Only 13% of the AFF clients listed their marital status as “married.”

What Do We Know About Stakeholders’ Experiences with the AFF Program?

Site visits, focus groups, and key informant interviews conducted throughout the state at all of the AFF program locations revealed a high degree of stakeholder and client support and value for the AFF program. While community stakeholders in general expressed strong support for the AFF program, participating AFF clients expressed gratitude for the flexibility in the services provided and the focus of the program upon their family. Participating AFF clients expressed a positive regard for their involvement and participation in their treatment planning process and also articulated appreciation for the respect and autonomy afforded them by their AFF staff.

Conclusions and Recommendations

This reports contains four global observations regarding the current achievements and outcomes of the AFF program, followed by six areas for enhancement. The identified areas of achievement include:

1. Children throughout the state whose parents have been engaged in AFF services were safe and were reunited with their parents at rates that exceeded state averages.
2. Individuals engaged in the AFF program received effective help that has facilitated reduction in use and/or abstinence from illicit substances and abuse of alcohol.
3. Throughout the state, individuals experiencing difficulties with substance use and child neglect or abuse were engaged in treatment services at impressive rates.
4. Individuals engaged in AFF services received a complimentary set of services from both DES and DBHS, and for many of these individuals, the AFF program facilitated access to behavioral health treatment services and supports.

With regard to areas for consideration and possible attention by the DES and ADHS partnership, the following six areas were identified as significant and are discussed more fully in the Summary and Conclusions section of the report. The first two recommendations may be considered “evaluation” recommendations, since they address the ability of the evaluation to achieve consistency across DES and ADHS, rather than problems of the two systems in service delivery and reporting.

1. Past reporting requirements and procedures, particularly with regard to substance use and employment, limit the usefulness of the outcome findings for the AFF program. DES

may want to examine the new AFF provider contracts, effective July 1, 2005, to assess whether these limitations have been adequately addressed.

2. Differences in the services reporting requirements of DES and DBHS impede adequate monitoring of the consistency of AFF service provision statewide.
3. Methods for streamlining multiple services, such as assessment and case management, should be reviewed in both partner agency systems, thereby enhancing the efficiency, design, and collaboration of the program.
4. Regional variations in AFF service delivery suggest critical areas for enhanced program monitoring and technical assistance, with particular attention to recent changes in contract requirements.
5. Methods and procedures should be reviewed for reducing the timeframe between referral, engagement, assessment, treatment plan and service initiation, particularly for clients referred from AFF to the RBHA system.
6. Greater coordination among AFF programs, CPS staff and case plans, and RBHA personnel is needed.

Summary

In summary, it is apparent that the Arizona Families F.I.R.S.T. program is maturing into a robust and well-coordinated program of services, fulfilling the intent of the enabling legislation that led to its development. During the course of the past state fiscal year, 3,090 individuals under supervision by the Child Protective Services for neglect or abuse of their children, and known to have ongoing issues related to the use of alcohol and drugs, have been served by this innovative program. Based upon the programmatic efforts this year:

- More than 400 children have been returned to the custody of their parents without a recurrence of suspected neglect or abuse.
- Parents have experienced success in addressing their substance use problems.
- More than 50% of clients who completed their participation in AFF services demonstrated no drug use at all during their participation in the program, as verified by drug tests.
- Fifteen percent of clients who reported using drugs or alcohol at the time of their enrollment in the AFF program reported no use at the time of their discharge.
- Over 20% of clients who were using methamphetamine or marijuana at the time of their enrollment in the AFF program reported no use of these illegal drugs at the time of their discharge.
- Families have been able to access a seamless network of treatment services and supports designed to promote ongoing recovery and family stability.

1. INTRODUCTION

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together) was established as a community substance use disorder prevention and treatment program by ARS 8-881 (Senate Bill 1280, which passed in the 2000 legislative session). Under the requirements of the Joint Substance Abuse Treatment fund that was established under the legislation, Section 8-884 requires an annual evaluation of the Arizona Families F.I.R.S.T. program (AFF). The evaluation of AFF examines the implementation and outcomes of community substance use disorder prevention and treatment services delivered by AFF contracted providers and the Regional Behavioral Health Authorities (RBHA) network. Background information on the development of the Arizona Families F.I.R.S.T. Program is provided in Appendix A.

1.1 Brief Description of the AFF Program and Client Flow

The AFF enabling legislation recognized that substance use disorder in families is a major problem contributing to child abuse and neglect, and that substance use can present significant barriers for those attempting to reenter the job market or maintain employment. In addition, federal priorities under the Adoption and Safe Families Act (ASFA) that address child welfare outcomes, such as permanency and shorter time frames for reunification, coupled with time limits established under the TANF block grant, also were factors behind the legislation.

AFF is a program that provides contracted family-centered, substance abuse treatment and recovery support services to parents or caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family. The program is a public-private partnership that provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through the Department of Economic Security, Division of Children, Youth and Families (DES/DCYF) contracted community providers in outpatient and residential settings or through the RBHA provider network. In addition to the traditional services, AFF includes an emphasis on face-to-face outreach and engagement at the beginning of treatment; concrete supportive services, transportation and housing; and an aftercare phase to manage relapse occurrences. Essential elements based on family and community needs, such as culturally responsive services, gender specific treatment, services for children, and motivational enhancement strategies to assist the entire family in its recovery, are incorporated into the service delivery.

The diagram on the following page shows the flow of clients through various stages of the AFF program.

Figure 1.1
Overview of the AFF Program Model

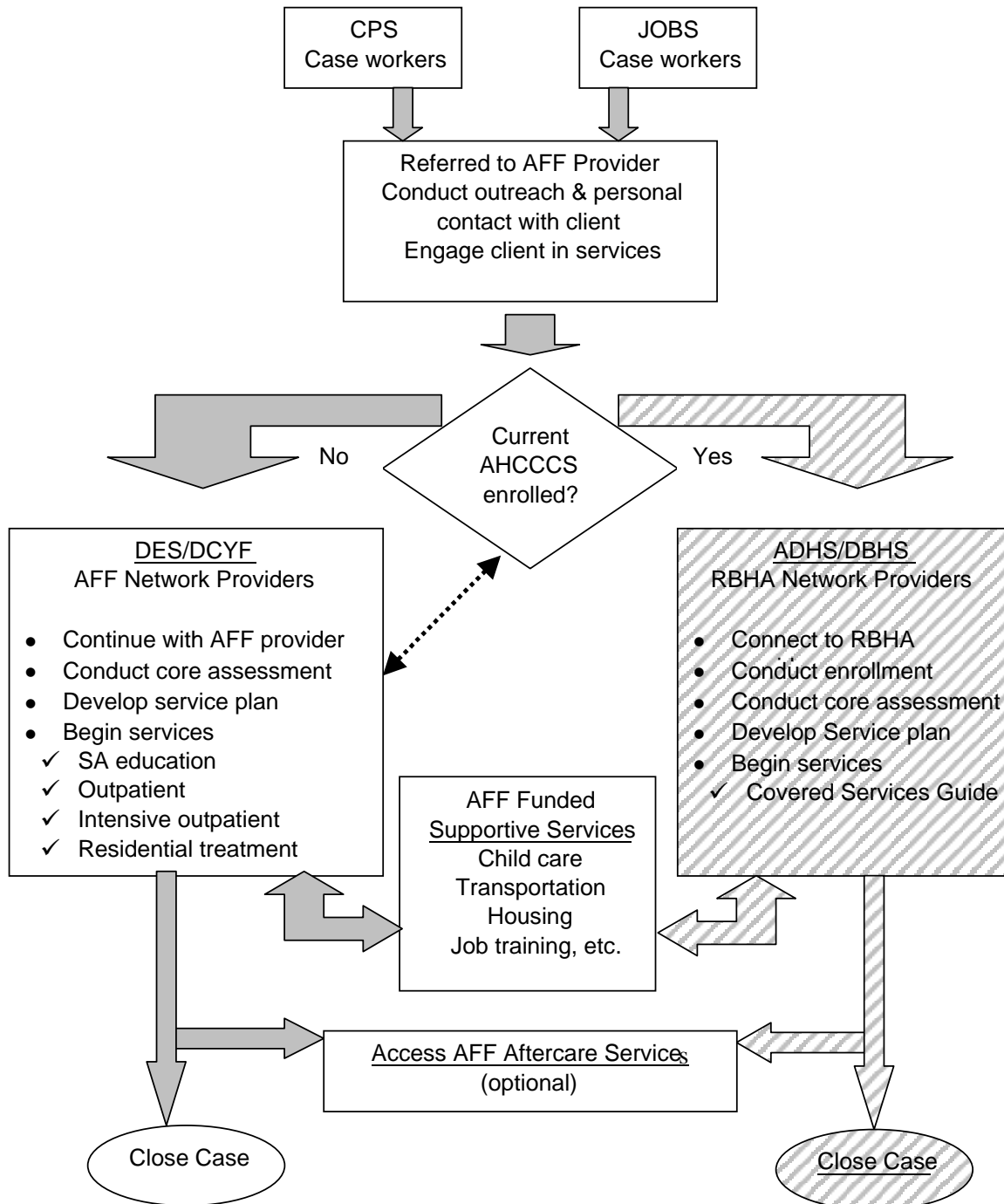


Table 1.1 summarizes the county, AFF provider agency and associated RBHA within each of six regional DES districts. AFF contracted agencies in *bold italics* also participate in the RBHA network as either a RBHA or a RBHA network provider.

Table 1.1
List of DES Districts, Counties, AFF Providers, and RBHAs

DES District	County	AFF Provider Agency	Regional Behavioral Health Authority
I	Maricopa	TERROS	ValueOptions
II	Pima	Community Partnership of Southern Arizona (CPSA)	Community Partnership of Southern Arizona (CPSA)
III	Coconino	Arizona Partnership for Children (AZPAC-Coconino)	Northern Regional Behavioral Health Authority (NARBHA)
	Yavapai	Arizona Partnership for Children (AZPAC-Yavapai)	
	Apache and Navajo	Old Concho Community Assistance Center	
IV	Yuma	Arizona Partnership for Children (AZPAC-Yuma)	The Excel Group ²
	La Paz	WestCare Arizona	
	Mohave	WestCare Arizona	Northern Regional Behavioral Health Authority (NARBHA)
V	Gila and Pinal	Horizon Human Services	Pinal Gila Behavioral Health Authority ¹
VI	Cochise, Graham, Greenlee, and Santa Cruz	Southern Arizona Behavioral Health Services (SEABHS)	Community Partnership of Southern Arizona (CPSA)

1.2 Statewide Context of AFF Program Operations

The most recent data available on past-month illicit drug use in Arizona³ indicate that 16% of Arizonans 18-25 years of age and 4% of Arizonans 26 years of age or older used illicit drugs during the previous 30 days. Further, among these two age groups, 36% and 20%, respectively, reported past month binge alcohol use. Abuse and neglect of children is generally believed to be associated with substance use. In a report to Congress on this issue⁴, data was presented showing that parents who abuse drugs and alcohol generally do not attend to children’s emotional cues, are poor role models, and discipline their children less effectively than other parents. It is within this context that the AFF program is meant to intervene and break the cycle of substance use and neglect and abuse of children.

In September 2005, the Arizona Department of Economic Security, Division of Children, Youth and Families released *Strengthening Families – A Blueprint for Realigning Arizona’s Child Welfare System*. The Blueprint identifies five key objectives to be achieved by Summer 2006:

² RBHAs replaced by Cenpatico Behavioral Health of Arizona, Inc., effective July 1, 2005

³ SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

⁴ U.S. Department of Health and Human Services (1999). *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*. Washington, DC: US Department of Health and Human Services.

- Develop safe alternatives that result in 5% fewer children being placed in out-of-home care;
- Reduce by 10% the number of children in congregate care settings;
- Serve all children ages birth to six years in their homes, kinship care or foster care without using group homes;
- Stop the placement of children ages birth to three years in shelter placements; and
- Reduce the length of stay of children in shelters to no more than 21 days.

Additional strategies focusing on families and youth, detailed in the Blueprint, include continuing efforts to improve behavioral health services to meet the unique behavioral health needs of children and families involved with child welfare, in order to enable children to remain in their homes, or to better ensure successful placement in the least restrictive setting in out-of-home care. The AFF program was singled out as a particularly successful strategy in providing family-centered substance abuse treatment and recovery support services to parents whose substance abuse is a significant barrier to maintaining or reunifying the family. The Blueprint acknowledges the growing problem of methamphetamine use in Arizona and its impact on child safety and well-being. DCYF has formed a multi-disciplinary task force to identify treatment models specific to methamphetamine, identify best practices for ensuring child safety, and develop recommendations to the Division for program improvement.

1.3 Overview of the Evaluation Framework and Data Sources

The evaluation design developed for the AFF program focuses on program implementation to determine whether AFF provider agencies implemented the service model as intended by the legislation and program administrators. The design also addresses whether the AFF outcome goals and performance measures, as well as other outcomes in the areas of recovery, family stability, safety, permanency, self-sufficiency, and systems change, were in fact achieved.

This year's report draws upon data from multiple sources. Four core principles guided the use of data sources for the AFF program evaluation:

- Minimize the data collection burden to a level that satisfactorily meets the legislatively mandated evaluation requirements;
- Avoid duplicative data collection efforts;
- Use existing administrative data and formats whenever possible; and
- Respect the differing management information systems capabilities among the nine providers.

Data sets included:

- Service utilization data obtained directly from the nine AFF providers;
- Enrollment and encounter data provided by ADHS/DBHS for services provided through the local RBHA network;
- DES CHILDS information system, which provides child welfare information, and the DES JAZ/AZTEC information system, providing employment services information; and
- Qualitative information obtained from AFF stakeholders and clients. Comments or findings from the stakeholders and clients are provided throughout the report in “text

box” format. These comments are from a qualitative report on site visits conducted during the summer of 2005 and provided to the AFF program office. Site visit reports are available from Applied Behavioral Health Policy at The University of Arizona.

Additional detail regarding information on the data sources used for the annual report is provided in Appendix B. The evaluation framework guiding this year’s evaluation report is in Appendix C.

2. AFF PROGRAM OUTCOMES

The mission of DES is to promote the safety, well-being, and self-sufficiency of children, adults, and families. Further, the Department envisions a future where every child, adult, and family in the state of Arizona is safe and economically secure. Under the requirements of the Joint Substance Abuse Treatment fund that established the Arizona Families F.I.R.S.T. program (AFF), three priority outcome areas are identified:

1. Increase the availability, timeliness and accessibility of substance abuse treatment to improve child safety, family stability and permanency for children in foster care or other out-of-home placement, with a preference for reunification with a child's birth family.
2. Increase the availability, timeliness and accessibility of substance abuse treatment to persons receiving temporary assistance for needy families to achieve self-sufficiency through employment.
3. Increase the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

This chapter presents AFF outcome data that address the issues of child safety, family stability and permanency, self-sufficiency as reflected in employment, and recovery from alcohol and drug problems as demonstrated by decreased substance use among AFF program participants who received treatment services. Findings are reported under major evaluation questions developed to address the legislative outcome goals and outcomes related to the DES strategic plan.

2.1 Child Welfare Outcomes Among AFF Participating Clients

Recurrence of Child Abuse and/or Neglect Among CPS Families Participating in AFF

This section examines the extent to which the AFF program promotes and contributes to the Department's mission of ensuring that children are safe from child neglect and abuse. Specifically, the evaluation question examines whether AFF-participating clients⁵ identified in the CHILDS data system experienced a substantiated report of child abuse or neglect *after* their enrollment in the AFF program.

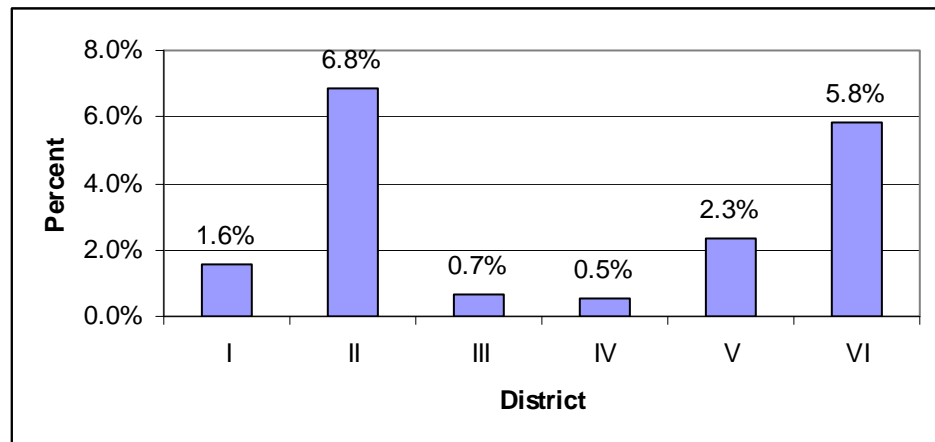
The percentage of substantiated CPS child abuse/neglect reports for AFF clients in each of the six districts is presented in Figure 2.1 on the following page. During this period of time, there were a total of 3,090 clients participating in the AFF program; only 2% ($n = 64$) of these participants had a substantiated new report filed subsequent to their enrollment in the AFF program. Substantiated reports of AFF participants were higher in DES Districts II and VI compared to statewide averages. In contrast, 8% of all investigated child abuse, neglect, and abandonment reports filed with CPS during a six-month period (October 1, 2004 – March 31,

⁵ Participating clients are defined for the purposes of this report as any clients who received any form of service from an AFF provider and/or a RBHA provider during the period of July 1, 2005 – June 30, 2005. Participating clients include clients who were referred, assessed, and received treatment in SFY2005, along with clients who had been referred and assessed in SFY2004, but continued to receive services in SFY2005.

2005) resulted in a substantiated finding.⁶ These data also include AFF participants in examining the substantiation rate.

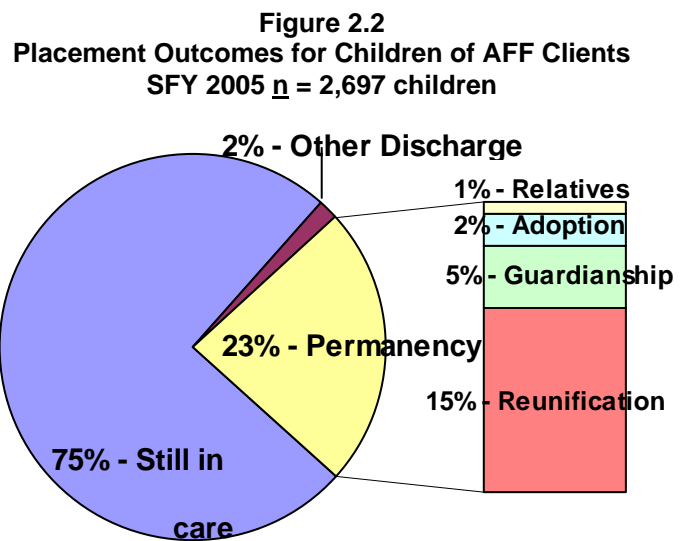
The data indicate that the vast majority of substantiated reports were for neglect (94%), and the remainder (6%) for physical or sexual abuse. These findings are consistent with other studies that showed that substance-abusing caregivers tend to be linked with neglect referrals rather than with sexual or physical abuse referrals.⁷ Among the AFF clients in this evaluation with substantiated neglect reports, 59% had reported drug usage at intake to the AFF program.

