



Arizona Families F.I.R.S.T.
Annual Evaluation Report
Summary for SFY 2017

**Arizona Families F.I.R.S.T.
Annual Evaluation Report: Summary for SFY 2017
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Executive Summary

Arizona Families F.I.R.S.T. (AFF) was established as a community substance use disorder prevention and treatment program by Senate Bill 1280, which passed in the 2000 legislative session. AFF addresses adverse conditions related to alcohol and drug abuse among child-welfare-involved families in which allegations of child maltreatment were associated with parental substance abuse. AFF also provides services to Temporary Assistance to Needy Families (TANF) recipients who have difficulty obtaining or maintaining employment due to substance abuse issues. The AFF program provides a variety of treatment and supportive services designed to reduce or eliminate abuse of, and dependence on, alcohol and other drugs in family systems.

The AFF program emphasizes face-to-face outreach and rapid engagement at the time of program referral, assessments, supportive services to remove barriers (e.g., employment, transportation, case management, and housing services), individual counseling and group treatment, re-engagement, and recovery maintenance to support ongoing sobriety and recovery.

Key Findings

The AFF program data is presented in two contexts: 1) Unique Individuals and 2) Referrals. The unique individual context is a measure of total actual clients referred to the AFF program for substance use disorder treatment services. Referrals count the total number of referrals made which includes re-referrals for some clients. The amount of data presented for referrals will always be greater than the unique individual data.

The data is presented in terms of referrals when discussing referrals to the AFF program, outreach efforts, and acceptance of service. Each referral initiates a new flow of service to the client. The referral data documents the outreach and engagement AFF provided during the State Fiscal Year (SFY) 2017 for new referrals only, and the unique individual data details the overall services provided to unique individuals during the same time period. The data is presented in terms of unique individuals when discussing details regarding AFF services such as auxiliary services, substance abuse treatment services, and drug tests.

Referrals, Outreach, Acceptance of Services, and Assessments

In SFY 2017, there were a total of 8,869 new referrals to the AFF program (i.e., referrals received between July 1, 2016 and June 30, 2017) and 4,884 continuing referrals (clients) that opened prior to July 1, 2016. The 11,815 unique individuals served during SFY 2017 received a total of 13,753 referrals, which includes the continuing referrals from SFY 2016. As a single individual can receive multiple referrals to the AFF program, the data summary focuses on the 13,753 referrals.

Of the 13,753 referrals, AFF providers completed some form of outreach for 13,458 of the referrals (97.9%), with 12,629 referrals (93.8%) having an outreach attempt within one business day or less from when the AFF provider received the referral.

Of the 13,753 referrals, a total of 9,266 referrals (67.4%) resulted in a signed Release of Information (ROI) form, which indicates a client's voluntary acceptance of AFF services. The

AFF providers continue to show an increase in referrals resulting in a signed ROI. In SFY 2016, less than two-thirds (62%) of the referrals resulted in a signed ROI, while in SFY 2015 only half (50.9%) of the referrals resulted in a signed ROI. The performance measure is for 75% of referrals to have a signed ROI. While AFF providers are not meeting this performance measure, they have shown a 32.4%¹ improvement since 2015.

After a client has signed an ROI, a substance abuse assessment is conducted to assess the level and impact of a client's use and abuse of alcohol and drugs. Out of 8,663 unique individuals with a signed ROI, the substance abuse assessment was completed for 8,432 of the unique individuals (97.3%). The AFF providers have exceeded the performance measure requiring 85% of unique individuals with a signed ROI complete a substance abuse assessment. Out of the 11,815 unique individuals referred to AFF, 7,297 (61.8%) had a completed assessment that resulted in an identified need for substance abuse treatment services and were assigned a level of care (See Exhibit 4).

Alcohol and Substance Use among AFF Clients

In SFY 2017, the top three substances AFF clients self-reported using in the past 30 days of their assessment date were: 1) Marijuana/Hashish (29.0%), 2) Methamphetamine/Speed (27.5%), and 3) Alcohol (18.4%). These three substances also had the highest percentages in SFY 2016, so remain consistent with last year's values.