Figure 2.1
Substantiated CPS Reports Among AFF
Participating Clients by DES District
July 1, 2004 – June 30, 2005



Children in CPS Care Whose Caregivers Enroll in AFF Achieve Permanency

A total of 2,697 children whose parents were participating AFF clients in SFY 2005 were in CPS care at some point during the reporting period. As depicted in Figure 2.2, the overwhelming majority of these children were still in out of home placements⁸. Approximately one-fourth (23%) of these children achieved permanency through reunification (15%) with their parents or caregivers. An additional 2% were discharged from care for other reasons (e.g. emancipation, discharge to another agency). Rates of reunification were similar across the six districts, with Districts V and VI having significantly higher reunification percentages (27% and 26%, respectively) compared to the statewide average (15%).



⁶ Arizona Department of Economic Security. (2005). Child Welfare Reporting Requirements: Semi Annual Report For the Period October 1, 2004 Through March 31, 2005.

⁷ Sun, A., Shillington, A.M., Hohman, M., & Jones, L. (2001). Caregiver AOD Use, Case Substantiation, and AOD Treatment: Studies Based on Two Southwestern Counties. *Child Welfare*, 80(2), 151-177.

⁸ Included in this group are children who are participating in trial visits with relatives, guardians, or potential adoptive families.

Among the 626 children who achieved permanency (Table 2.1), the median number of days⁹ in out-of-home care for children subsequently living with relatives was 26 days, followed by 29 days for children reunified with parents/caregivers, and 45 days for children where guardianship was arranged. It should be noted that the median number of days in care for reunified children in Districts IV and V were significantly higher (61 and 71 days, respectively) than the statewide median average. Additional details on days in care by DES District are summarized in Appendix D.

Comments from Stakeholders
Clarity of roles, responsibilities and functions for ensuring family reunification were frequently cited as areas in need of improvement

	<u>n</u>	Median	Average
Relatives	30	26	74
Reunification	396	29	103
Guardianship	133	45	189
Adoption	67	329	373

2.2 Employment Outcomes Among AFF Participating Clients

This section examines the extent to which the AFF program promotes and contributes to the Department’s mission of promoting economic security for families. As stated in the enabling legislation for the AFF program, AFF program services are provided to recipients of temporary assistance for needy families (TANF) whose substance use is a significant barrier to maintaining or obtaining employment. These individuals are referred to the AFF providers through the Department’s JOBS program.

Employment outcome data at the time of discharge were available for 302 AFF participating clients who received services from the RBHA network during the period. A summary of the proportion of discharged clients and their employment status at intake and discharge is shown in Table 2.2. While there was little change in employment status from the time of client intake to the time of discharge, 5% of AFF client unemployed at intake were reported employed at discharge. Among those employed at intake, 91% were reported as employed at discharge.

At Discharge	At Intake		
	Employed	Unemployed	Other
# of Clients	90	198	14
Employed	91.1%	5.5%	-
Unemployed	7.8%	92.9%	14.3%
Other	1.1%	1.5%	85.7%

Other data that have a bearing on maintaining employment comes from DES JOBS data. Among AFF clients who were discharged during SFY 2005 (1,097 individuals), 100 clients received JOBS services during the year. Of these discharged “AFF-JOBS” clients:

- 63% maintained employment for 30 consecutive days
- 52% maintained employment for 60 consecutive days
- 38% maintained employment for 90 consecutive days

⁹ The mid-point wherein half the children spent less time in care and half spent more time in care.

The final piece of data related to client self-sufficiency comes from DES TANF data. Among AFF clients who were discharged during SFY 2005 (1,097 individuals), 17% (188 clients) had received TANF benefits during the year. A summary of the number of months discharged clients received TANF benefits is shown in Table 2.3. In general, the average number of benefit months was 20% lower among clients with closed TANF cases at the time of AFF discharge (average 8.7 months) compared to clients with open TANF cases at time of AFF discharge (11.0 months).

	Open TANF	Closed TANF
# of cases	69	119
Average # months	11.0	8.7
Std. Deviation	7.8	6.7
Minimum # months	1	1
Maximum # months	34	32
Median # months	10.0	6.0

2.3 Recovery from Substance Use

Information regarding reductions in substance usage among participating AFF clients is available from two sources. For a sample of clients that received their AFF services either completely or partially from an AFF provider, information is available on the frequency and results of physiological screening (urinalysis¹⁰) of their substance use *during* their course of program participation. During the SFY 2005, a total of 1,097 clients were closed from AFF services, either because they successfully completed the program, dropped out, or otherwise were no longer actively engaged in AFF-related services¹¹. For 12% ($n = 131$) of these clients, usable results from urinalysis tests were available. These results are summarized in Table 2.4. AFF provider contracts beginning July 1, 2005 require that “Therapeutic random screening shall be performed a minimum of two times per month based on client therapeutic needs.” It is anticipated that there will be ample data next year from which to draw conclusions about substance use recovery among AFF participants.

DES District	Statewide Averages
# closed clients	1097
# (%) clients UA results	131(11.9)
Mean (sd) UAs per client	5.9(6.3)
# (%) w/ <i>all positive</i> UAs	22(16.8%)
# (%) closed clients w/ <i>all negative</i> UAs	75(57.3%)
# (%) closed clients w/ <i>mixed</i> UAs	34(26%)

¹⁰ Information provided by AFF providers does not allow for a determination of the substances that were assessed by the urinalysis.

¹¹ Current data collection procedures do not allow for a clear delineation of the reasons or methods of AFF program termination.

The second source of information regarding reductions of substance use patterns among participating AFF clients is examination of the self-reports of alcohol and drug use completed by clients as part of the uniform assessment, at intake and at discharge. A total of 511 clients were discharged from the RBHAs, resulting in 503 usable intake-discharge comparisons. Table 2.5 provides a summary of these data.

Table 2.5 Substance Use, RBHA Closed Clients <i>only</i> SFY 2005	
DES District	Statewide totals/averages
# closed clients	511
# (%) clients reporting no drug use at intake and discharge	192 (38%)
# (%) clients reporting any substance use at intake and no substance use at discharge	45 (14.5%)
# (%) clients reporting methamphetamine use at intake and no substance use at discharge	29 (21.5%)
# (%) clients reporting marijuana use at intake and no substance use at discharge	12 (21%)
# (%) clients reporting alcohol use at intake and no substance use at discharge	9 (11.5%)

Key highlights from the previous two tables include:

- 38% AFF clients reported no substance use at both intake and at discharge based on the uniform assessment;
- 15% of AFF clients reporting substance use at intake reported no substance use at discharge based on the uniform assessment;
- 21% AFF clients reporting methamphetamine or marijuana use at intake reported no substance use at discharge based on the uniform assessment;
- 58% AFF clients for whom usable urinalysis results were available demonstrated no substance use throughout the course of their AFF participation; and
- 17% AFF clients for whom usable urinalysis results were available tested positive for substance use throughout the course of their AFF participation;

More detailed information on substance use reduction patterns by DES district are provided in Appendix E.

An AFF Success Story

Martha V. successfully beat an eight-year addiction to methamphetamine as a result of the AFF program. After Child Protective Services got involved with Martha while she was spending 45 days in the Maricopa County jail, she came to realize, "My kids were more important than anything, especially drugs." Because of the AFF program, Martha has completed outpatient treatment, chosen a career as a victim's advocate, and is currently attending community college.

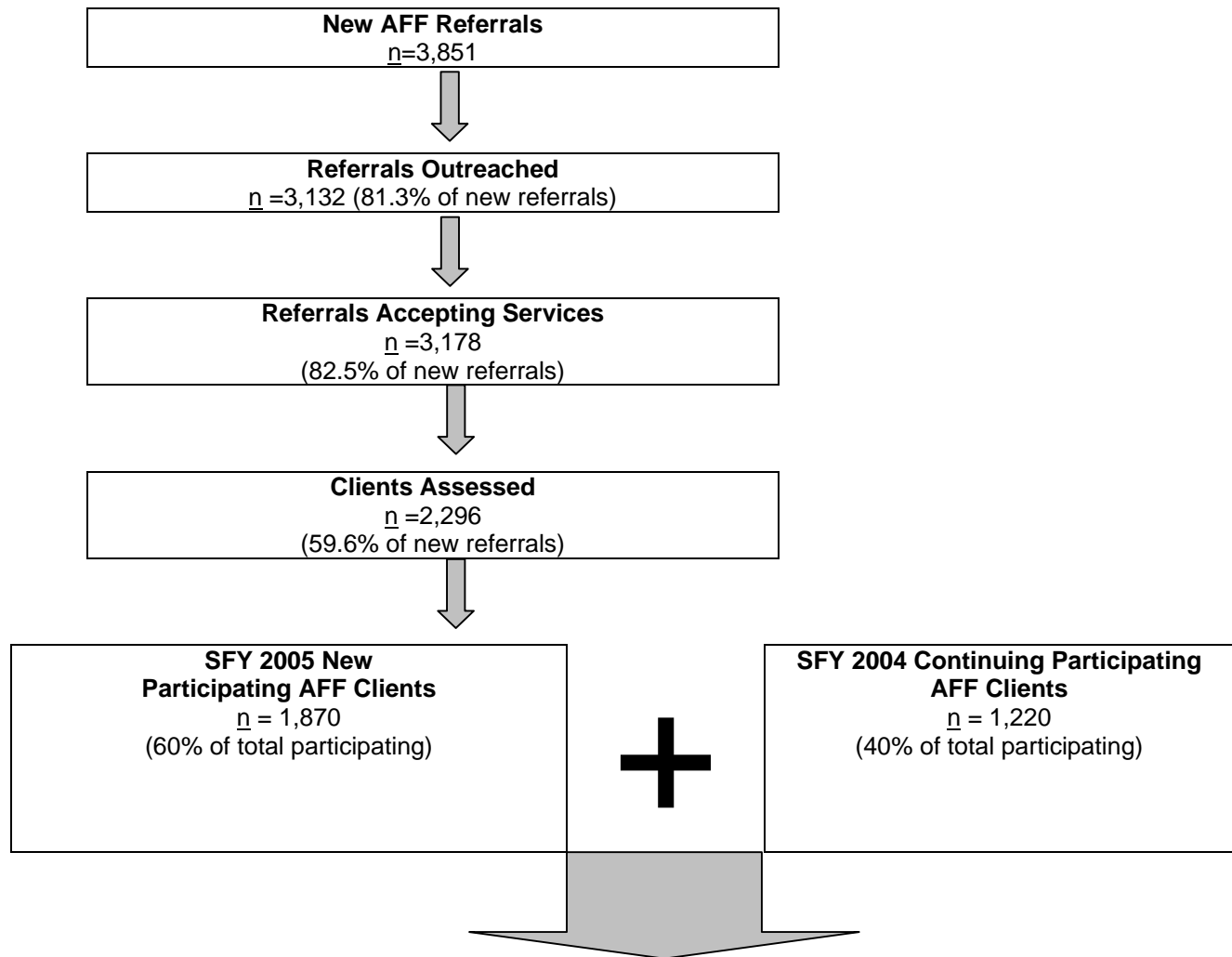
3. ARIZONA FAMILIES F.I.R.S.T. CLIENTS AND SERVICES RECEIVED

This section provides descriptive information about individuals referred to the AFF program for the State Fiscal Year beginning July 1, 2004 and ending June 30, 2005. Topics addressed include:

- Referrals & outreach
- Assessments
- Substance use
- Engagement in treatment
- Services received
- Demographic characteristics

A diagram showing client flow through the AFF program is shown in Figure 3.1 on the following page. The flow diagram provides an organizing schema that will be followed throughout the subsequent sections of this report. The diagram shows the number of individuals referred and assessed during the reporting period, the number of clients receiving services, and the partition of clients by RBHA or AFF funding source.

Figure 3.1
SFY 2005 Referrals and Client Participation



Total Participating AFF Clients, SFY 2005 N = 3,090							
734 (23.8%) clients received services from AFF only		1,417 (45.6%) clients received services from AFF & RBHA both				939 (30.4%) clients received services from RBHA only	
586 clients closed from services	148 clients continuing to receive services	37 clients closed from both systems	635 clients closed from AFF, continuing to receive services from RBHA	123 clients closed from RBHA, continuing to receive services from AFF	622 clients continuing to receive services from both systems	474 clients closed from services	465 clients continuing to receive services

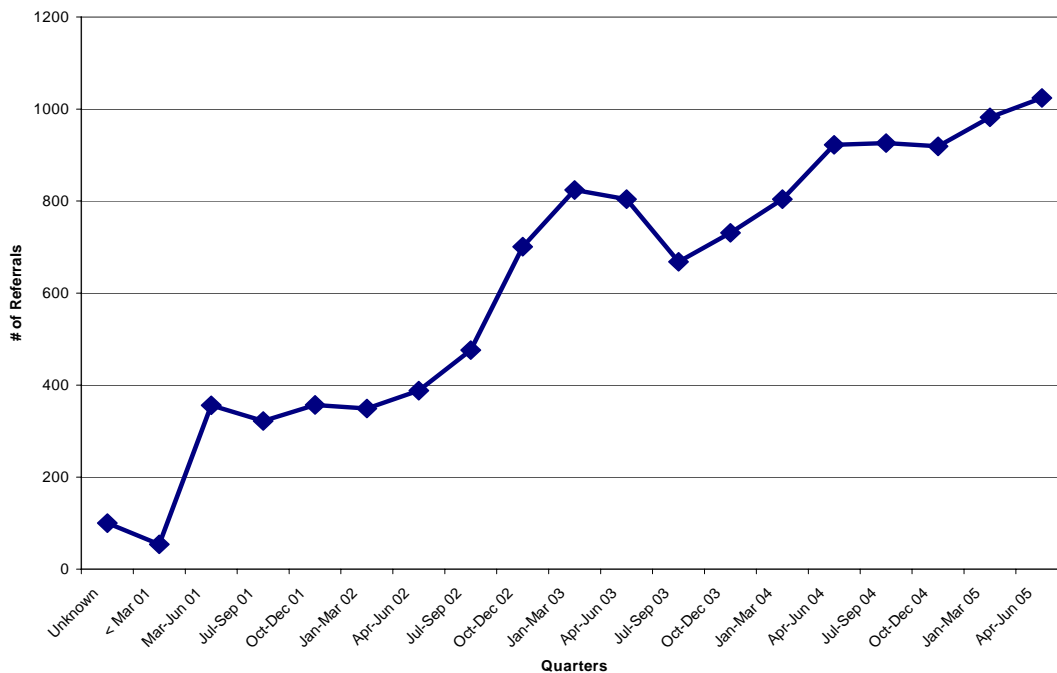
3.1 Referrals to the AFF Program

A total of 3,851 individuals were referred to the AFF program during State Fiscal Year (SFY) 2005, averaging 963 referrals per quarter. Referrals in DES District I constituted slightly more than half of all referrals (50.6%), followed by DES District II (23.1%) and District III (12.5%) as shown in Table 3.1.

DES District	I	II	III			IV		V	VI	Quarterly Totals
AFF Provider	TERROS	CPSA	AZPAC-Coconino	AZPAC-Yavapai	Old Concho	AZPAC-Yuma	Westcare	Horizon	SEABHS	
Quarter 1 Jul-Sep 2004	460	192	20	55	37	10	44	37	71	926 (24.0%)
Quarter 2 Oct-Dec 2004	469	207	20	64	38	15	40	16	50	919 (23.9%)
Quarter 3 Jan-Mar 2005	503	244	11	70	39	27	29	7	52	982 (25.5%)
Quarter 4 Apr-Jun 2005	517	248	17	58	51	17	32	39	45	1024 (26.6%)
Statewide Total	1949 (50.6%)	891 (23.1%)	68 (1.8%)	247 (6.4%)	165 (4.3%)	69 (1.8%)	145 (3.8%)	99 (2.6%)	218 (5.7%)	3851

More than 11,700 individuals have been referred to the AFF program since its inception in the spring of 2001. There was a steady increase in the number of referrals through the spring of 2003, followed by a slight decline, and steady growth through the current state fiscal year. Figure 3.2 provides a historical summary of referrals to the AFF program since the inception of the program, by quarter.

**Figure 3.2
Total AFF Referrals by Quarter**
March 1, 2001 – June 30, 2005



Nearly all (98%) referrals to the AFF program are provided by CPS caseworkers, a trend that has been consistent since the inception of the program. Relatively few referrals to AFF are initiated from the JOBS program, with DES Districts V (6%), III (4%), and II (2%) displaying the highest rates of AFF referrals from this program. However, even though there were few referrals from the JOBS program, 319 AFF clients were also receiving services from the JOBS program at some point during the year.

Stakeholder Comments on Program Enhancements

During the past state fiscal year, a number of programmatic enhancements occurred that have facilitated the referral process. These enhancements, reported by AFF stakeholders during site visits conducted in the preparation of this report, include:

- Modifications to the referral form that accommodates additional data needs and collateral information;
- Transferring the AFF Program into the Child and Family Services treatment team in District V;
- Consolidating outreach agencies from three to one in District II;
- Single point of contact;
- Post-referral phone call by CPS staff to provide additional information;
- Enhanced tracking of clients; and
- Clarification of the AFF process with CPS and RBHA staff.

3.2 Client Outreach and Engagement

AFF providers are expected to actively outreach and engage into treatment all individuals who are referred to the program. These outreach services are expected to occur within 24 hours (excluding weekends and holidays) of receipt of the referral. Typical activities that providers deliver as part of the outreach and engagement process consist of informing the referred individual of the services available, identifying significant issues related to the referred individual's needs in accessing services or potential barriers to service use, and providing information to the referred individual about the expected benefits and outcomes of the services. It is generally at this point that an individual referred to the AFF program will either accept or decline enrollment in the AFF program. If accepting enrollment, they will engage in active treatment and support services. Table 3.2 on the following page provides a summary of the referral, outreach and engagement indicators for the current state fiscal year. Data collection issues identified in the 2004 evaluation report, while improved in 2005, were still evident this year as well. For example, AFF providers did not report outreach documentation to the evaluators this year on 19% of referrals. However, case reviews conducted by DES program staff indicated outreach occurred. Therefore, it appears this is a data reporting issue rather than a program implementation issue. The evaluation team, along with DES program staff, have added procedures and reporting mechanisms to monitor missing data elements on a monthly basis rather than a quarterly basis in order to alert providers earlier in the data reporting cycle about the quality of their data.

DES District	I	II	III			IV		V	VI	Statewide Averages
AFF Provider	TERROS	CPSA	AZPAC-Coconino	AZPAC-Yavapai	Old Concho	AZPAC-Yuma	Westcare	Horizon	SEABHS	
# referrals	1949	891	68	247	165	69	145	99	218	3851
# outreached	1845	586	66	233	165	68	105	22	42	3132
% outreached	94.7%	65.8%	97.1%	94.3%	100%	98.6%	72.4%	22.2%	19.3%	81.3%
Avg. days referral to outreach (standard deviation)	1.57 (7.43)	6.26 (19.14)	.6 (1.16)	1.58 (6.87)	2.04 (4.82)	9.08 (44.01)	5.93 (8.31)	2.36 (4.79)	17.16 (31.37)	2.98 (13.04)
# of referred clients accepting services	1943	655	43	128	117	48	129	44	71	3178
% of referred clients accepting services	99.7%	73.5%	63.2%	51.8%	70.9%	69.6%	89%	44.4%	32.6%	82.5%

Key highlights of these data reveal:

- Across the state, over 80% of all individuals referred to the AFF program were provided outreach services.
- On average, these outreach services occur in less than three days of the receipt of a referral.
- On average, 83% of individuals that were referred to the AFF program indicated a willingness to accept services from the AFF program.
- Regional variations existed in the proportion of referred individuals that received outreach services; four AFF providers reported providing outreach services to 90% or more of the referrals they received (AZPAC-Yavapai, AZPAC-Yuma, Old Concho and TERROS) while two AFF providers reported providing outreach services to less than 25% of the referrals they received (Horizon and SEABHS).
- There was regional variation in the speed with which outreach services were reported: Three AFF providers provided

Innovations in Outreach	
<ul style="list-style-type: none"> ▪ Outreach visitation to client's homes, often in tandem with CPS staff ▪ Using motivational engagement strategies (motivational interviewing) 	<ul style="list-style-type: none"> ▪ Utilizing multiple and repeated efforts at contact, including letters, phone calls, and home visits ▪ Providing advocacy support to clients to meet their more primary needs before engaging in treatment

An AFF Success Story
<p>It took the AFF provider over two months of persistent outreach and contact to get Ramona to agree to check into a residential treatment program. Following her successful completion in residential treatment, Ramona has transitioned to outpatient treatment and was able to access housing services. Ramona remains clean and sober, has been reunified with her daughter and is employed part time as a peer support specialist in a human services agency.</p>

- outreach services, on average, in less than 2 days following the receipt of a referral (TERROS, AZPAC-Coconino, AZPAC-Yavapai), while two providers provided outreach services, on average, more than a week after receiving a referral (AZPAC-Yuma and SEABHS).
- Finally, regional variation was noted in the proportion of referred individuals who accepted receipt of services from the AFF program. Two providers reported acceptance rates of less than 65% (AZPAC-Coconino and AZPAC-Yavapai), two other providers reported acceptance rates of less than 50% (Horizon and SEABHS), and the statewide average of referred individuals accepted AFF services was 82.5%.

Outreach Services Present Special Challenges to Rural Providers

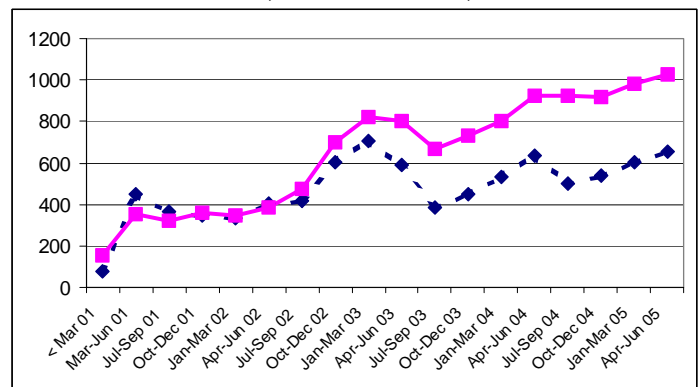
Outreach is by its very nature much more challenging to providers in rural communities, who have to travel long distances to make face-to-face contact with a referred client. Sometimes clients are ill-informed about the AFF program, are openly hostile to the outreach worker, or are distressed by other issues and not yet ready to contemplate engaging in a treatment program.

Additional outreach details by AFF provider are provided in Appendix F.

3.3 AFF Provider Assessments and DBHS Enrollments

A total of 2,296¹² individuals (representing 60% of all individuals referred to the AFF program) received assessment and evaluation services for substance abuse treatment during the 2005 state fiscal year. The rate of assessments conducted in state fiscal year 2005 is consistent with the historical trends of the AFF program. Since the inception of the program in the spring of 2001, more than 8,400 individuals, or about two-thirds of all individuals referred to the AFF program, have received assessments for substance abuse treatment either through AFF providers or local RBHAs. Even though there has been significant improvement in the reporting of assessments during the past year, due in part to consistent use of the DBHS core assessment tool by all providers, and enhanced monitoring of monthly data from the AFF providers, not all referrals to the program resulted in assessments. Part of the “drop off” from referral to assessment may be due to data collection and reporting issues on the part of providers, and part may be due to lack of client follow-through. This is an area for increased attention by the evaluation team during the coming program year.

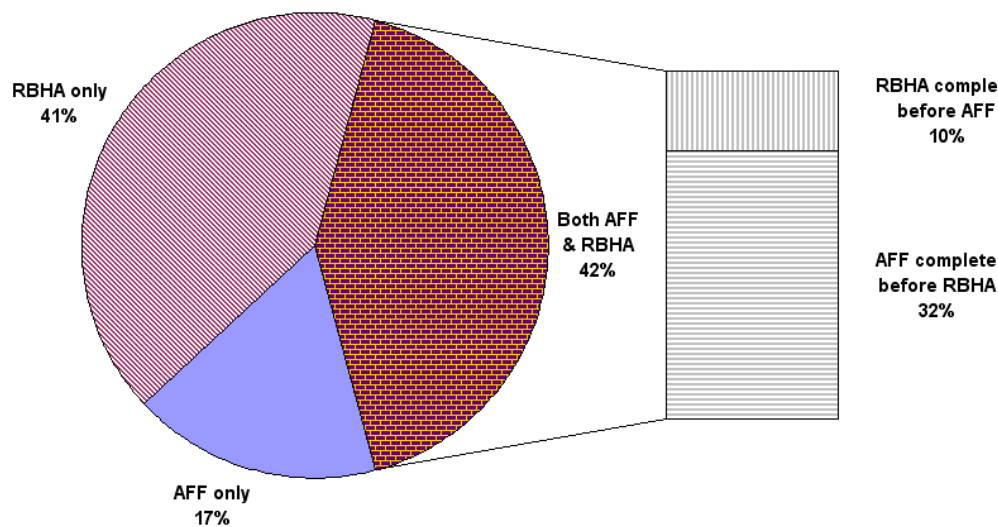
Figure 3.3
Cumulative Number of Assessments Since Program Inception by Quarter
March 1, 2001 – June 30, 2005



¹² Note. This figure includes individuals that had been referred to the AFF program in SFY 2004, but not assessed until SFY 2005, along with clients who were referred and assessed during SFY 2005.

Assessments are conducted by a contracted AFF provider and/or a DBHS-RBHA contracted provider, depending on the referred individual’s eligibility status for Title XIX Medicaid funding. Forty-two percent of the clients in this report had an assessment in both the AFF provider database and the DBHS-RBHA database (Figure 3.4). For these individuals, most (854) had an assessment completed by the AFF provider prior to being referred to the RBHA provider, where they were re-assessed. A smaller percentage (representing 258 individuals or 10% of all AFF clients with assessments) had been enrolled with the RBHA prior to their AFF referral and subsequent assessment.

Figure 3.4
AFF Assessment and Evaluation Services by AFF Providers and RBHA Providers,
State Fiscal Year 2005
Total Assessments Conducted = 2,296



A summary of key performance indicators associated with the assessments from providers within each of the DES districts is shown in Table 3.3.

DES District	I	II	III	IV	V	VI	Statewide
Total Assessments	1239	492	278	141	25	121	2296
RBHA only	161	337	122	55	17	34	726
AFF & RBHA	724	55	80	30	4	52	945
AFF only	354	100	76	56	4	35	625
Average days from referral to assessment (sd)	27.8 (27.0)	29.6 (28.5)	28.0 (29.4)	17.5 (17.7)	5.5 (4.9)	32.9 (46.4)	28.4 (29.9)

Key highlights include:

- Over half (54%) of the total assessments for the past year were conducted for individuals within District I (Maricopa County), and an additional 21% of the assessments for individuals within District II (Pima County).
- There were a significant number of assessments conducted first by AFF providers in Districts I and VI that later resulted in an enrollment into the RBHA provider system. The median and average number of days from the AFF assessment to the RBHA enrollment was 21 days and 35 days respectively for District I, and 12 days and 27 days respectively for District IV.
- Four out of ten AFF referrals (40%) did not result in an assessment either through an AFF provider data record or a RBHA enrollment record.
- Over two-thirds of the non-assessed referrals came from the District I and II AFF providers.
- AFF providers reported that services delivered to 18% of referred individuals did not result in an assessment. These services primarily were case management and transportation services.
- On average, the length in time between an individual being referred to the AFF program and that same individual receiving an assessment for substance abuse was 28.4 days (standard deviation of 29.9 days). Providers in District V had the shortest period between referral and assessment at 5.5 days. In contrast, District VI had the longest duration between referral and assessment, at 32.9 days.

Comments from Stakeholders

The structure for ensuring linkages between AFF and CPS planning processes is insufficient. Previously, there has been little consistency across AFF providers to integrate case and treatment planning between CPS and AFF providers. The process has been strengthened with the new AFF contracts.

3.4 Characteristics of AFF Participating Clients

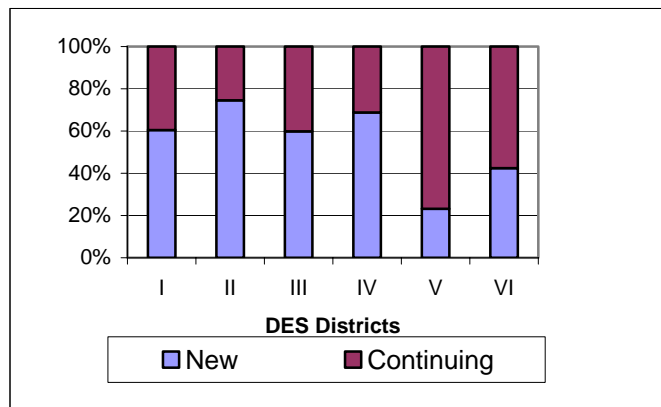
During the SFY 2005 reporting period, a total of 3,090 individuals statewide were *participating clients* in the AFF program. Participating clients are defined for the purposes of this report as any client who received any form of service from an AFF provider and/or a RBHA provider during the period of July 1, 2005 – June 30, 2005. Participating clients include clients who were referred, assessed, and received treatment in SFY2005, along with clients who were referred and assessed in SFY2004, but continued to receive services in SFY2005. More than half of all participating clients were located in District 1, while District III accounted for an additional 14% of all participating clients. The remaining balance of participating clients (22%) was distributed throughout the other four DES districts. Sixty percent of participating clients were enrolled during the current reporting period and considered *new participating clients*, while the remainder were *continuing clients*, enrolled during the preceding year but continuing to receive services during the current reporting period.

Comments from Stakeholders

All clients interviewed reported feeling at ease with and respected by treatment staff, and all agreed that they experienced little wait time to enter treatment.

Figure 3.5 provides a district-by-district comparison of new and continuing clients. District II had the highest percentage of new clients and the lowest percentage of continuing clients (74% and 25% respectively) while District V had the lowest percentage of new clients and the highest percentage of continuing clients (23% and 77% respectively).

Figure 3.5
AFF Participating Clients
July 1, 2004 – June 30, 2005



Key findings of the demographic profiles of AFF participating clients include:

- 73% of participating clients were women.
- Average age was 31 years.
- One quarter of all participating AFF clients were of Hispanic or Latina descent, 8% African Americans, and 4% American Indians.
- 59% had at least a high school diploma or GED.
- 27% were either employed full or part-time.
- Marital status was not known or recorded for 45% of the clients and employment status was not known or recorded for 13% of the clients.

Regional comparisons of the demographic profiles of AFF participating clients may be found in Appendix G.

3.5 Substance Use Among New Participating Clients at Time of AFF Assessment or RBHA Enrollment

Table 3.4 provides a summary of the substances used by participating AFF clients at the time of their initial assessment. Caution should be taken in interpretation of these data, as they are reliant entirely upon self-report, with no physiological assessment (e.g., urinalysis) conducted for verification. These data reflect information derived from the AFF provider database (for those clients who were initially assessed by AFF providers) as well as the ADHS-RBHA MIS for those clients who were initially assessed by the RBHA provider. Significant variation in the rates of self-

	#	%
Clients Reporting Use	1563	50.6%
Alcohol	758	24.5%
Benzodiazepines	24	0.8%
Cocaine/crack	262	8.5%
Hallucinogens	54	1.7%
Heroin/Morphine	49	1.6%
Inhalants	13	0.4%
Marijuana	739	23.9%
Methamphetamine	922	29.8%
Other drugs	167	5.4%
Other Narcotics	32	1.0%
Other sedatives	19	0.6%
Other Stimulants	28	0.9%

reported substance use was observed in the data provided by these two systems, indicating the need for some caution in the interpretation of the resulting information. These limitations notwithstanding, based upon the initial assessment information collected on 3,090 participating AFF clients, 51% of individuals had used alcohol or one or more illegal substance in the 30 days immediately prior to their assessment. Alcohol, marijuana, methamphetamine, and other drugs¹³ were the more commonly reported substances, each being reported by approximately 24% - 30% of all clients.

Among the 2,064 participating AFF clients that reported substance use in the 30 days prior to their AFF assessment, only 685 reported using only one substance. Fifty-four percent reported using two substances, while 13% reported using three or more substances. The more common patterns of self-reported multiple substance use consisted of combinations of alcohol, methamphetamine, and marijuana.

Appendix H provides detailed information on self-reported substance use patterns by DES District. These data continue to document the elevated rates of methamphetamine use, particularly among clients located in DES Districts III, IV, and V, all of which are rural districts with rates of methamphetamine use exceeding 50% of all participating AFF clients.

3.6 Service Use By Participating Clients

AFF clients should receive a comprehensive continuum of treatment and support services that facilitate their recovery from substance use and facilitate reunification and stabilization of their families. These services may be funded and provided exclusively by the Department of Economic Security, the Division of Behavioral Health Services (for those clients meeting DBHS and/or Title XIX eligibility criteria), or by both DES and DBHS. During SFY 2005, 1,417 clients (representing 45.9% of all participating clients) received all of their services *jointly* through AFF and DBHS/RBHA funding; 939 (30.4%) from DBHS/RBHA funding *only*, and 734 23.8% from AFF funding *only*.

Appendix I provides a taxonomy of the services identified by DES and DBHS. This taxonomy includes services within eight broad service domains that are sub-divided into 35 discrete service categories.

Information about the services that clients received is derived from encounter or data files from AFF providers and DBHS. These two data files allow for an analysis of DES-funded and/or DBHS-funded services at the level of the individual. Unfortunately, these data do not allow for a clear determination of the *amount* or dose of service that an individual received (i.e., number of days of service), but do allow for a comprehensive portrayal of the mix of services received by an individual and the source of funds that were used to pay for the services.

Information contained in this section of the report highlights statewide trends in the types of services that participating AFF clients received across the eight service domains, the types of

¹³ **Note.** Data provided to the evaluation team does not allow for a delineation of the drugs referenced in the response category, "Other Drugs"

discrete services that clients received within the two major service domains (Treatment Services and Support Services), and the funding mix of these services.

Service Access and Service Mix

As noted previously, 3,090 clients participated in the AFF program during this report. Table 3.5 provides a summary of the number and proportion of participating clients that received one or more discrete services within each of the eight service domains. Additionally, Appendix J provides district comparisons of the proportion of participating AFF clients receiving services within each of the eight service domains. Key highlights of these data include:

Table 3.5 Proportion of Service Provision by Service Domain for Participating AFF Clients Total Participating AFF Clients = 3,090 ¹⁴		
	# clients	% participating
Treatment Services	2772	89.7%
Rehabilitation Services	416	13.5%
Medical Services	1173	38%
Support Services	3022	97.8%
Crisis Intervention Services	233	7.5%
Inpatient Services	148	4.8%
Residential Services	209	6.8%
Behavioral Health Day Programs	171	5.5%

- Support services were provided to 98% of all AFF clients statewide, while treatment services were provided to 90% of all AFF clients statewide.
- Medical services were provided to slightly more than one-third of all AFF clients.
- Other services (rehabilitation, crisis intervention, inpatient and residential treatment, and behavioral health day programs) were provided to a relatively small proportion of the AFF clients statewide.
- Variations in the rates of service provision were observed across DES districts; most notably, DES District II had a significantly lower rate of treatment services (54%) compared to the statewide average of 90%; DES District III had a significantly higher rate of inpatient services (9%) compared to the statewide average (5%), and DES District V had significantly lower rates of rehabilitation services (7%) and medical services (14%) than the statewide averages for the services (13% and 38%, respectively). It is not clear from the data whether these difference reflect real differences in the mix of services these clients received, or reflect variations in the reporting and billing behavior of the contracted AFF and RBHA network providers within these districts.

Comments from Stakeholders
 Clients identified a number of barriers to accessing treatment. More commonly identified barriers included the lack of transportation, the distance between the treatment location and the client’s residence, the availability of treatment services only during normal working hours, and the lack of child care.

¹⁴ Because clients received services in multiple domains, the number of clients reported across all service domains exceeds the total number of participating clients.

3.7 Services Mix within Service Domains

As just noted, the service domains of Support Services and Treatment Services dominated the mix of services accessed by participating AFF clients. Within each of these domains, a number of discrete service categories are captured, based upon the reporting and billing requirements of DES and DBHS. Within the Treatment Services domain, for example, there are seven discrete service categories, while there are 12 discrete service categories within the Support Services domain. A statewide summary of the services mix within the Treatment Services Domain is shown in Table 3.6.