Clients participating in the AFF program must complete routine drug screenings on a schedule determined by how long they have been active in the program along with the progress the client is making. Clients enrolled between 0 and 60 days are expected to complete at least two drug tests per week. When the client has participated between 61 and 120 days, s/he completes at least two drug tests each month, except when it is determined that substance use continues at or near the original levels, indicating treatment levels may need to be increased. When a client has been active greater than 120 days, s/he completes at least one drug test per month. The percentage of clients who were compliant with testing between 0 and 60 days was 25.9% in SFY 2017. The percentage of clients who were compliant between 61 and 120 days increased from 24.5% in SFY 2016 to 48.7% in SFY 2017. Finally, there was an increase in the percentage of clients who were compliant with testing at greater than 120 days, rising from 28.0% in SFY 2016 to 35.8% in SFY 2017.

Services Used by AFF Clients

During SFY 2017, 74.9% of AFF unique individuals identified as needing substance abuse treatment services initiated treatment in outpatient services, 24.2% of AFF clients initiated their treatment in intensive outpatient services, while 0.2% of clients (12) began in residential treatment. These percentages are consistent with the SFY 2016 data. Of the 7,297 clients who received AFF services in SFY 2017, 79.6% received outpatient services during their involvement in AFF, 28.2% received intensive outpatient services during their involvement in AFF, 0.8% received residential treatment services and 13.5% received recovery maintenance/aftercare services.

¹ The percentage change between two percentages is calculated using the following formula: (Value for 2017 – Value for 2015)/Value for 2015 * 100.

AFF clients reported the most days in outpatient treatment with an average of 242.8 days (over 8 months), followed by intensive outpatient treatment with an average 148.7 and residential treatment at 134.2 days. Among those clients who received substance abuse treatment and closed in SFY 2017, a total of 62.3% of clients left the program while they were in outpatient services, 23.9% left while they were in intensive outpatient services, and 0.2% while in residential treatment services. A total of 13.6% of clients exited the program after being in recovery maintenance/aftercare services, which is an indicator of full program completion. The percentages of clients who left the program while they were in outpatient, intensive outpatient, and residential treatment services remained consistent with SFY 2016 values.

A total of 7,297 AFF clients received substance abuse treatment services including: 1) individual counseling, 2) group counseling, 3) family counseling, and 4) couples counseling. During SFY 2017, 70.3% of AFF clients who identified as needing substance abuse treatment services received family counseling, 55.3% received individual counseling, and 51.2% received group counseling. It is possible that couples counseling data may have been incorporated into that of family counseling, as only one client is shown as receiving it. In addition to substance abuse treatment services, AFF clients received other needed services categorized into: 1) parenting skills training, 2) job readiness/employment training, 3) mental health services, 4) medical services, 5) domestic violence services, 6) crisis services, 7) basic life needs, and 8) other services. Of the 7,297 clients receiving AFF services, 58.6% received parenting services, 21.3% received mental health services, and 14.5% received basic life needs.

Child Safety and the Reduction of Child Abuse and Neglect

Data from the Department of Child Safety's CHILDS database is utilized to track findings of initial reports of abuse and/or neglect and additional reports received after being referred to the AFF program. This data is used to prepare data on child safety and the reduction or elimination of child abuse and neglect reports as a result of receiving AFF services. Among individuals who successfully completed the AFF program between April 30, 2011 and June 30, 2017, 61.5% had no additional reports of child abuse or neglect to DCS after being referred to the AFF program (through the data extraction date of May 8, 2018). Among individuals who exited the AFF program between April 30, 2011 and June 30, 2017 before completing treatment, 66.2% had no reports to DCS after being referred to the AFF program.

It should be noted that people who did not complete services may show the higher reduction of recidivism for multiple reasons including: not having their children returned to their care, incarceration, moving out of state, or dying. These factors would reduce their likelihood of a subsequent report.

In addition, among individuals who successfully completed the AFF program between April 30, 2011 and December 31, 2016, 73.2% had no additional reports to DCS six months or more following the individuals' closure from the AFF program. It is the intention of the Department and the evaluator to continue to identify alternative methods to evaluate the effectiveness of the AFF services in relation to preventing repeated reports of child abuse or neglect.

Permanency for Children through Reunification

The Department of Child Safety's CHILDS database also provides the data related to permanency for children through reunification, adoption, or guardianship. Among the children

whose parent(s) successfully completed the AFF program and closed AFF services between April 30, 2011 and June 30, 2017, 92.7% of the children achieved permanency by the end of SFY 2017. Among the children whose parent(s) exited the AFF program between April 30, 2011 and June 30, 2017 before program completion, 83.6% of the children achieved permanency by the end of SFY 2017. Out of the children who achieved permanency, 45.2% of the children were reunified with their family, and 43.8% of the children were adopted, 6.8% of the children were in a guardianship. It should be noted that children entering care in SFY 2017 would not reasonably have been expected to achieve permanency due to the short timeframe involved. Table 28 illustrates the average number of days in out-of-home care for these children totaled 542.5 days, which is more than 18 months.

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Section 1: Introduction

Arizona Families F.I.R.S.T. (AFF) was established as a community substance use disorder prevention and treatment program by Senate Bill 1280, which passed in the 2000 legislative session. AFF addresses adverse conditions related to alcohol and drug abuse among child-welfare-involved families in which allegations of child maltreatment were associated with parental or caregiver substance abuse. It also provides treatment services to TANF recipients for whom substance abuse issues cause difficulty in obtaining or maintaining employment.

The AFF program provides a variety of treatment and supportive services designed to reduce or eliminate abuse of, and dependence on, alcohol and other drugs in family systems. Interventions are provided through the Arizona Department of Child Safety (DCS) contracted community providers with services provided in outpatient and residential settings, and/or through the Regional Behavioral Health Authority (RBHA) network of providers under contract with the Arizona Health Care Cost Containment System (AHCCCS).