Likewise, a statewide summary of the types of support services is shown in Table 3.7. (Appendix K contains a summary of the service categories for each DES district.) Key findings from Tables 3.6 and 3.7 include:

- Assessment, Evaluation, and Screening services were provided to nearly 84% of all participating AFF clients.
- Participating AFF clients received a variety of clinical interventions, including family (54%), individual (29%), and group (24%) counseling.
- Supportive services (88%), case management (88%), and transportation (28%) were the more common support services provided to those participating AFF clients that received Support Services.
- Relatively few participating AFF clients received Support Services that included personal care, peer services, home care & family training, supported housing, childcare, or aftercare services.

Table 3.6 Services Mix within Treatment Services Domain Total Participating AFF Clients = 3,090		
AFF Clients Receiving Treatment Services = 2772 ¹⁴	# clients	% all participating clients
Individual Counseling	895	29.0%
Family Counseling	1617	52.3%
Group Counseling	755	24.4%
Assessment, Evaluation and Screening Services	2595	84.0%
Other Treatment Services by Professionals	156	5.0%
Intensive Outpatient Services	146	4.7%
Outpatient Services	419	13.6%

Table 3.7 Services Mix within Support Services Domain Total Participating AFF Clients = 3,090		
AFF Clients Receiving Support Services = 3022 ¹⁴	# clients	% all participating clients
Case Management	2707	87.6%
Personal Care Services	27	0.9%
Home Care Training Family	51	1.7%
Self-Help/Peer Services	113	3.7%
Unskilled Respite Care	1	<0.5%
Supported Housing	69	2.2%
Sign Language Services	3	0.1%
Supportive Services ¹⁵	2734	88.5%
Transportation	855	27.7%
Child Care Services	3	0.1%
After Care	86	2.8%
Other Services	543	17.6%

¹⁵ May include items such as utility payments, car repairs, etc.

- Regional variation between DES districts was noted in the mix of Treatment Services that participating AFF clients received. In comparison to statewide averages, fewer participating clients in DES District II received family counseling (23% District vs. 60% statewide), while fewer clients in DES District V received assessment and evaluation services (68% district vs. 94% statewide).
- Regional variations between DES districts were noted in the mix of Support Services that participating AFF clients received. In comparison to statewide averages, fewer clients in District II received case management (53% vs. 90% statewide) or transportation services (<1% district vs. 28% statewide), fewer participating clients in District V received supportive services (26% vs. 91% statewide), and fewer clients in District VI received transportation services (8% district vs. 28% statewide).

3.8 Funding Mix by Service Domain

A goal of AFF is to facilitate wrap-around services, drawing upon a mixture of fund sources available through the DES, Title XIX – Medicaid, and SAPT funding. Since Medicaid eligibility is a fluid and dynamic process, a participating AFF client may move in and out of Medicaid eligibility throughout the course of their participation in the AFF program. Likewise, the comprehensive continuum of services mandated by the AFF program includes services that may be Medicaid reimbursable, other services that are not Medicaid reimbursable but reimbursable through DES funds, and other services that may be reimbursable through both Medicaid and DES-AFF funds. The proportion of AFF clients receiving services within a service domain by funding source is shown in Table 3.9. Note that 46% of the clients receiving treatment services and 60% of those receiving support services were funded by both DES and DBHS. For example, a client could begin receiving substance abuse outpatient treatment from an AFF provider immediately upon completion of their intake and assessment, and 30 days later, become eligible for Title XIX services, subsequently receiving their treatment services through the local RBHA. In this example, the client’s treatment services would be counted under the column heading “DES and DBHS funds” in Table 3.8.

Table 3.8 Fund Source Mix Proportion of Participating AFF Clients Receiving Services Within a Service Domain by Fund Source				
	# of Clients Receiving Services	DES funds only	DES and DBHS funds	DBHS funds only
Treatment Services	2772	30.92%	46.10%	22.98%
Rehabilitation Services	416	40.38%	1.44%	58.17%
Medical Services	1173	34.19%	15.77%	50.04%
Support Services	3022	30.34%	60.39%	9.27%
Crisis Intervention Services	233	0.00%	0.43%	99.57%
Inpatient Services	148	0.00%	0.00%	100.00%
Residential Services	209	16.27%	9.57%	74.16%
Behavioral Health Day Programs	171	0.00%	0.00%	100.00%

Other key findings include:

- Among all clients receiving Treatment Services, DES funds¹⁶ were utilized by 77%, while DBHS funds¹⁷ were utilized by 69%.
- Among all clients receiving Support Services, DES funds were utilized by 91%, while DBHS funds were utilized by 70%.
- It is worth noting that services within the crisis intervention and inpatient services domains are reported exclusively by the local RBHA system. One would think these are needed services by at least a few AFF clients. It is worth exploring how AFF contractors are providing and/or reporting these services to the DES/AFF office and the evaluation team.
- With the exception of Treatment Services and Support Services, more than half of the clients accessing services in any of the remaining six service domains did so with funds provided through DBHS.
- Regional variations in funding mix for Treatment and Support Services were observed across DES Districts. For an example, District II had a significantly lower rate of DBHS funding for Treatment Services (38%, compared to a statewide average of 69%), while Districts IV and V had significantly lower rates of DES funding for Treatment Services (48% and 19%, respectively, compared to a statewide average of 77%). District II had a significantly lower rate of DBHS funding for Support Services (40% compared to a statewide average of 70%) and District V had a significantly higher rate of DBHS funding for Support Services (98% compared to a statewide average of 70%).

A statewide summary of the proportion of clients that received Treatment Services, and a statewide summary of the proportion of clients that received Support Services, delineated by service category (paid for through DES funds *only*, DBHS funds *only*; or a combination of DES funds *and* DBHS funds), are provided in Tables 3.9 and 3.10, respectively, on the following page.

Participating AFF clients could appear in different columns for different service categories. For example, if a client received individual counseling services that were paid exclusively by DES, the client would be represented in the DES column. However, the same client may have also received Assessment and Evaluation services that were paid by both DES and DBHS, in which case the client would also be included in the “DES & DBHS Funds” column for this service. Accordingly, data presented in Tables 3.9 and 3.10 reflect the fund sources of individual clients at the level of the discrete service category, whereas the data previously presented in Table 3.9 reflected the fund sources for clients who received *all of their services within a service domain* (i.e., “Treatment Services”) by fund source.

¹⁶ Includes those clients receiving services with DES funds only and those clients receiving services with DES & DBHS funds.

¹⁷ Includes those clients receiving services with DBHS funds only and those clients receiving services with DES & DBHS funds.

Table 3.9
Funding Mix for AFF Participating Clients
Receiving Services within the Treatment Services Domain

	DES Funds <i>only</i>	DES & DBHS Funds	DBHS Funds <i>only</i>	Total Clients Receiving Service
Individual Counseling	95.64%	0.78%	3.58%	895
Family Counseling	0.66%	1.38%	97.97%	1671
Group Counseling	99.21%	0.13%	0.66%	755
Assessment, Evaluation and Screening Services	41.12%	39.00%	19.88%	2595
Other Treatment Services by Professionals	0.00%	0.00%	100.00%	156
Intensive Outpatient Services	100.00%	0.00%	0.00%	146
Outpatient Services	100.00%	0.00%	0.00%	419

Table 3.10
Funding Mix for AFF Participating Clients
Receiving Services within the Support Services Domain

	DES Funds <i>only</i>	DES & DBHS Funds	DBHS Funds <i>only</i>	Total Clients Receiving Service
Case Management	23.20%	53.75%	23.05%	2707
Personal Care Services	0.00%	0.00%	100.00%	27
Home Care Training Family	23.53%	0.00%	76.47%	51
Self-Help/Peer Services	0.00%	0.00%	100.00%	113
Unskilled Respite Care	0.00%	0.00%	100.00%	1
Supported Housing	79.71%	1.45%	18.84%	69
Sign Language Services	0.00%	0.00%	100.00%	3
Supportive Services	100.00%	0.00%	0.00%	2734
Transportation	16.73%	6.43%	76.84%	855
Child Care Services	100.00%	0.00%	0.00%	3
After Care	100.00%	0.00%	0.00%	86
Other Services	100.00%	0.00%	0.00%	543

These data reflect both actual organizational behavior in terms of expenditure patterns, as well as organizational policies and billing structures. As an example, the fact that 100% of all Intensive and Non-Intensive Outpatient Services were funded by DES funds is reflective of the fact that DBHS does not recognize that service category within its covered services matrix; the same service may be captured within the DBHS system as Individual, Group, or Family Counseling. Similarly, the fact that Personal Care Services were funded exclusively from DBHS funds is due in part to the fact that this service is not recognized by the DES system; this same service may be captured by the service category of Other Services within the DES system. As such, caution must be exercised in interpreting these data. They provide a perspective of the overall “braiding” or mixing of fund sources used to provide a comprehensive continuum of services to participating AFF clients, but do not provide a full or complete assessment of either the funding policies of the participating agencies or their relative economic contributions to the provision of services to these participating AFF clients.

Notwithstanding these limitations, these data do provide compelling documentation that the intent of the AFF program is being realized: Individuals are being provided with a flexible and integrated system of care from both the Department of Economic Security and the Division of Behavioral Health Services' network of regional behavioral health providers and community based agencies. It should be noted that service descriptions, i.e., "family counseling", "intensive outpatient" may be unique to DES or DBHS. Consider that:

Comments from Stakeholders
CPS staff reported very little contact from the RBHA about TXIX clients.

- Over 80% of all participating AFF clients are being assessed and evaluated using DES funds exclusively or a combination of DES and DBHS fund sources; relatively few clients (19.88%) were evaluated solely with DBHS funds.
- For those clients that received Family Counseling services, nearly all (97.97%) were provided this service with funds provided by DBHS. Family Counseling services is not a service category defined within the AFF contract scope of work.
- For those clients receiving individual counseling services, nearly all (95.64%) were provided this service with funds provided by DES.
- Both DES and DBHS provided Case Management Services to 2,707 participating AFF clients. While equivalent numbers of participating AFF clients received case management services that were funded only by DES (23.2%) or only by DBHS (23.0%), the majority (53.7%) received their case management services jointly from DES and DBHS.
- All participating AFF clients that received Supportive Services ($n = 2,734$) received these services funded exclusively by DES.
- DBHS funds were utilized to pay for transportation services for 83.3% of the participating AFF clients that utilized this service, compared to 23.2% of the participating AFF clients whose transportation services were funded in part by DES funds.
- Regional variations in the fund source patterns for discrete service category expenditures were evident for all service domains.

Detailed summaries of the mix of fund sources by discrete service category by DES District are in Appendix L.

3.9 Service Closure and Service Duration

Review of the data files provided by DBHS and the AFF providers identified a total of 1,265 (41%) unique AFF participating clients whose cases had been closed, as indicated by closure notes in their case files. Closer inspection of these data revealed multiple permutations in closure activity, wherein individuals might be officially closed in one system (AFF) and either closed or not receiving any services in the other system (e.g., DBHS). Alternatively, an individual could be closed in one system (e.g., DBHS) while continuing to receive services in another.

These individuals were arranged into four sub-groups. First, an individual was defined as a "**true closure**" if s/he had a closure note in one or both of the data systems and received no additional

services from either system after the date of the closure. Second, we defined *AFF “partial closures”* as individuals for whom a closure note was found in the AFF provider database *and* continuing services for the individual were noted in the DBHS database subsequent to the date of the closure. Third, we defined *DBHS partial closures* as individuals for whom a closure note was found in the AFF provider database *and* continuing services for the individual were noted in the DBHS database subsequent to the date of the closure. Finally, we defined *continuing clients* as individuals for whom no case closure was noted in either system and continuing services may or may not have been noted in the services information provided. These various closure patterns for the state as a whole are summarized in Table 3.11.

Table 3.11 Case Closure and Length of Stay # Total Participating Clients = 3090							
Clients Served by AFF Only n = 734 (23.8%)		Clients Served by Both Systems n = 1417 (45.9%)				Clients Served by RHBA Only n = 939 (30.4%)	
# (%) clients served and closed by AFF only	# (%) clients continuing AFF only	# (%) clients served by AFF and RBHA and closed by both systems	# (%) clients served by AFF and RBHA, but closed only by AFF	# (%) clients served by AFF and RBHA, but closed only by RBHA	# (%) clients continuing with both systems	# (%) clients served and closed by RBHA only	# (%) clients continuing RBHA only
586 (19.0%)	148 (4.8%)	37 (1.2%)	635 (20.5%)	123 (4.0%)	622 (20.1%)	474 (15.3%)	465 (15.0%)
Mean (sd) length of service		Mean (sd) length of service	Mean (sd) length of service	Mean (sd) length of service		Mean (sd) length of service	
81.6 (85.3)		147.3 (238.7)	270.4 (396.7)	131.7 (211.0)		195.6 (221.8)	

Key highlights of these data are as follow:

- The majority of clients served jointly by AFF and RBHA providers are closed first by their AFF provider while continuing to access services through the RBHA.
- The majority of clients served jointly by AFF and/or RBHA providers experience lengths of service ranging from 147 – 270 days, on average.
- Clients who were served exclusively and then closed by an AFF provider experienced the shortest length of service, at 82 days on average. In contrast, individuals served exclusively and then closed by a RBHA provider experienced an average length of service of 196 days.

4. SUMMARY AND CONCLUSIONS

As the AFF program completes its fourth year of operations, information is accumulating that indicates that this program is achieving the outcomes and impacts for which it was designed. Further, as shown in this report, there is now a longitudinal body of information that can aid in the identification of best practices throughout our state, and by extension, identification of localized programmatic practices that may warrant additional attention during the upcoming period. Among the achievements and accomplishments of the AFF program during the SFY 2005 period, four critical outcomes and achievements stand out.

Children throughout the state whose parents have been engaged in AFF services were reunited with their parents at rates that exceed state averages. Children of AFF parents experienced less subsequent neglect and abuse compared to the state average.

Data contained in this report document that of the 2,697 children whose parents were enrolled in the AFF program, 23% experienced permanency placements this year, with the overwhelming majority being safely reunited with their parents. Furthermore, children are being returned to family environments that are safe and free of neglect or abuse, as demonstrated by the fact that there were only 64 cases of substantiated CPS reports filed among the nearly 3,100 participating clients of the AFF program this year. The rate of substantiated cases of neglect and abuse among AFF participating families is one-fourth the all CPS state average.

Individuals engaged in the AFF program received effective help that has facilitated reduction and/or abstinence of illicit substances and abuse of alcohol.

Over 50% of clients who have completed their participation in AFF services demonstrated no drug use at all during their participation in the AFF program, as verified by drug tests. Fifteen percent of clients who reported using drugs or alcohol upon enrollment in the AFF program reported no use at the time of their discharge. Over 20% of clients who were using methamphetamine or marijuana at the time of their enrollment in the AFF program reported no use of these illegal drugs at the time of their discharge.

Throughout the state, individuals experiencing difficulties with substance use and child neglect or abuse were engaged in treatment services at impressive rates.

During this past year, nearly 4,000 individuals were referred to the AFF program. Over 80% of these individuals were contacted through outreach and encouraged to seek treatment services; nearly 70% were assessed, and nearly 2,000 received AFF services this year. The process of reaching out to these families and encouraging them to seek help occurs in a rapid fashion, with contact from an AFF staff person occurring in less than three days for most individuals who have been referred to the program. This is a

tremendous accomplishment and one of the cornerstones upon which the program is based. One element of an effective substance abuse treatment program is the rapidity with which individuals are engaged and begin receiving treatment services after their initial inquiry or referral.

Individuals engaged in AFF services received a complimentary set of services from both DES and DBHS, and for many of these individuals, the AFF program has facilitated access to behavioral health treatment services and supports.

Throughout the state, the majority of individuals participating in the AFF program are exposed to a comprehensive and coordinated array of wraparound services that are jointly funded through the state's Department of Economic Security and Department of Health Services. For many of these individuals, the AFF program serves as a portal for their ability to access not only substance abuse treatment and other behavioral health services, but also medical care for themselves and their children, as they are assessed for and enrolled in Medicaid services. In most communities throughout the state, AFF participating clients are provided with a seamless system of care that ensures timely access to those services needed to make their children safe, to stabilize their families, and to attain permanency in their role as parents to their children.

In addition to these key outcomes and achievements of the AFF program, there exist six areas wherein programmatic or reporting enhancements should be considered:

Differences in the services reporting requirements of DES and DBHS impede adequate monitoring of the consistency of AFF service provision statewide.

While DES and DBHS are to be complimented for their cooperation in the implementation and management of the AFF program, the separate policies and procedures of these systems with regard to provider reporting requirements present challenges and limitations to evaluating the AFF program with validity. As an example, while most AFF participating clients were found to receive treatment services that were provided by their AFF provider *and* the RBHA, one system (RBHA) tracks three forms of counseling services (individual, group, family), while the other system (AFF) tracks outpatient and intensive outpatient services. Consequently, data contained in this report could be inappropriately interpreted to assume that the AFF provider in District II provided individual and group counseling at rates significantly lower than the state averages, when in fact it appears that the provider in this region simply reported these services within the DES recognized code of "outpatient services." As the AFF program continues to serve as a critical component of the state's effort at addressing the issues of substance use among Arizona families, DES and DBHS should consider a variety of alternatives that could enhance the consistency and complementariness of their reporting requirements for providers. As an example, this past year, DES adopted the DBHS Uniform Assessment for all AFF providers, dropping other assessment tools that had been previously required. An alternative that these two systems might consider is the

adoption of common service matrix that provides consistency across systems in the definitional qualities of service elements. At a minimum, it is apparent that increased attention to provider training and monitoring with regard to reporting requirements and expectations would be appropriate.

Past reporting requirements, particularly with regard to substance use and employment, limit the usefulness of the outcome findings from the AFF program. DES may want to examine the new AFF provider contracts, effective July 1, 2005, to assess whether these limitations have been adequately addressed.

In this report, the ability to report on reductions in substance-using behavior and improvements in employment activity of participating AFF clients, both of which are key outcomes articulated in the enabling legislation of the AFF program, is hampered by existent reporting requirements and expectations. As an example, while both DES and DBHS require their providers to submit information on the use of urinalysis tests, DBHS fails to require their providers to submit the results of the test. As such, while the evaluation team had information provided by the RBHAs which confirmed that a drug test had been conducted, the information failed to contain the results of the test, rendering these data useless in evaluating reductions in drug usage. Similarly, while 586 clients were closed from AFF only services this year, only 131 of these clients, representing just 22%, had usable drug test data. The new AFF provider contract, effective July 1, 2005, requires that drug screening be conducted and reported to the evaluation team a minimum of twice monthly.