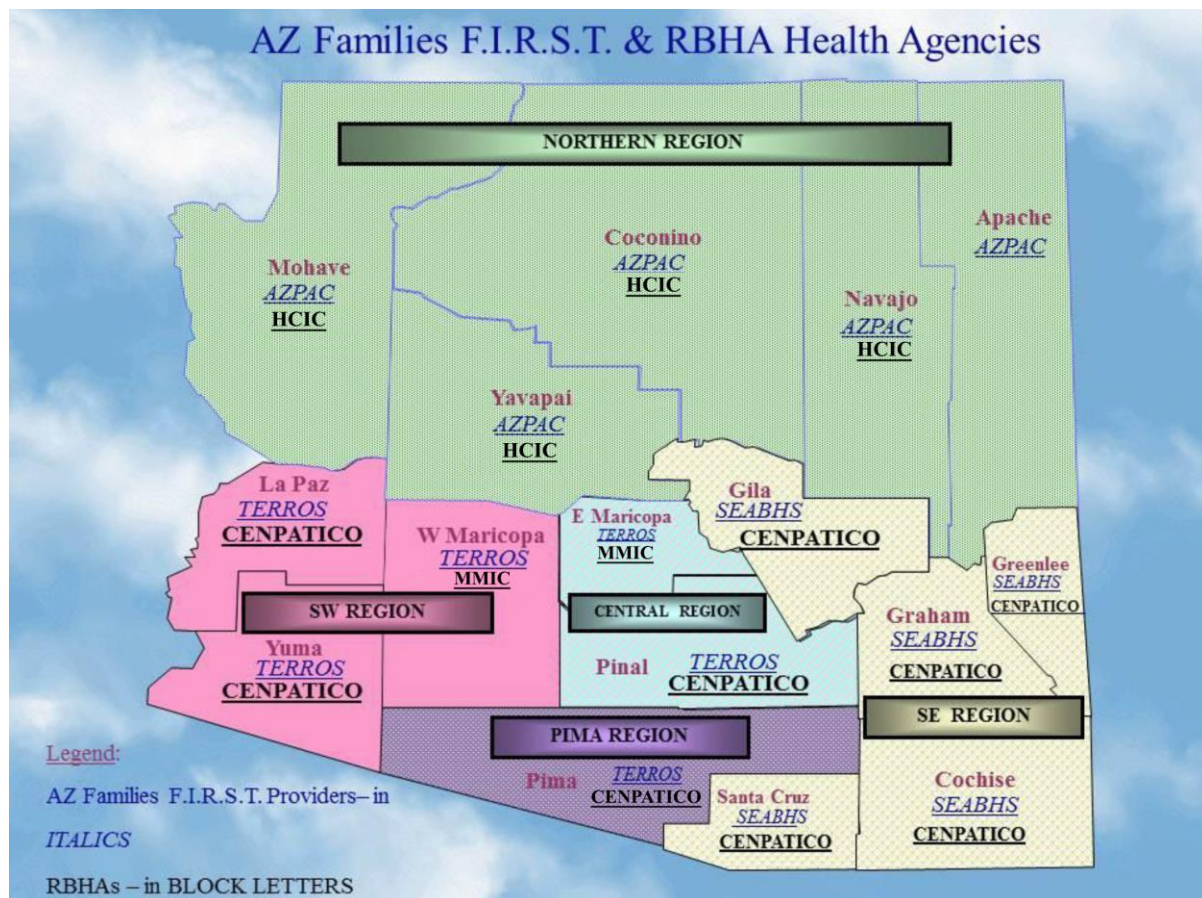
This evaluation examines the implementation and outcomes of community substance use disorder treatment services delivered by providers contracted with DCS² and by RBHA-contracted agencies (for clients who are Title XIX eligible) who may or may not be DCS-contracted. Exhibit 1 provides a list of DCS regions, counties, DCS providers, and RBHAs. The map provided in Exhibit 2 shows the AFF provider regions and RBHA service areas.

²DCS providers are contracted with the Arizona Department of Child Safety to deliver substance use disorder treatment services through the Arizona Families F.I.R.S.T. (AFF) program. Individuals are referred to the AFF program through two sources: 1) the Arizona Department of Child Safety (DCS), and 2) the TANF/Jobs program operated by the Arizona Department of Economic Security.

Exhibit 1. List of DCS Regions, Counties, DCS Providers, and RBHAs, SFY 2017

DCS Region	County	RBHA 2017	DCS Provider 2017
Central	Maricopa East	Mercy Maricopa Integrated Care (MMIC)	Terros Central
	Pinal	Cenpatico	
Pima	Pima	Cenpatico	Terros Pima
Southwest	Maricopa West	Mercy Maricopa Integrated Care (MMIC)	Terros Southwest
	Yuma	Cenpatico	
	La Paz		
Southeast	Gila	Cenpatico	Southeastern Arizona Behavioral Health Services (SEABHS)
	Cochise		
	Graham		
	Greenlee		
	Santa Cruz		
Northern	Apache	Health Choice Integrated Care (HCIC)	Arizona Partnership for Children (AzPAC)
	Coconino		
	Mohave		
	Navajo		
	Yavapai		