The same limitations in available information regarding employment outcomes were also evident in the conduct of this evaluation during the past year. Under the previous reporting requirements, there was limited information that addressed directly the impact of the AFF program on increasing or maintaining employment. Further, it could be argued that the AFF program is a substance abuse treatment program with indirect linkages to employment outcomes. These limitations leave the state with limited information regarding the relative effectiveness of this program in achieving meaningful outcomes in two out of the three domains specifically identified by the enabling legislation. During the current program year, AFF providers will be asked to supply employment information at the time of case closure.

A number of recommended alternatives are suggested that may necessitate a revision to the four core principles guiding the use of data sources for the AFF evaluation.

- First, linking provider payment to timely and consistent submission of required information would enhance the reporting on key outcome indicators.
- Second, DES and DBHS could consider more frequent re-assessments of clients than is currently required. Currently, clients are required to be re-assessed (after their intake) only when a significant change in their situation occurs, at the time that their case is closed, or every 12 months. As a result, very few client

records include re-assessments. Closure assessment information often looks very similar to intake assessment information, leading to some suspicion that the assessment information is simply reported after the fact of case termination, particularly for those individuals who have simply stopped coming to treatment. One alternative might involve a required reassessment every 3-months, inasmuch as the average length of treatment for AFF clients who were served and closed jointly by AFF and the RBHA was 147 days.

- Third, DES and DBHS could consider conducting a randomized follow-up study of a sample of former AFF participants to assess the longer-term impacts of the AFF program upon these families. Currently, the only information available to evaluate the outcomes of the AFF program are indicators of *in-program outcomes*, and begs the question of longer term impacts after the client is no longer receiving AFF services.

Review methods for streamlining multiple services, such as assessment and case management, conducted in both partner agency systems, thereby enhancing the efficiency, design, and collaboration of the program.

In the services section of the report, data was presented that showed AFF clients were receiving case management and assessment services from both partner agency systems. While the services are not duplicative in the sense that an instance of case management or an assessment on a particular day are “double counted” in both systems, there is indication that both systems are providing a duplicative services, possibly at different time periods or concurrently. It is an area for examination and possible streamlining that DES/DCYF and ADHS/DBHS may want to examine in the coming year.

Regional variations in AFF service delivery suggest critical areas for enhanced program monitoring and technical assistance.

Throughout this report, numerous instances have been noted wherein the program performance, the characteristics of the clients being served, or the outcomes being achieved by clients and their families have varied substantially in a particular district or region, as compared to other districts, or in comparison to statewide programmatic averages. These variances provide opportunities to identify and better understand exemplary performance as well as identify performance areas in need of improvement and remediation. Most notably, throughout this report there were multiple instances in which the performance indicators in various districts were observed to be at significant variance to statewide indicators. It is not clear from the information available whether the observed regional variations are the result of variations in provider data collection and reporting behavior, whether they reflect true regional differences in the local population,

or whether they demonstrate variance in policy interpretation and/or procedural implementation within these communities, such as the use of family or drug courts, CPS programs or initiatives that may be unique to districts, or changes in historical trends. Examples of regional variations that may merit further analyses include:

- Only 22% of referrals in District V and 19% of referrals in District VI received outreach services, while the statewide average was 81% of all referrals.
- While 83% of referred clients statewide accepted AFF services, only 52%, 44% and 33% accepted services in Districts III (AZPAC-Yavapai), V, and VI, respectively. In contrast, 99% of all referred clients in District I accepted services.
- While 90% of all participating clients were reported to receive Treatment Services, only 54% of the clients in District II received Treatment Services.

The use of comparative contrast methods to identify and then examine the reasons for such regional variations is recommended as a focal point for enhancing the formative evaluation value of this report. Such variations may help to ensure consistency in policy interpretation, procedural implementation, or reporting behavior by AFF providers across the state. It should be noted that coordinated efforts are underway by the AFF program office and the evaluation team to provide AFF contractors with tools and technical assistance that will enable them to better monitor the quality of their data collection and reporting efforts. These tools include reports on “missing data,” outlier data (data outside an expected range), and logical inconsistencies (an assessment date prior to a referral date).

Explore methods and procedures to reduce days between referral, engagement, assessment, treatment plan and service initiation, particularly for clients referred from AFF to the RBHA system.

There is no clear standard for how long it should take for a referral to get from an AFF provider to the local RBHA, nor who is responsible for monitoring this process. The two systems have independent timeframe standards for referral-to-intake/assessment, intake/assessment-to-next service, and intake/assessment-to-service plan completion. For DES/DCYF the timeframe is expressed in “business” days, while ADHS/DBHS uses calendar days. Some of the data summarizing the referral-to-first service timeframe are way beyond acceptable ranges for both ADHS/DBHS and DES/DCYF. Some of the issues may be related to data reporting versus program operations. Both DES/DCYF and ADHS/DBHS, in collaboration with service providers and the evaluation team, may want to explore methods and procedures for reducing service timeframes and/or enhancing reporting capabilities.

Greater coordination between AFF programs, CPS staff and case plans, and RBHA personnel is an area of immediate need.

Perhaps the greatest strength of the AFF program is also its greatest challenge. As stated previously, the AFF program is exemplified best by the cooperative and collaborative manner in which the majority of AFF clients are exposed to a seamless array of services and supports under auspices of both DES and DBHS. In spite of the interagency nature of the program, a common theme that emerged from site visits, key informant interviews, and focus groups conducted throughout the state was the continuing need for greater coordination, communication, and collaboration between Child Protective Services, Regional Behavioral Health Authorities, and AFF providers. While representatives throughout the state spoke positively about the coordination between CPS and AFF providers at the point of referral, they also expressed frustration at the lack of coordination and communication for continuing cases, and at unevenness in the responsiveness of the RBHAs. Most notably, references made in site visit interviews and focus groups attended by CPS workers hinted at a lack of RBHA involvement (especially for the non-XIX eligible AFF client) in some regions of the state. Participants also noted a lack of coordination between the case plan for a child under CPS protective care and the case plan for the parental AFF client, and limited knowledge of and coordination with the AFF program. Key informants also expressed concern at the limited availability of “family-friendly” services, including limited accessibility to family-focused counseling (such as multi-dimensional family therapy, brief strategic family therapy) and the limited availability of residential treatment options that allow for children to stay with their parents.

Summary

In summary, it is apparent that the Arizona Families F.I.R.S.T. program is maturing into a robust and well-coordinated program of services, fulfilling the intent of the enabling legislation that led to its development. During the course of the past state fiscal year, 3,090 individuals under supervision by the Child Protective Services for neglect or abuse of their children, and known to have ongoing issues related to the use of alcohol and drugs, have been served by this innovative program. Based upon the programmatic efforts this year:

- More than 400 children have been returned to the custody of their parents without a recurrence of suspected neglect or abuse,
- Parents have experienced success in addressing their substance use problems.
- More than 50% of clients who completed their participation in AFF services demonstrated no drug use at all during their participation in the program, as verified by drug tests.
- Fifteen percent of clients who reported using drugs or alcohols at their enrollment in the AFF program reported no use at the time of their discharge.
- Over 20% of clients who were using methamphetamine or marijuana at the time of their enrollment in the AFF program reported no use of these illegal drugs at the time of their discharge.
- Families have been able to access a seamless network of treatment services and supports designed to promote ongoing recovery and family stability.

APPENDICES

- Appendix A: Background Information on the Arizona Families F.I.R.S.T. Program
- Appendix B: Data Sources Used in the Annual Report
- Appendix C: Evaluation Plan
- Appendix D: Days in Care by DES District
- Appendix E: Substance Use Reduction Patterns by DES District
- Appendix F: Outreach and Engagement by AFF Provider
- Appendix G: AFF Client Demographic Characteristics by DES District
- Appendix H: Substance Use Patterns by DES District
- Appendix I: Taxonomy of DES and DBHS Services
- Appendix J: Service Access and Service Mix by DES Districts
- Appendix K: Service Utilization by DES Districts
- Appendix L: Mix of Funding Sources by Service Categories by DES Districts
- Appendix M: Case Closure and Length of Stay by DES Districts

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

The AFF program is administered jointly by the Arizona Department of Economic Security/Division of Children, Youth and Families (ADES/DCYF) and the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), with DES designated as the lead agency. The legislation established a statewide program for substance disordered families entering the child welfare system, as well as those families receiving cash assistance through Temporary Assistance for Needy Families (TANF). The legislation recognized that substance disorder in families is a major problem contributing to child abuse and neglect, and that substance abuse can present significant barriers for those attempting to reenter the job market or maintain employment. Federal priorities under the Adoption and Safe Families Act (ASFA) that address child welfare outcomes, such as permanency and shorter time frames for reunification, coupled with time limits established under the TANF block grant were also factors behind the legislation.

The purpose of AFF is to develop community partnerships and programs for families whose substance disorder is a barrier to maintaining, preserving, or reunifying the family, or is a barrier to maintaining self-sufficiency in the workplace. The joint Substance Abuse Treatment Fund was established to coordinate efforts in providing a continuum of services that are family-centered, child-focused, comprehensive, coordinated, flexible, community based, accessible, and culturally responsive. These services were to be developed through government and community partnerships with service providers (including subcontractors and the RBHAs) and other entities such as faith-based organizations, domestic violence agencies, and social service agencies.

The Arizona Legislature mandated in ARS 8-884 that the following outcome goals be evaluated:

- Increase the availability, timeliness, and accessibility of substance abuse treatment to improve child safety, family stability, and permanency for children in foster care or other out-of-home placement, with a preference for reunification with the child's birth family.
- Increase the availability, timeliness and accessibility of substance abuse treatment to achieve self-sufficiency through employment.
- Increase the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

The initial AFF program Steering Committee¹⁸ required that the following performance measures be used to evaluate the effectiveness of the program:

- Reduction in the recurrence of child abuse and/or neglect.
- Increase in the number of families either obtaining or maintaining employment.
- Decrease in the frequency of alcohol and/or drug use.
- Decrease in the number of days in foster care per child.
- Increase in the number of children in out-of-home care who achieve permanency.

¹⁸ The initial AFF program Steering Committee was a policy committee chaired by the Governor's Office that provided guidance and oversight to the program during the start-up phase of the program. The committee disbanded after the initial start-up year of program operations.

In the spring of 2001, nine provider agencies received contracts through DES to implement a community substance abuse prevention and treatment program under Arizona Families F.I.R.S.T. Contract providers across the State of Arizona were funded so that AFF services were available in every county. The DES district geographic service areas, AFF provider agencies and Regional Behavioral Health Authorities (RBHA) during the report period are summarized in the following table.

Table 1.1
List of DES Districts, Counties, AFF Providers, and RBHAs

DES District	County	AFF Provider Agency	Regional Behavioral Health Authority
I	Maricopa	TERROS	ValueOptions
II	Pima	Community Partnership of Southern Arizona (CPSA)	Community Partnership of Southern Arizona (CPSA)
III	Coconino	Arizona Partnership for Children (AZPAC-Coconino)	Northern Regional Behavioral Health Authority (NARBHA)
III	Yavapai	Arizona Partnership for Children (AZPAC-Yavapai)	Northern Regional Behavioral Health Authority (NARBHA)
III	Apache and Navajo	Old Concho Community Assistance Center	Northern Regional Behavioral Health Authority (NARBHA)
IV	Yuma	Arizona Partnership for Children (AZPAC-Yuma)	The Excel Group
IV	La Paz	WestCare Arizona	The Excel Group
IV	Mohave	WestCare Arizona	Northern Regional Behavioral Health Authority (NARBHA)
V	Gila and Pinal	Horizon Human Services	Pinal Gila Behavioral Health Authority
VI	Cochise, Graham, Greenlee, and Santa Cruz	Southern Arizona Behavioral Health Services (SEABHS)	Community Partnership of Southern Arizona (CPSA)

Among the nine AFF providers, three are Title XIX providers (Horizon, SEABHS, and TERROS) and provide treatment services for both Title XIX and non-Title XIX AFF clients. CPSA, an AFF contractor and RBHA, does not provide direct client services, but instead, contracts with other providers for actual service delivery. The remaining five providers are non-Title XIX providers (AZPAC-Coconino, AZPAC-Yavapai, AZPAC-Yuma, Old Concho, and WestCare) and must refer Title XIX AFF clients to the local RBHA or a Title XIX provider for treatment services.

Appendix B: Data Sources for the Annual Report

This year's annual report draws upon data from multiple sources. Four core principles guided the use of data sources for the AFF program evaluation:

- Collect the least amount of data necessary in order to satisfactorily meet the legislatively mandated evaluation requirements;
- Avoid duplicative data collection efforts;
- Use existing administrative data and formats whenever possible; and
- Respect the differing management information systems capabilities among the nine providers.

AFF providers use a common data-reporting format, revised by the AFF evaluation contractor, for the reporting period beginning July 1, 2004. The primary information used for the analysis of AFF program services was *service utilization data* obtained directly from the nine AFF providers. These data were collected by the AFF providers and sent to the evaluation team in a variety of electronic formats, and imported into a client-level database developed and maintained by the evaluation contractor. Service utilization data are reported for the annual reporting period that covers July 1, 2004 through June 30, 2005. For some service activities, data are also presented from program inception (March 2001) through June 30, 2005.

Another data set used for the analysis of the AFF program was *enrollment and encounter data* provided by ADHS/DBHS for services utilized by Title XIX AFF clients. ADHS/DBHS service utilization data are reported for the annual reporting period that covers July 1, 2004 through June 30, 2005. It should be noted that ADHS/DBHS service utilization data is constantly updated and added to by the RBHAs and their providers, and there may be a reporting lag from service delivery to appearance in the ADHS/DBHS information system, of anywhere from 30 to 90 days. The service utilization data for Title XIX AFF clients is moderately complete through June 30, 2005 since ADHS/DBHS provided the data set in early September 2005.

Two additional data sets used for this evaluation include the ADES CHILDS information system, which provides child welfare information, and the ADES JAZ/AZTEC information system, providing employment services information. These data are reported for the annual reporting period that covers July 1, 2004 through June 30, 2005.

The third major source of data used for the analysis of the AFF program is AFF stakeholders. These stakeholders include AFF program managers, RBHA liaisons, CPS managers and caseworkers, AFF provider collaborators, and clients of the program. A variety of data collection methodologies were used with these stakeholders, including individual interviews, focus groups, and document reviews. The purpose for using this third data source was to document and assess programmatic successes, changes in program implementation, updates on collaborative partnerships, perceived barriers and facilitators to program implementation, changes in contextual issues, and other events that may have positively influenced service delivery.

Appendix C
Arizona Family F.I.R.S.T. Program
Evaluation Plan for
Fiscal Year July 1, 2004 through June 30, 2005

- Outcome Goals – ARS 8-884**
1. Increase the availability, timeliness and accessibility of substance abuse treatment to improve child safety, family stability and permanency for children in foster care or other out of home placement, with a preference for reunification with the child’s birth family.
 2. Increase the availability, timeliness and accessibility of substance abuse treatment to achieve self-sufficiency through employment.
 3. Increase the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Did the AFF program improve the timeliness of drug treatment services in each catchment area? How?	<ul style="list-style-type: none"> • Number of days between referral & screening; • Number of days between screening and assessment; • Number of days between assessment & service plan completion • Number of days between service plan and first treatment service • Engagement rate: # receiving at least one treatment service / # of referrals x 100% • Retention Rates: 30 Days: 2+ treatment services within first 30 days; 60 Days: 2+ treatment services each 30 day period 90 Days: 2+ treatment services each 30 day period 180 Days: To be defined 	<p>AFF provider service data</p> <p>ADHS/DBHS CIS data for RBHA providers</p>	<p>Provider electronic data files</p> <p>ADHS/DBHS electronic data files</p>	<p>Monthly</p> <p>Annually</p>	<p>Descriptive statistics</p>

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
	<ul style="list-style-type: none"> Number of days between referral & screening Number of days between screening and assessment Number of days between assessment & service delivery plan Average wait time for appointments Timing of scheduled transportation Staff perception of time frames in which clients receive services Barriers to receiving services Role of collaborative partnerships 	<p>AFF program managers</p> <p>Key stakeholders</p>	Interviews	Annually	Qualitative analyses
	<ul style="list-style-type: none"> Clients' perceptions of time frames within which they receive services 	AFF participants	Focus groups	Annually	Qualitative analyses
Did the AFF program improve the availability of drug treatment services in each catchment area? How?	<ul style="list-style-type: none"> Program capacity Service gaps Service additions or deletions Perception of sufficiency of community's services 	<p>AFF program managers</p> <p>Key stakeholders</p>	Interviews	Annually	
	<ul style="list-style-type: none"> Clients' perceptions of services offered by the program Clients' perception of whether service needs are met Client contact with case manager 	AFF participants	Focus groups	Annually	Qualitative analyses

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Did the AFF program improve the accessibility of drug treatment services in each catchment area? How?	<ul style="list-style-type: none"> • Available slots • Service utilization • Wait time • Hours of operation • Transportation • Perception of clients' access to services • Barriers to receiving services • Role of collaborative partnerships • Role of referral system 	<p>AFF program managers</p> <p>Key stakeholders</p>	Interviews	Annually	Qualitative analyses
	<ul style="list-style-type: none"> • Clients' perceptions of whether they actually receive services they need • Clients' perceptions of how well they understand how service delivery stem operations • Proximity of services • Contact with case managers 	AFF participants	Focus groups	Annually	Qualitative analyses
How did improvements in timeliness, availability, and accessibility affect child safety?	<ul style="list-style-type: none"> • Subsequent allegations of abuse & neglect • Subsequent birth with prenatal drug exposure 	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
How did improvements affect family stability and permanency for children in foster care or other out-of-home placement?	<ul style="list-style-type: none"> • Adoption • Family reunification • Guardianship • Long-term foster care • Child(ren) remaining at home while caregiver receives treatment 	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
	<ul style="list-style-type: none"> • Client perceptions of family stability 	AFF participants	Focus groups	Annually	Qualitative analyses
How did improvements result in the reunification with birth families for	<ul style="list-style-type: none"> • Family reunification 	DES CHILDS data set	DES electronic data file	Annually	Qualitative analyses