Exhibit 2. Map of AFF Providers and RBHA Health Agency Regions 2017



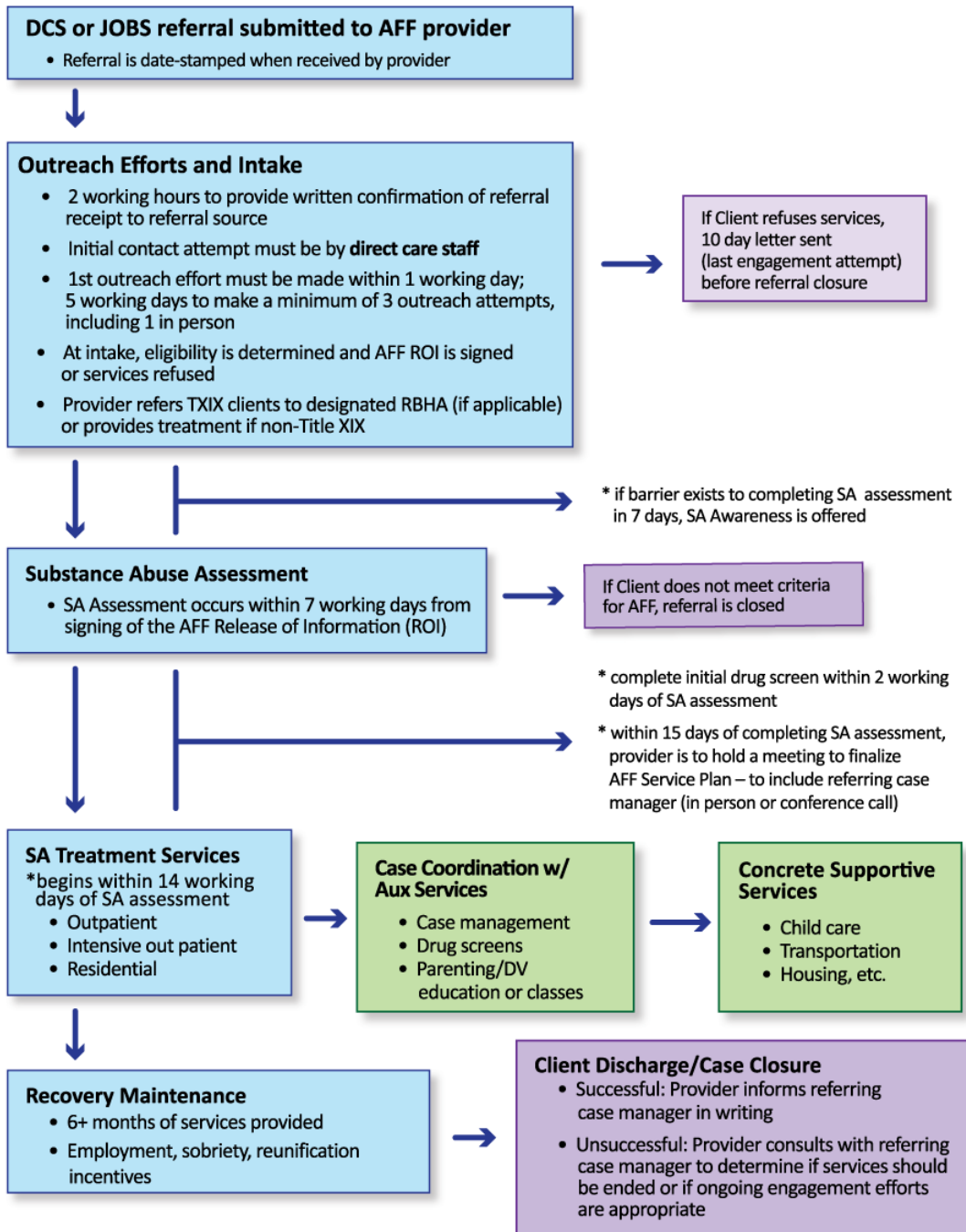
Brief Description of the AFF Program and Client Flow

AFF is a program that provides contracted family-centered, strengths-based substance abuse treatment and recovery support services to parents or caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family. In addition to traditional services, AFF includes an emphasis on face-to-face outreach and engagement at the time of program referral, Recovery Coach support, case management and concrete supportive services to remove barriers (e.g., employment, transportation, housing services, etc.), 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 significant others and children, and motivational interviewing strategies to assist the entire family in its recovery are incorporated into the service delivery.