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
children who had been placed in out of home care?					
How did improvements affect TANF participants' ability to achieve self-sufficiency through employment?	<ul style="list-style-type: none"> • Receipt of TANF • Secured employment • Maintain employment status for 90 days 	JAS	DES electronic data file	Annually	Descriptive statistics
	<ul style="list-style-type: none"> • Lose employment status and regain TANF benefits 	AZTEC	DES electronic data file	Annually	Descriptive statistics
	<ul style="list-style-type: none"> • Client perceptions of ability to achieve self-sufficiency 	AFF participants	Focus groups	Annually	Qualitative analyses
How did improvements promote recovery from drug and alcohol problems?	<ul style="list-style-type: none"> • Drug and alcohol use past 30 days 	ADHS/DBHS core assessment	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	At initial assessment Change in status Every 12 months At closure	Longitudinal analysis
	<ul style="list-style-type: none"> • Drug screens 	AFF client drug screens	Date file submitted by providers	Monthly	Descriptive statistics

Performance Measures – Scope of Work, III-1: Required Performance Measures:					
<ol style="list-style-type: none"> 1. Reduction in the recurrence of child abuse and/or neglect; 2. Decrease in the frequency of alcohol and/or drug use 3. Decrease in the number of days in foster care per child 4. Increase in the number of children in out-of-home care who achieve permanency 					
Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Was there a reduction in the recurrence of child abuse and/or neglect?	<ul style="list-style-type: none"> • Reports of suspected child abuse/neglect 	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
For those who had abuse/neglect allegations at program entry, what percent subsequently had children placed in foster care?	<ul style="list-style-type: none"> • Reports of suspected child abuse/neglect • Foster care entry 	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
Was there an increase in the number of families either obtaining or maintaining employment?	<ul style="list-style-type: none"> • Length of time receiving TANF • Average monthly amount received from TANF • Secured employment • Maintained employment at 90 day follow-up 	DES JAS data set DES AZTEC data set	DES electronic data file	Annually	Descriptive statistics
Was there a decrease in the frequency of alcohol and/or drug use?	<ul style="list-style-type: none"> • Drug and alcohol use past 30 days • Drug screens 	ADHS/DBHS core assessment AFF participant drug screens	Date file submitted by providers	At initial assessment Change in status Every 12 months At closure	Descriptive statistics
Was there a decrease in the number of days in foster care per child?	<ul style="list-style-type: none"> • Days in foster care 	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics

Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Was there an increase in the number of children in out-of-home care that achieved permanency?	<ul style="list-style-type: none"> • Reunification • Adoption 	DES CHILDS data set	DES electronic data file	Annually	Descriptive statistics
What percentage of clients successfully completed their treatment service plans?	<ul style="list-style-type: none"> • Service plan completion 	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	AFF Provider service data ADHS/DBHS CIS data for RBHA providers	Monthly Annually	Descriptive statistics

Scope of Work, III-4: DES Strategic Plan Key Indicators					
Research Questions	Variable	Data Sources	Method of Data Collection	Timeframe	Proposed Analysis
Goal 1: To promote recovery from alcohol and drug abuse for AFF program participants	<ul style="list-style-type: none"> • Number of referrals for substance abuse treatment • Participants who have engaged in at least one therapeutic service • Participants who have engaged in AFF treatment for 3 months • Participants who have engaged in AFF treatment for 6 months 	AFF Provider service data	AFF Provider electronic data files	Monthly	Descriptive statistics
		ADHS/DBHS CIS data for RBHA providers	ADHS/DBHS electronic data files	Annually	
Goal #2: To reduce the recurrence of child abuse and neglect of AFF program participants' children	<ul style="list-style-type: none"> • Individuals referred who have engaged in substance abuse treatment program and do not have a subsequent substantiated CPS report after 6 months of enrollment. 	AFF provider service data	AFF Provider electronic data files	Monthly	Descriptive statistics
		DES/CPS data set	DES/CPS electronic data files	Annually	
Goal #3: To establish permanency for the children of AFF program participants	<ul style="list-style-type: none"> • # of children of referred individuals who participate in substance abuse treatment that achieve permanency through reunification, adoption or guardianship following at least 6-months parental participation in the substance abuse treatment program. 	AFF provider service data	AFF Provider electronic data files	Monthly	Descriptive statistics
		DES/CPS data set	DES/CPS electronic data files	Annually	

Appendix D
Days in Care by DES District:

Appendix D								
Days in Care for Children Discharged								
SFY 2005								
	DES District	I	II	III	IV	V	VI	Statewide Total
Discharged								
Reunified		213	41	65	24	11	42	396
	Minimum Days in care	0	0	0	1	32	1	0
	Maximum Days in care	813	679	938	209	763	346	938
	Median Days in Care	28	15	30	61	71	16.5	29
	Average Days in Care	104.04	74.73	131.55	67.5	236.36	71.33	103.51
Still in Care		1371	193	253	87	22	98	2024
	Minimum Days in care	0	0	1	1	9	0	0
	Maximum Days in care	3559	666	1079	760	418	905	3559
	Median Days in Care	45	16	48	43	90	48	44
	Average Days in Care	152.42	79.51	129.49	87.67	156.55	151.57	139.82
Relatives		20	1	3	6	0	0	30
	Minimum Days in care	1	12	70	18	N/A	N/A	1
	Maximum Days in care	387	12	70	203	N/A	N/A	387
	Median Days in Care	12.5	12	70	29.5	N/A	N/A	26.5
	Average Days in Care	82.45	12	70	56.5	N/A	N/A	73.67
Adoption		41	6	7	5	2	6	67
	Minimum Days in care	0	200	7	42	78	4	0
	Maximum Days in care	1383	857	1076	678	78	900	1383
	Median Days in Care	203	533	117	547	78	470.5	329
	Average Days in Care	355.78	523.17	288.9	468	78	458.33	373.06
Emancipation		6	1	1	1	0	2	11
	Minimum Days in care	16	449	473	553	N/A	68	16
	Maximum Days in care	2458	449	473	553	N/A	113	2458
	Median Days in Care	403.5	449	473	553	N/A	90.5	449
	Average Days in Care	681	449	473	553	N/A	90.5	522
Guardianship		99	5	11	2	5	11	133
	Minimum Days in care	1	15	1	45	14	1	1
	Maximum Days in care	1586	19	938	160	14	497	1586
	Median Days in Care	66	15	181	102.5	14	70	45
	Average Days in Care	209.55	16.6	228.36	102.5	14	137.82	188.96
Transfers to Agencies		25	5	1	3	1	0	35
	Minimum Days in care	0	8	556	7	102	N/A	0
	Maximum Days in care	533	179	556	462	102	N/A	556
	Median Days in Care	69	17	556	20	102	N/A	62
	Average Days in Care	113.84	48.6	556	163	102	N/A	121.03

Appendix E Substance Use Indicators, By District SFY 2005							
DES District	I	II	III	IV	V	VI	Statewide Averages
# participating clients	1972	263	445	195	43	172	3090
# (%) participating clients UA results	334(64.5)	3(0.6)	87(16.8)	93(18.0)	0(0)	1(0.2)	518
Mean (sd) UAs per participating client	2.7(3.0)	5(5.2)	15.4(16.8)	11.6(9.7)	N/A	1(N/A)	6.4(9.8)
# (%) participating clients w/ all clean UAs	279(72.1)	3(0.8)	61(15.8)	43(11.1)	0(0)	1(0.3)	387
# (%) participating clients w/ mixed UAs	55(42.0)	0(0)	26(19.8)	50(38.2)	0(0)	0(0)	131
# closed clients	664	107	139	91	34	62	1097
# (%) closed clients UA results	69(52.7)	1(0.8)	19(14.5)	41(31.3)	0(0)	1(0.8)	131
Mean (sd) UAs per closed client	2.6(3.3)	11(N/A)	10.1(7.8)	9.5(6.6)	N/A	1(N/A)	5.9(6.3)
# (%) closed clients w/ all clean UAs	61(62.9)	1(1.0)	12(12.4)	22(22.7)	0(0)	1(1.0)	97
# (%) closed clients w/ mixed UAs	8(23.5)	0(0)	7(20.6)	19(55.9)	0(0)	0(0)	34

Appendix F
Year to Date Average Number of Days From Referral to Services
State Fiscal Year 2005

DES Districts	I	II	III	III	III	III	IV	IV	IV	V	VI	
AFF Provider	TERROS	CPSA	AZPAC Coconino	AZPAC Yavapai	Old Concho	Total	AZPAC Yuma	West Care	Total	Horizon	SEABH S	Total
Days from Referral to Outreach	n=1845	n=586	n=66¹	n=233¹	n=165	n=464	n=68	n=105	n=173	n=22	n=42	n=3132
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	1	1	0	0	0	0	0	4	2	0.5	1.5	1
Maximum	173	304	5	85	40	85	351	53	351	17	112	351
Mean	1.57	6.26	0.6	1.58	2.04	1.6	9.08	5.93	7.17	2.36	17.16	2.98
Standard Deviation	7.43	19.14	1.16	6.87	4.82	5.6	44.01	8.31	28.26	4.79	31.37	13.04
Days from Referral to Service Acceptance	n=1943	n=655	n=43	n=128	n=117	n=288	n=48	n=129	n=177	n=44	n=71	n=3178
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	0	6	0	2	0	0	0	0	0	0	13	0
Maximum	359	309	32	41	0	41	31	0	31	19	210	359
Mean	2.59	14.89	2.97	5.23	0	2.77	0.93	0	0.25	1	29.38	5.6
Standard Deviation	23.67	33.84	7.08	7.53	0	6.18	4.81	0	2.52	3.25	41.92	25.68
Days from Referral to Client Refusal	n=3	n=10	n=5	n=12	n=9	n=26	n=0	n=0	n=0	n=1	n=1	n=41
Minimum	22	7	6	6	3	3	N/A	N/A	N/A	0	2	0
Median	22	25.5	14	27	8	24	N/A	N/A	N/A	0	2	24
Maximum	87	82	49	98	40	98	N/A	N/A	N/A	0	2	98
Mean	43.67	36.5	26	32.83	18.77	26.65	N/A	N/A	N/A	0	2	29.04
Standard Deviation	37.52	24.72	20.35	23.75	14.65	20.59	N/A	N/A	N/A	N/A	N/A	23.36
Days from Referral to RBHA Referral	n=0	n=0	n=16	n=82	n=39	n=137	n=21	n=14	n=35	n=1	n=0	n=173
Minimum	N/A	N/A	1	1	1	1	2	1	1	0	N/A	0
Median	N/A	N/A	7.5	8.5	5	7	7	6.5	6	0	N/A	7
Maximum	N/A	N/A	49	109	43	109	21	32	32	0	N/A	109
Mean	N/A	N/A	11.5	18.9	7.3	14.73	8.61	9.92	9.14	0	N/A	13.52
Standard Deviation	N/A	N/A	11.92	22.64	8.23	19.17	5.38	9.84	7.38	N/A	N/A	17.53
Days from Service Acceptance to Assessment	n=1052	n=146	n=13	n=121	n=13	n=147	n=34	n=50	n=84	n=5	n=62	n=1496
Minimum	0	0	1	0	0	0	2	0	0	0	0	0
Median	20	10	14	23	6	21	19	8.5	11.5	10	0	17
Maximum	268	148	43	772	32	772	155	62	155	49	210	772

DES Districts	I	II	III	III	III	III	IV	IV	IV	V	VI	
AFF Provider	TERROS	CPSA	AZPAC Coconino	AZPAC Yavapai	Old Concho	Total	AZPAC Yuma	West Care	Total	Horizon	SEABH S	Total
Mean	26.83	18.4	21.69	42.87	10	38.08	27.97	12.52	18.77	13.8	4.15	25.68
Standard Deviation	27.03	24.08	15.92	83.62	10.14	76.74	30.56	12.52	22.85	20.3	26.71	35.32
Days from Referral to Assessment	n=1063	n=154	n=14	n=125	n=13	n=152	n=34	n=50	n=84	n=8	n=79	n=1541
Minimum	0	2	1	0	0	0	4	0	0	0	0	0
Median	20	21	15.5	27	6	25.5	21.5	8.5	13	5.5	15	20
Maximum	228	153	44	317	32	317	155	62	155	12	232	317
Mean	27.8	29.6	22.36	39.38	10	35.3	29.29	12.48	19.28	5.5	32.88	28.4
Standard Deviation	27	28.46	15.81	43.09	10.14	40.48	29.97	12.55	22.78	4.9	46.37	29.92
Days from Assessment to Service Plan	n=1090²	n=33	n=7	n=86	n=8	n=101	n=17	n=45	n=62	n=6	n=25	n=1317
Minimum	0	0	0	0	0	0	0	0	0	0	0	0
Median	0	9	8	9.5	0	8	0	0	0	0	31	0
Maximum	336	48	39	281	7	281	33	0	33	0	236	336
Mean	8.75	12.39	14.71	27.5	0.88	24.5	4.29	0	1.17	0	55.32	10.54
Standard Deviation	38.26	9.67	16.26	44.99	2.47	42.38	8.86	0	4.93	0	69.3	38.72
Days from Service Plan to 1st Service	n=875	n=29	n=0	n=40	n=4	n=44	n=11	n=28	n=39	n=5	n=5	n=997
Minimum	0	0	N/A	0	11	0	0	0	0	2	4	0
Median	0	0	N/A	7	11.5	9.5	6	7	7	3	26	0
Maximum	251	10	N/A	279	12	279	51	28	51	4	78	279
Mean	2.98	0.34	N/A	25.43	11.5	24.15	12.73	8.89	9.97	3	28.8	4.23
Standard Deviation	14.23	1.85	N/A	52.35	0.57	50.02	18.35	8.17	11.79	1	30.06	17.85
Days from Referral to 1st Service	n=897	n=68	n=0	n=52	n=4	n=56	n=13	n=28	n=41	n=5	n=18	n=1085
Minimum	0	13	N/A	9	15	9	8	0	0	5	10	0
Median	21	33	N/A	44.5	16	41	40	16	20	7	62	22
Maximum	256	183	N/A	314	26	314	108	34	108	12	234	314
Mean	29.44	42.51	N/A	67.13	18.25	63.64	38.46	16.86	23.7	8.6	72.17	32.41
Standard Deviation	27.96	31.79	N/A	58.39	5.25	57.66	29.21	9.62	20.54	3.2	54.78	32.19

Note: ¹ For 2 clients in Coconino and 11 clients in Yavapai there is no referral acceptance/refusal RBHA date, but have an outreach

Note: ² For 38 clients in TERROS the service plan was done before assessment

Appendix G
AFF Participating Clients Demographic Characteristics

State Fiscal Year 2005, N - 3090

DES Districts	I	II	III	III	III	IV	IV	V	VI		
AFF Providers	AZPAC		AZPAC	Old	AZPAC	West Care		Horizon	SEABHS	All Sites	
	TERROS	CPSA	Coconino	Yavapai	Concho	Yuma	West Care	Horizon	SEABHS	Total	%
Gender											
Female	1468	181	46	168	104	53	79	33	125	2257	73.0%
Male	494	81	13	77	36	20	42	10	47	820	26.5%
Unknown	10	1	0	1	0	0	1	0	0	13	0.4%
Average Age											
Average Age	30.63	31.84	29.31	32.72	31.06	30.72	31.02	29.86	31.55	30.95	
Race/Ethnicity											
American Indian/Alaska Native	79	9	8	5	13	5	2	2	1	124	4.0%
Asian	4	0	0	0	0	0	1	0	1	6	0.2%
Black/African American	181	62	2	5	1	3	0	1	2	257	8.3%
Caucasian/White	1615	239	41	226	119	39	109	36	148	2572	83.2%
Native Hawaiian/Pacific Islander	5	0	0	0	0	0	1	0	1	7	0.2%
Multiple Races	54	1	0	3	1	0	3	0	1	63	2.0%
Other	3	0	7	3	7	27	5	4	16	72	2.3%
Ethnicity											
Hispanic/Latino	484	70	9	28	33	45	13	19	60	761	24.6%
Not Hispanic/Latino	1489	161	47	210	107	26	108	24	112	2284	73.9%
Unknown	1	32	0	1	0	0	0	0	0	34	1.1%

Appendix G
AFF Participating Clients Demographic Characteristics
State Fiscal Year 2005, N - 3090

DES Districts	I	II	III	III	III	IV	IV	V	VI		
AFF Providers	AZPAC		AZPAC	Old	AZPAC					All Sites	
	TERROS	CPSA	Coconino	Yavapai	Concho	Yuma	West Care	Horizon	SEABHS	Total	%
Marital Status											
Married	216	8	14	73	19	17	24	0	30	401	13.0%
Registered Domestic Partner	0	0	0	3	0	0	4	0	0	7	0.2%
Divorced	127	6	7	31	4	4	9	1	10	199	6.4%
Single, never married	663	27	21	78	27	20	52	3	56	947	30.6%
Separated	84	8	4	15	3	2	12	1	6	135	4.4%
Legally Separated	2	0	0	0	0	0	0	0	0	2	0.1%
Widowed	9	0	0	3	0	0	3	0	3	18	0.6%
Unknown	871	214	13	43	87	30	18	38	67	1381	44.7%
Educational Attainment											
Less than 1 year	3	3	0	0	1	4	0	0	3	14	0.5%
Grades 1 to 11	800	75	17	102	42	44	63	22	79	1244	40.3%
High School Graduate or GED	582	72	24	75	54	14	44	12	43	920	29.8%
Vocational/Technical School	22	4	1	11	4	1	0	0	6	49	1.6%
Some College, no degree	293	21	9	31	13	6	10	5	25	413	13.4%
College – AA/BA degree	15	7	2	10	4	1	2	0	3	44	1.4%
Graduate/Post Grad degree	3	4	0	3	0	1	0	0	0	11	0.4%
Unknown	254	77	6	14	22	2	3	4	13	395	12.8%
Employment Status											
Employed	486	71	22	114	36	18	41	9	50	847	27.4%
Not Employed	1233	107	31	124	81	54	76	26	108	1840	59.5%
Unknown	253	85	6	8	23	1	5	8	14	403	13.0%

Appendix H
Substance Use Patterns Reported at Intake
New Participating AFF Clients, SFY 2005

DES Districts	I	II	III	IV	V	VI	Total	%
Total Participating Clients	1191	196	266	134	10	73	1870	
Clients reporting use	706	132	222	121	7	47	1235	66.0%
Alcohol	286	85	146	58	3	25	603	32.2%
Benzodiazepines	11	0	8	0	0	0	19	1.0%
Cocaine/crack	139	45	21	3	1	6	215	11.5%
Hallucinogens	20	8	16	0	0	1	45	2.4%
Heroin/Morphine	9	13	18	2	0	1	43	2.3%
Inhalants	6	1	4	1	0	0	12	0.6%
Marijuana	322	74	122	45	3	21	587	31.4%
Methamphetamine	409	53	135	68	6	28	699	37.4%
Other drugs	17	74	8	0	3	22	124	6.6%
Other Narcotics	19	0	10	0	0	0	29	1.6%
Other sedatives	13	0	2	0	0	0	15	0.8%
Other Stimulants	11	2	11	1	0	0	25	1.3%

Appendix I AFF Services Taxonomy

Service Labels and Definitions Recognized by the Department of Economic Security

Substance Abuse Education: These services are short-term in duration and are appropriate for clients who are unwilling to commit to more intensive services. Attendance at substance abuse awareness groups and individual counseling to consider the effect of substance abuse in one's life would be included under substance abuse education.

Outpatient Treatment Services: Outpatient treatment services are intended for clients who can benefit from therapy, are highly motivated, and have a strong support system. These clients need a minimum level of intervention and other supports. Service providers are required to provide a minimum of three hours per week of individual or group treatment (or a combination of both).

Intensive Outpatient Treatment Services: Intensive outpatient services are intended for clients who can benefit from structured therapeutic interventions, are motivated, and have some social supports. This continuum of services is appropriate for clients who need a moderate amount of therapy and supports. At a minimum, service providers are expected to provide nine hours per week of therapy for a minimum of eight weeks. This therapeutic involvement can include individual, group, and family therapy; substance abuse awareness; and social skills training.

Residential Treatment: Residential treatment services are intended for clients who need an intensive amount of therapeutic and other supports to gain sobriety. These services include 24-hour care and supervision. Similar to intensive outpatient treatment, residential treatment can include individual counseling, group therapy, family therapy, substance abuse awareness, and social skills training. Residential treatment may include children residing with parents while the parents are in treatment.

Aftercare Services: Aftercare services are provided for clients at the end of their treatment plan through the AFF provider. It should be noted that aftercare service is not a recognized service category within the ADHS/DBHS system. At a minimum, the aftercare plan includes a relapse prevention program, identification and linkage with supports in the community that encourage sobriety, and available interventions to assist clients in the event that relapse occurs. Development of the aftercare plan is expected to begin while the client is in treatment. It should be noted that while aftercare is not a billable service under the ADHS/DBHS covered services guide, there is an expectation that RBHA service plans will address recovery management and relapse management.

Service Domains/Definitions Recognized by the Division of Behavioral Health Services.¹⁹

Treatment Services: Services provided by or under the supervision of behavioral health professionals to reduce symptoms and improve or maintain functioning. These services have been further grouped into three subcategories: Behavioral Health Counseling and Therapy; Assessment, Evaluation and Screening Services; and Other Professional.

Rehabilitation Services: These services include the provision of education, coaching, training, demonstration and other services, including securing and maintaining employment to remediate residual or prevent anticipated functional deficits. Four subgroups of services are defined.

Medical Services: Medical services are provided by or ordered by a licensed physician, nurse practitioner, physician assistant, or nurse to reduce a person's symptoms and improve or maintain functioning. These services are further grouped into the following subcategories: Medication; Laboratory; Medical Management; and Electro-Convulsive Therapy.

Support Services: Support services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. These services are further grouped into the following categories: case management; personal care services; family support; self-help/peer services; therapeutic foster care services, unskilled respite care; supported housing; sign language or oral interpretive services; supportive services; and transportation.

Crisis Intervention Services: Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially deleterious behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings.

Inpatient Services: Inpatient services (including room and board) are provided by an OBHL licensed Level I behavioral health agency and include hospitals, sub-acute facilities, and residential treatment centers. These facilities provide a structured treatment setting with daily 24-hour supervision and an intensive treatment program, including medical support services.

Residential Services: Residential services are provided on a 24-hour basis and are divided into the following subcategories based on the type of facility providing the services: Level II behavioral health residential facilities and Level III behavioral health residential facilities.

Behavioral Health Day Programs: Day program services are scheduled on a regular basis either on an hourly, half day or full day basis and may include services such as therapeutic nursery, in-home stabilization, after school programs, and specialized

¹⁹ See <http://www.azdhs.gov/bhs/covserv.htm>

outpatient substance abuse programs. These programs can be provided to a person, group of person, and/or families in a variety of settings. Day programs are further grouped into the following three subcategories: supervised; therapeutic; and psychiatric/medical.

Appendix J
Frequency and Proportion of Participating AFF Clients Receiving Discrete Services, by DES District

DES Districts	I n = 1972		II n = 263		III N = 445		IV N = 195		V N = 43		VI N = 172		Statewide N = 3090	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services	1844	93.5	142	53.99	415	93.03	180	92.3	37	86.04	154	89.53	2772	89.7
Rehabilitation Services	220	.11	33	12.54	91	20.44	34	17.4	3	6.97	35	20.34	416	13.5
Medical Services	681	3.45	110	41.82	210	47.19	109	55.9	6	13.95	57	33.13	1173	38
Support Services	1935	98.1	249	94.67	441	99.10	193	98.97	42	97.67	162	94.18	3022	97.8
Crisis Intervention Services	187	9.4	1	.38	35	7.86	5	2.56	1	2.32	4	2.32	233	7.5
Inpatient Services	86	4.36	11	4.18	40	8.99	6	3.07	1	2.32	4	2.32	148	4.8
Residential Services	137	6.94	17	6.46	37	8.31	9	4.61	2	4.64	7	4.92	209	6.8
Behavioral Health Day Programs	146	7.4	0	0	20	4.49	4	2.05	1	2.32	0	0	171	5.5

Note. Percentage of clients receiving a service domain (i.e., "Treatment Services") expressed as a function of all participating clients within a District

Appendix K Frequency and Proportion of Participating AFF Clients Receiving Discrete Services, by DES District															
DES Districts		I		II		III		IV		V		VI		Statewide	
Services	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Treatment Services	1844		142		415		180		37		154		2772		
Individual Counseling	867	47.02%	1	0.70%	14	3.37%	11	6.11%	1	2.70%	1	0.65%	895	32.29%	
Family Counseling	1168	63.34%	33	23.24%	267	64.34%	93	51.67%	33	89.19%	77	50.00%	1671	60.28%	
Group Counseling	748	40.56%	3	2.11%	0	0.00%	3	1.67%	1	2.70%	0	0.00%	755	27.24%	
Assessment, Evaluation and Screening Services	1761	95.50%	122	85.92%	378	91.08%	166	92.22%	25	67.57%	143	92.86%	2595	93.61%	
Other Treatment Services by Professionals	112	6.07%	3	2.11%	29	6.99%	8	4.44%	0	0.00%	4	2.60%	156	5.63%	
Intensive Outpatient Services	66	3.58%	2	1.41%	69	16.63%	0	0.00%	1	2.70%	8	5.19%	146	5.27%	
Outpatient Services	262	14.21%	49	34.51%	41	9.88%	44	24.44%	3	8.11%	20	12.99%	419	15.12%	
Rehabilitation Services	220		33		91		34		3		35		416		
Skills Training and Development	68	30.91%	23	69.70%	24	26.37%	9	26.47%	3	100.00%	28	80.00%	155	37.26%	
Behavioral Health Prevention/Promotion Education	1	0.45%	11	33.33%	0	0.00%	2	5.88%	0	0.00%	2	5.71%	16	3.85%	
Psychoeducational Services	83	37.73%	21	63.64%	43	47.25%	5	14.71%	0	0.00%	8	22.86%	160	38.46%	
Substance Abuse Education	110	50.00%	0	0.00%	32	35.16%	24	70.59%	0	0.00%	3	8.57%	169	40.63%	
Medical Services	681		110		210		109		6		57		1173		
Medication Services	34	4.99%	4	3.64%	1	0.48%	3	2.75%	0	0.00%	1	1.75%	43	3.67%	
Laboratory Services	423	62.11%	4	3.64%	110	52.38%	97	88.99%	0	0.00%	1	1.75%	635	54.13%	
Medical Management	353	51.84%	15	13.64%	125	59.52%	22	20.18%	4	66.67%	25	43.86%	544	46.38%	
Pharmacy Services	374	54.92%	101	91.82%	90	42.86%	23	21.10%	4	66.67%	51	89.47%	643	54.82%	
Support Services	1935		249		441		193		42		162		3022		
Case Management	1785	92.25%	131	52.61%	435	98.64%	187	96.89%	42	100.00%	127	78.40%	2707	89.58%	
Personal Care Services	5	0.26%	6	2.41%	3	0.68%	5	2.59%	4	9.52%	4	2.47%	27	0.89%	
Home Care Training Family	2	0.10%	2	0.80%	36	8.16%	8	4.15%	0	0.00%	3	1.85%	51	1.69%	
Self-Help/Peer Services	87	4.50%	16	6.43%	2	0.45%	5	2.59%	0	0.00%	3	1.85%	113	3.74%	
Unskilled Respite Care	0	0.00%	0	0.00%	1	0.23%	0	0.00%	0	0.00%	0	0.00%	1	0.03%	
Supported Housing	20	1.03%	0	0.00%	48	10.88%	1	0.52%	0	0.00%	0	0.00%	69	2.28%	
Sign Language Services	2	0.10%	0	0.00%	1	0.23%	0	0.00%	0	0.00%	0	0.00%	3	0.10%	
Supportive Services	1813	93.70%	234	93.98%	378	85.71%	160	82.90%	11	26.19%	138	85.19%	2734	90.47%	
Transportation	641	33.13%	1	0.40%	161	36.51%	31	16.06%	8	19.05%	13	8.02%	855	28.29%	
Child Care Services	0	0.00%	0	0.00%	3	0.68%	0	0.00%	0	0.00%	0	0.00%	3	0.10%	
After Care	16	0.83%	14	5.62%	38	8.62%	18	9.33%	0	0.00%	0	0.00%	86	2.85%	
Other Services	310	16.02%	2	0.80%	125	28.34%	90	46.63%	0	0.00%	16	9.88%	543	17.97%	
Crisis Intervention Services	187		1		35		5		1		4		233		
Crisis Intervention Services Mobile	64	34.22%	1	100.00%	21	60.00%	5	100.00%	1	100.00%	4	100.00%	96	41.20%	
Crisis Intervention Services Stabilization	167	89.30%	0	0.00%	15	42.86%	0	0.00%	0	0.00%	0	0.00%	182	78.11%	
Inpatient Services	86		11		40		6		1		4		148		
Residential Services	137		17		37		9		2		7		209		
Behavioral Health Short-Term Residential Level II	136	99.27%	17	100.00%	36	97.30%	9	100.00%	1	50.00%	7	100.00%	206	98.56%	
Behavioral Health Long-Term Residential Level III	1	0.73%	0	0.00%	1	2.70%	0	0.00%	0	0.00%	0	0.00%	2	0.96%	
Child Residential Services w/Parent	3	2.19%	0	0.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%	4	1.91%	
Behavioral Health Day Programs	146		0		20		4		1		0		171		
Supervised Behavioral Health Treatment and Day Programs	4	2.74%	0	0.00%	2	10.00%	0	0.00%	0	0.00%	0	0.00%	6	3.51%	
Therapeutic Behavioral Health Services and Day Programs	144	98.63%	0	0.00%	18	90.00%	4	100.00%	1	100.00%	0	0.00%	167	97.66%	

Note. Percentage of clients receiving a discrete service (i.e., "Individual Counseling") expressed as a function of all clients receiving a service category (i.e., "Treatment Services")

Appendix L Service Funding Mix DES District I v. Statewide Averages	DES District I						Statewide Averages					
	DES Funds only		DES & DBHS Funds		DBHS Funds only		DES Funds only		DES & DBHS Funds		DBHS Funds only	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services												
Individual Counseling	841	97.00%	7	0.81%	19	2.19%	856	95.64%	7	0.78%	32	3.58%
Family Counseling	4	0.34%	19	1.63%	1145	98.03%	11	0.66%	23	1.38%	1637	98.14%
Group Counseling	744	99.47%	1	0.13%	3	0.40%	749	99.21%	1	0.13%	5	0.66%
Assessment, Evaluation and Screening Services	716	40.66%	823	46.73%	222	12.61%	1067	41.12%	1012	39.00%	516	19.88%
Other Treatment Services by Professionals	0	0.00%	0	0.00%	112	100.00%	0	0.00%	0	0.00%	156	100.00%
Intensive Outpatient Services	66	100.00%	0	0.00%	0	0.00%	146	100.00%	0	0.00%	0	0.00%
Outpatient Services	262	100.00%	0	0.00%	0	0.00%	419	100.00%	0	0.00%	0	0.00%
Rehabilitation Services												
Skills Training and Development	0	0.00%	0	0.00%	68	100.00%	6	3.87%	0	0.00%	149	96.13%
Behavioral Health Prevention/Promotion Education	0	0.00%	0	0.00%	1	0.90%	0	0.00%	0	0.00%	16	8.65%
Psychoeducational Services	0	0.00%	0	0.00%	83	100.00%	0	0.00%	0	0.00%	160	100.00%
Substance Abuse Education	110	100.00%	0	0.00%	0	0.00%	169	100.00%	0	0.00%	0	0.00%
Medical Services												
Medication Services	0	0.00%	0	0.00%	34	100.00%	0	0.00%	0	0.00%	43	100.00%
Laboratory Services	316	74.70%	18	4.26%	89	21.04%	501	78.90%	29	4.57%	105	16.54%
Medical Management	0	0.00%	0	0.00%	353	100.00%	3	0.55%	0	0.00%	541	99.45%
Pharmacy Services	22	5.88%	83	22.19%	269	71.93%	23	3.58%	84	13.06%	536	83.36%
Support Services												
Case Management	426	23.87%	1098	61.51%	261	14.62%	628	23.20%	1455	53.75%	624	23.05%
Personal Care Services	0	0.00%	0	0.00%	5	100.00%	0	0.00%	0	0.00%	27	100.00%
Home Care Training Family	0	0.00%	0	0.00%	2	100.00%	12	23.53%	0	0.00%	39	76.47%
Self-Help/Peer Services	0	0.00%	0	0.00%	87	100.00%	0	0.00%	0	0.00%	113	100.00%
Unskilled Respite Care	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%
Supported Housing	6	30.00%	1	5.00%	13	65.00%	55	79.71%	1	1.45%	13	18.84%
Sign Language Services	0	0.00%	0	0.00%	2	100.00%	0	0.00%	0	0.00%	3	100.00%
Supportive Services	1813	100.00%	0	0.00%	0	0.00%	2734	100.00%	0	0.00%	0	0.00%
Transportation	46	7.18%	34	5.30%	561	87.52%	143	16.73%	55	6.43%	657	76.84%
Child Care Services	0	0.00%	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%
After Care	16	100.00%	0	0.00%	0	0.00%	86	100.00%	0	0.00%	0	0.00%
Other Services	310	100.00%	0	0.00%	0	0.00%	543	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services												
Crisis Intervention Services Mobile	0	0.00%	0	0.00%	64	100.00%	0	0.00%	0	0.00%	96	100.00%
Crisis Intervention Services Stabilization	0	0.00%	0	0.00%	167	100.00%	0	0.00%	1	0.55%	181	99.45%
Inpatient Services												
Residential Services												
Behavioral Health Short-Term Residential Level II	23	16.91%	13	9.56%	100	73.53%	32	15.53%	20	9.71%	154	74.76%
Behavioral Health Long-Term Residential Level III	0	0.00%	0	0.00%	1	100.00%	1	50.00%	0	0.00%	1	50.00%
Child Residential Services w/Parent	3	100.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day Programs	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%	6	100.00%
Therapeutic Behavioral Health Services and Day Programs	0	0.00%	0	0.00%	144	100.00%	0	0.00%	0	0.00%	167	100.00%

Appendix L Service Funding Mix DES District II v. Statewide Averages	DES District II						Statewide Averages					
	DES Funds only		DES & DBHS Funds		DBHS Funds only		DES Funds only		DES & DBHS Funds		DBHS Funds only	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services												
Individual Counseling	1	100.00%	0	0.00%	0	0.00%	856	95.64%	7	0.78%	32	3.58%
Family Counseling	2	6.06%	0	0.00%	31	93.94%	11	0.66%	23	1.38%	1637	98.14%
Group Counseling	3	100.00%	0	0.00%	0	0.00%	749	99.21%	1	0.13%	5	0.66%
Assessment, Evaluation and Screening Services	86	70.49%	2	1.64%	34	27.87%	1067	41.12%	1012	39.00%	516	19.88%
Other Treatment Services by Professionals	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%	156	100.00%
Intensive Outpatient Services	2	100.00%	0	0.00%	0	0.00%	146	100.00%	0	0.00%	0	0.00%
Outpatient Services	49	100.00%	0	0.00%	0	0.00%	419	100.00%	0	0.00%	0	0.00%
Rehabilitation Services												
Skills Training and Development	3	13.04%	0	0.00%	20	86.96%	6	3.87%	0	0.00%	149	96.13%
Behavioral Health Prevention/Promotion Education	0	0.00%	0	0.00%	11	100.00%	0	0.00%	0	0.00%	16	8.65%
Psychoeducational Services	0	0.00%	0	0.00%	21	100.00%	0	0.00%	0	0.00%	160	100.00%
Substance Abuse Education	0	0.00%	0	0.00%	0	0.00%	169	100.00%	0	0.00%	0	0.00%
Medical Services												
Medication Services	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%	43	100.00%
Laboratory Services	4	100.00%	0	0.00%	0	0.00%	501	78.90%	29	4.57%	105	16.54%
Medical Management	0	0.00%	0	0.00%	15	100.00%	3	0.55%	0	0.00%	541	99.45%
Pharmacy Services	1	0.99%	0	0.00%	100	99.01%	23	3.58%	84	13.06%	536	83.36%
Support Services												
Case Management	35	26.72%	2	1.53%	94	71.76%	628	23.20%	1455	53.75%	624	23.05%
Personal Care Services	0	0.00%	0	0.00%	6	100.00%	0	0.00%	0	0.00%	27	100.00%
Home Care Training Family	0	0.00%	0	0.00%	2	100.00%	12	23.53%	0	0.00%	39	76.47%
Self-Help/Peer Services	0	0.00%	0	0.00%	16	100.00%	0	0.00%	0	0.00%	113	100.00%
Unskilled Respite Care	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%
Supported Housing	0	0.00%	0	0.00%	0	0.00%	55	79.71%	1	1.45%	13	18.84%
Sign Language Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	100.00%
Supportive Services	234	100.00%	0	0.00%	0	0.00%	2734	100.00%	0	0.00%	0	0.00%
Transportation	0	0.00%	0	0.00%	1	100.00%	143	16.73%	55	6.43%	657	76.84%
Child Care Services	0	0.00%	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%
After Care	14	100.00%	0	0.00%	0	0.00%	86	100.00%	0	0.00%	0	0.00%
Other Services	2	100.00%	0	0.00%	0	0.00%	543	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services												
Crisis Intervention Services Mobile	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	96	100.00%
Crisis Intervention Services Stabilization	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.55%	181	99.45%
Inpatient Services												
Residential Services												
Behavioral Health Short-Term Residential Level II	2	11.76%	0	0.00%	15	88.24%	32	15.53%	20	9.71%	154	74.76%
Behavioral Health Long-Term Residential Level III	0	0.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%	1	50.00%
Child Residential Services w/Parent	0	0.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day Programs	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	100.00%
Therapeutic Behavioral Health Services and Day Programs	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	167	100.00%

Appendix L Service Funding Mix DES District III v. Statewide Averages	DES District III						Statewide Averages					
	DES Funds only		DES & DBHS Funds		DBHS Funds only		DES Funds only		DES & DBHS Funds		DBHS Funds only	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services												
Individual Counseling	13	92.86%	0	0.00%	1	7.14%	856	95.64%	7	0.78%	32	3.58%
Family Counseling	5	1.89%	4	1.51%	258	97.36%	11	0.66%	23	1.38%	1637	98.14%
Group Counseling	0	0.00%	0	0.00%	0	0.00%	749	99.21%	1	0.13%	5	0.66%
Assessment, Evaluation and Screening Services	139	36.77%	101	26.72%	138	36.51%	1067	41.12%	1012	39.00%	516	19.88%
Other Treatment Services by Professionals	0	0.00%	0	0.00%	29	100.00%	0	0.00%	0	0.00%	156	100.00%
Intensive Outpatient Services	69	100.00%	0	0.00%	0	0.00%	146	100.00%	0	0.00%	0	0.00%
Outpatient Services	41	100.00%	0	0.00%	0	0.00%	419	100.00%	0	0.00%	0	0.00%
Rehabilitation Services												
Skills Training and Development	1	4.17%	0	0.00%	23	95.83%	6	3.87%	0	0.00%	149	96.13%
Behavioral Health Prevention/Promotion Education	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	16	8.65%
Psychoeducational Services	0	0.00%	0	0.00%	43	100.00%	0	0.00%	0	0.00%	160	100.00%
Substance Abuse Education	32	100.00%	0	0.00%	0	0.00%	169	100.00%	0	0.00%	0	0.00%
Medical Services												
Medication Services	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	43	100.00%
Laboratory Services	91	82.73%	7	6.36%	12	10.91%	501	78.90%	29	4.57%	105	16.54%
Medical Management	3	2.40%	0	0.00%	122	97.60%	3	0.55%	0	0.00%	541	99.45%
Pharmacy Services	0	0.00%	1	1.11%	89	98.89%	23	3.58%	84	13.06%	536	83.36%
Support Services												
Case Management	100	22.99%	237	54.48%	98	22.53%	628	23.20%	1455	53.75%	624	23.05%
Personal Care Services	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%	27	100.00%
Home Care Training Family	11	30.56%	0	0.00%	25	69.44%	12	23.53%	0	0.00%	39	76.47%
Self-Help/Peer Services	0	0.00%	0	0.00%	2	100.00%	0	0.00%	0	0.00%	113	100.00%
Unskilled Respite Care	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	1	100.00%
Supported Housing	48	100.00%	0	0.00%	0	0.00%	55	79.71%	1	1.45%	13	18.84%
Sign Language Services	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	3	100.00%
Supportive Services	378	100.00%	0	0.00%	0	0.00%	2734	100.00%	0	0.00%	0	0.00%
Transportation	97	60.25%	19	11.80%	45	27.95%	143	16.73%	55	6.43%	657	76.84%
Child Care Services	3	100.00%	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%
After Care	38	100.00%	0	0.00%	0	0.00%	86	100.00%	0	0.00%	0	0.00%
Other Services	125	100.00%	0	0.00%	0	0.00%	543	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services												
Crisis Intervention Services Mobile	0	0.00%	0	0.00%	21	100.00%	0	0.00%	0	0.00%	96	100.00%
Crisis Intervention Services Stabilization	0	0.00%	1	6.67%	14	93.33%	0	0.00%	1	0.55%	181	99.45%
Inpatient Services												
Residential Services												
Behavioral Health Short-Term Residential Level II	6	16.67%	7	19.44%	23	63.89%	32	15.53%	20	9.71%	154	74.76%
Behavioral Health Long-Term Residential Level III	1	100.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%	1	50.00%
Child Residential Services w/Parent	0	0.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day Programs	0	0.00%	0	0.00%	2	100.00%	0	0.00%	0	0.00%	6	100.00%
Therapeutic Behavioral Health Services and Day Programs	0	0.00%	0	0.00%	18	100.00%	0	0.00%	0	0.00%	167	100.00%

Appendix L Service Funding Mix DES District IV v. Statewide Averages	DES District IV						Statewide Averages					
	DES Funds only		DES & DBHS Funds		DBHS Funds only		DES Funds only		DES & DBHS Funds		DBHS Funds only	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services												
Individual Counseling	1	9.09%	0	0.00%	10	90.91%	856	95.64%	7	0.78%	32	3.58%
Family Counseling	0	0.00%	0	0.00%	93	100.00%	11	0.66%	23	1.38%	1637	98.14%
Group Counseling	2	66.67%	0	0.00%	1	33.33%	749	99.21%	1	0.13%	5	0.66%
Assessment, Evaluation and Screening Services	48	28.92%	32	19.28%	86	51.81%	1067	41.12%	1012	39.00%	516	19.88%
Other Treatment Services by Professionals	0	0.00%	0	0.00%	8	100.00%	0	0.00%	0	0.00%	156	100.00%
Intensive Outpatient Services	0	0.00%	0	0.00%	0	0.00%	146	100.00%	0	0.00%	0	0.00%
Outpatient Services	44	100.00%	0	0.00%	0	0.00%	419	100.00%	0	0.00%	0	0.00%
Rehabilitation Services												
Skills Training and Development	2	22.22%	0	0.00%	7	77.78%	6	3.87%	0	0.00%	149	96.13%
Behavioral Health Prevention/Promotion Education	0	0.00%	0	0.00%	2	7.69%	0	0.00%	0	0.00%	16	8.65%
Psychoeducational Services	0	0.00%	0	0.00%	5	100.00%	0	0.00%	0	0.00%	160	100.00%
Substance Abuse Education	24	100.00%	0	0.00%	0	0.00%	169	100.00%	0	0.00%	0	0.00%
Medical Services												
Medication Services	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%	43	100.00%
Laboratory Services	89	91.75%	4	4.12%	4	4.12%	501	78.90%	29	4.57%	105	16.54%
Medical Management	0	0.00%	0	0.00%	22	100.00%	3	0.55%	0	0.00%	541	99.45%
Pharmacy Services	0	0.00%	0	0.00%	23	100.00%	23	3.58%	84	13.06%	536	83.36%
Support Services												
Case Management	49	26.20%	98	52.41%	40	21.39%	628	23.20%	1455	53.75%	624	23.05%
Personal Care Services	0	0.00%	0	0.00%	5	100.00%	0	0.00%	0	0.00%	27	100.00%
Home Care Training Family	1	12.50%	0	0.00%	7	87.50%	12	23.53%	0	0.00%	39	76.47%
Self-Help/Peer Services	0	0.00%	0	0.00%	5	100.00%	0	0.00%	0	0.00%	113	100.00%
Unskilled Respite Care	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%
Supported Housing	1	100.00%	0	0.00%	0	0.00%	55	79.71%	1	1.45%	13	18.84%
Sign Language Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	100.00%
Supportive Services	160	100.00%	0	0.00%	0	0.00%	2734	100.00%	0	0.00%	0	0.00%
Transportation	0	0.00%	2	6.45%	29	93.55%	143	16.73%	55	6.43%	657	76.84%
Child Care Services	0	0.00%	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%
After Care	18	100.00%	0	0.00%	0	0.00%	86	100.00%	0	0.00%	0	0.00%
Other Services	90	100.00%	0	0.00%	0	0.00%	543	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services												
Crisis Intervention Services Mobile	0	0.00%	0	0.00%	5	100.00%	0	0.00%	0	0.00%	96	100.00%
Crisis Intervention Services Stabilization	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.55%	181	99.45%
Inpatient Services												
Residential Services												
Behavioral Health Short-Term Residential Level II	1	11.11%	0	0.00%	8	88.89%	32	15.53%	20	9.71%	154	74.76%
Behavioral Health Long-Term Residential Level III	0	0.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%	1	50.00%
Child Residential Services w/Parent	0	0.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day Programs	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	100.00%
Therapeutic Behavioral Health Services and Day Programs	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%	167	100.00%

Appendix L Service Funding Mix DES District V v. Statewide Averages	DES District V						Statewide Averages					
	DES Funds only		DES & DBHS Funds		DBHS Funds only		DES Funds only		DES & DBHS Funds		DBHS Funds only	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services												
Individual Counseling	0	0.00%	0	0.00%	1	100.00%	856	95.64%	7	0.78%	32	3.58%
Family Counseling	0	0.00%	0	0.00%	33	100.00%	11	0.66%	23	1.38%	1637	98.14%
Group Counseling	0	0.00%	0	0.00%	1	100.00%	749	99.21%	1	0.13%	5	0.66%
Assessment, Evaluation and Screening Services	2	8.00%	3	12.00%	20	80.00%	1067	41.12%	1012	39.00%	516	19.88%
Other Treatment Services by Professionals	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	156	100.00%
Intensive Outpatient Services	1	100.00%	0	0.00%	0	0.00%	146	100.00%	0	0.00%	0	0.00%
Outpatient Services	3	100.00%	0	0.00%	0	0.00%	419	100.00%	0	0.00%	0	0.00%
Rehabilitation Services												
Skills Training and Development	0	0.00%	0	0.00%	3	100.00%	6	3.87%	0	0.00%	149	96.13%
Behavioral Health Prevention/Promotion Education	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	16	8.65%
Psychoeducational Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	160	100.00%
Substance Abuse Education	0	0.00%	0	0.00%	0	0.00%	169	100.00%	0	0.00%	0	0.00%
Medical Services												
Medication Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	43	100.00%
Laboratory Services	0	0.00%	0	0.00%	0	0.00%	501	78.90%	29	4.57%	105	16.54%
Medical Management	0	0.00%	0	0.00%	4	100.00%	3	0.55%	0	0.00%	541	99.45%
Pharmacy Services	0	0.00%	0	0.00%	4	100.00%	23	3.58%	84	13.06%	536	83.36%
Support Services												
Case Management	1	2.38%	2	4.76%	39	92.86%	628	23.20%	1455	53.75%	624	23.05%
Personal Care Services	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%	27	100.00%
Home Care Training Family	0	0.00%	0	0.00%	0	0.00%	12	23.53%	0	0.00%	39	76.47%
Self-Help/Peer Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	113	100.00%
Unskilled Respite Care	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%
Supported Housing	0	0.00%	0	0.00%	0	0.00%	55	79.71%	1	1.45%	13	18.84%
Sign Language Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	100.00%
Supportive Services	11	100.00%	0	0.00%	0	0.00%	2734	100.00%	0	0.00%	0	0.00%
Transportation	0	0.00%	0	0.00%	8	100.00%	143	16.73%	55	6.43%	657	76.84%
Child Care Services	0	0.00%	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%
After Care	0	0.00%	0	0.00%	0	0.00%	86	100.00%	0	0.00%	0	0.00%
Other Services	0	0.00%	0	0.00%	0	0.00%	543	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services												
Crisis Intervention Services Mobile	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	96	100.00%
Crisis Intervention Services Stabilization	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.55%	181	99.45%
Inpatient Services												
Residential Services												
Behavioral Health Short-Term Residential Level II	0	0.00%	0	0.00%	1	100.00%	32	15.53%	20	9.71%	154	74.76%
Behavioral Health Long-Term Residential Level III	0	0.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%	1	50.00%
Child Residential Services w/Parent	1	100.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day Programs	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	100.00%
Therapeutic Behavioral Health Services and Day Programs	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	167	100.00%

Appendix L Service Funding Mix DES District VI v. Statewide Averages	DES District VI						Statewide Averages					
	DES Funds only		DES & DBHS Funds		DBHS Funds only		DES Funds only		DES & DBHS Funds		DBHS Funds Only	
	#	%	#	%	#	%	#	%	#	%	#	%
Treatment Services												
Individual Counseling	0	0.00%	0	0.00%	1	100.00%	856	95.64%	7	0.78%	32	3.58%
Family Counseling	0	0.00%	0	0.00%	77	100.00%	11	0.66%	23	1.38%	1637	98.14%
Group Counseling	0	0.00%	0	0.00%	0	0.00%	749	99.21%	1	0.13%	5	0.66%
Assessment, Evaluation and Screening Services	76	53.15%	51	35.66%	16	11.19%	1067	41.12%	1012	39.00%	516	19.88%
Other Treatment Services by Professionals	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%	156	100.00%
Intensive Outpatient Services	8	100.00%	0	0.00%	0	0.00%	146	100.00%	0	0.00%	0	0.00%
Outpatient Services	20	100.00%	0	0.00%	0	0.00%	419	100.00%	0	0.00%	0	0.00%
Rehabilitation Services												
Skills Training and Development	0	0.00%	0	0.00%	28	100.00%	6	3.87%	0	0.00%	149	96.13%
Behavioral Health Prevention/Promotion Education	0	0.00%	0	0.00%	2	40.00%	0	0.00%	0	0.00%	16	8.65%
Psychoeducational Services	0	0.00%	0	0.00%	8	100.00%	0	0.00%	0	0.00%	160	100.00%
Substance Abuse Education	3	100.00%	0	0.00%	0	0.00%	169	100.00%	0	0.00%	0	0.00%
Medical Services												
Medication Services	0	0.00%	0	0.00%	1	100.00%	0	0.00%	0	0.00%	43	100.00%
Laboratory Services	1	100.00%	0	0.00%	0	0.00%	501	78.90%	29	4.57%	105	16.54%
Medical Management	0	0.00%	0	0.00%	25	100.00%	3	0.55%	0	0.00%	541	99.45%
Pharmacy Services	0	0.00%	0	0.00%	51	100.00%	23	3.58%	84	13.06%	536	83.36%
Support Services												
Case Management	17	13.39%	18	14.17%	92	72.44%	628	23.20%	1455	53.75%	624	23.05%
Personal Care Services	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%	27	100.00%
Home Care Training Family	0	0.00%	0	0.00%	3	100.00%	12	23.53%	0	0.00%	39	76.47%
Self-Help/Peer Services	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%	113	100.00%
Unskilled Respite Care	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.00%
Supported Housing	0	0.00%	0	0.00%	0	0.00%	55	79.71%	1	1.45%	13	18.84%
Sign Language Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	100.00%
Supportive Services	138	100.00%	0	0.00%	0	0.00%	2734	100.00%	0	0.00%	0	0.00%
Transportation	0	0.00%	0	0.00%	13	100.00%	143	16.73%	55	6.43%	657	76.84%
Child Care Services	0	0.00%	0	0.00%	0	0.00%	3	100.00%	0	0.00%	0	0.00%
After Care	0	0.00%	0	0.00%	0	0.00%	86	100.00%	0	0.00%	0	0.00%
Other Services	16	100.00%	0	0.00%	0	0.00%	543	100.00%	0	0.00%	0	0.00%
Crisis Intervention Services												
Crisis Intervention Services Mobile	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%	96	100.00%
Crisis Intervention Services Stabilization	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.55%	181	99.45%
Inpatient Services												
Residential Services												
Behavioral Health Short-Term Residential Level II	0	0.00%	0	0.00%	7	100.00%	32	15.53%	20	9.71%	154	74.76%
Behavioral Health Long-Term Residential Level III	0	0.00%	0	0.00%	0	0.00%	1	50.00%	0	0.00%	1	50.00%
Child Residential Services w/Parent	0	0.00%	0	0.00%	0	0.00%	4	100.00%	0	0.00%	0	0.00%
Behavioral Health Day Programs												
Supervised Behavioral Health Treatment and Day Programs	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	100.00%
Therapeutic Behavioral Health Services and Day Programs	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	167	100.00%

Appendix M - Case Closure and Length of Stay by DES District

Case Closure and Length of Stay, by DES District							
DES District	I	II	III	IV	V	VI	Statewide Totals
# total participating clients	1972	263	445	195	43	172	3090
# (%) clients served and closed by AFF only	448(76.5)	42(7.2)	39(6.7)	23(3.9)	0(0)	34(5.8)	586
Mean (sd) length of service for clients served by AFF only	N=149 76.2 (72.2)	N=14 94.5(120.5)	N=32 102.7(123.6)	N=17 68.1(72.9)	N/A	N=13 95.6(83.3)	N=225 81.6(85.3)
# (%) clients continuing AFF only	16(10.8)	37(25.0)	51(34.5)	27(18.2)	1(0.7)	16(10.8)	148
# (%) clients served and closed by RBHA only	185(39.0)	65(13.7)	95(20.0)	67(14.1)	34(7.2)	28(5.9)	474
Mean (sd) length of service for clients served by RBHA only	N=166 171.3(255.4)	N=52 163.9(162.5)	N=79 230.7(209.2)	N=65 247.6(218.7)	N=18 157.3(100.9)	N=22 205.7(156.1)	N=402 195.6(221.8)
# (%) clients continuing RBHA only	174(37.4)	112(24.1)	39(8.4)	37(8.0)	4(0.9)	28(6.0)	465
# (%) clients served by AFF and RBHA and closed by both systems	31(83.8)	0(0)	5(13.5)	1(2.7)	0(0)	0(0)	37
Mean (sd) length of service for both systems	N=30 159.0(259.2)	N/A	N=5 75.8(63.5)	N=1 154(N/A)	N/A	N/A	N=36 147.3(238.7)
# (%) clients served by AFF and RBHA , but closed only by AFF	576(90.7)	0(0)	27(4.3)	14(2.2)	0(0)	18(2.8)	635
Mean (sd) length of service for AFF services only	N=135 283.2(418.5)	N/A	N=17 249.4(260.8)	N=5 79.4(54.1)	N/A	N=2 78(107.4)	N=159 270.4(396.7)
# (%) clients served by AFF and RBHA , but closed only by RBHA	93(75.6)	1(0.8)	23(18.7)	3(2.4)	1(0.8)	2(1.6)	123
Mean (sd) length of service for RBHA services only	N=88 130.9(228.0)	N=1 387.0(N/A)	N=22 130.5(153.9)	N=2 74.0(67.8)	N=1 140.0(N/A)	N=2 108.0(152.7)	N=116 131.7(211.0)