Exhibit 3. AZ Families F.I.R.S.T. Flow of Service shows the flow of clients through various stages of the AFF program.



AZ FAMILIES F.I.R.S.T. FLOW OF SERVICES



Section 2: Overview

The Arizona Families F.I.R.S.T. Annual Evaluation Report: Summary for SFY 2017 summarizes the data provided to Wellington Consulting Group, the evaluator, in July 2017 by the providers and the Department. This annual report encompasses the data collected from Arizona Partnerships for Children (AzPAC), Southeastern Arizona Behavioral Health Services (SEABHS), and Terros from May 2011 through July 2017, specifically the referrals, services, and treatment outcomes associated with AFF for the State Fiscal Year 2017 (July 1, 2016 – June 30, 2017).

Evaluation Framework and Data Sources

This evaluation report responds to the legislatively-mandated performance indicators of the AFF program.

AFF providers submit data through a data portal created by the evaluator, known as the Arizona Families F.I.R.S.T. Data Collection Portal. The portal follows the data specifications and criteria negotiated with, and approved by, the contracted service providers and DCS. The portal allows providers to upload their in-house data directly into the portal in a secured format. It also provides DCS and the providers the ability to access web-based data searches on specific individual and aggregate clients.

The data provided herein are drawn from administrative data submitted to the evaluator directly via the Arizona Families F.I.R.S.T. Data Collection Portal. The data upload specifications require all providers to upload data in eight data tables (Referral, Outreach, Client, Level of Care, Service, Drug Test, Past 30-Day Use, and Closure) using data file formats that ensure cross-agency consistency and lead to better data integrity. These data uploads occur by the 15th of each month.

Upon receipt of a data upload, Wellington Group reviews the file structure and the data in each table to ensure that it meets the standards specified in the AFF Data Transmittal Specifications and the Data Definitions for AFF Data Tables. The evaluator maintains communication with the providers and DCS to ensure the data is accurately interpreted and to correct errors identified in the data table formats.

One method of communication between the evaluator and AFF providers includes the Quarterly Quality Control reports prepared for each AFF provider. These reports identify common data errors, such as duplicate CHILDS ID numbers, referrals that cannot be matched to a specific individual, individuals who cannot be matched to a referral, and closure reasons that are inconsistent with other client information. The Quarterly Quality Control reports specify which referral record and data table contains the inaccurate or incomplete information. AFF providers use the Quarterly Quality Control reports to correct the inaccurate and incomplete data. During the fiscal year, the evaluators worked with the AFF providers to identify the discrepancies and resolve issues; however, some of the issues were not completely resolved and there continues to be missing data.

This evaluation report captures a 12-month period (July 1, 2016 – June 30, 2017) that includes:

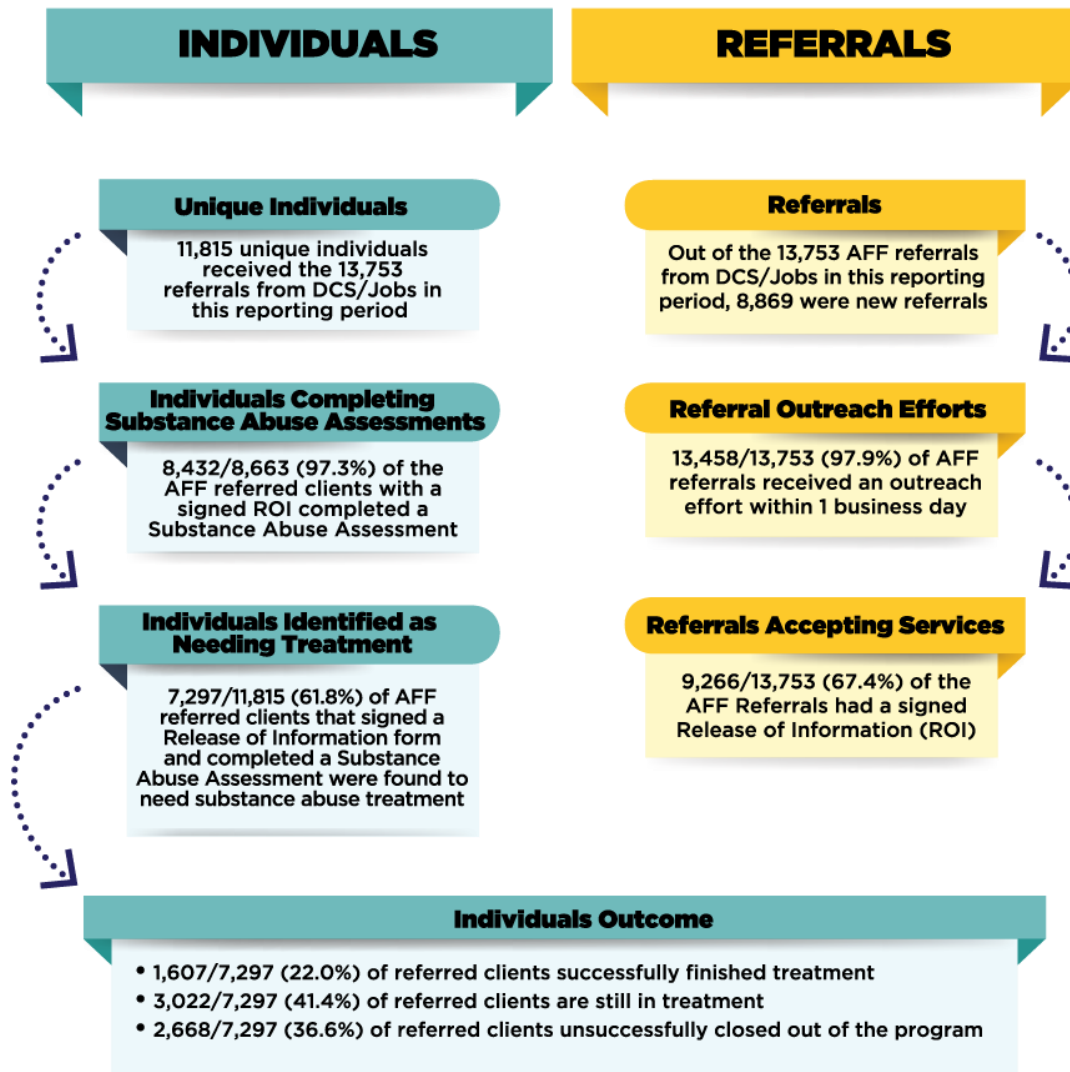
- 1) Data on clients who received referrals in the specified time period, and
- 2) Data on clients who received referrals prior to SFY 2017 and received services within the specified time period.

AFF Referrals and Client Participation Diagram

Exhibit 4 provides a snapshot of the services provided in SFY 2017. The AFF Referrals and Client Participation diagram tracks how clients referred to the AFF program move through and exit from services. Exhibit 4 summarizes the data for referrals and unique individuals served during SFY 2017.

Exhibit 4. AFF Referrals and Client Participation

AFF REFERRALS AND CLIENT PARTICIPATION SFY 2017 Annual Report (July 1, 2016 - June 30, 2017)



Section 3: AFF Referrals

This section on AFF Referrals presents data on the referral process of the AFF program. Data is presented in two ways: 1) referrals to the AFF program, and 2) unique individuals referred to the AFF program. As a single individual may receive multiple referrals, the total number of referrals is greater than the unique individuals. Referral data is presented by quarter and as an annual total. The quarterly counts contain new referrals for that quarter and continuing referrals (i.e., referrals which began before SFY 2017). The total count (aka the annual count) of referrals includes all referrals (both new and continuing) for those clients who received services in SFY 2017.

Unique individuals referred to the AFF program includes individuals who: 1) received new referrals for AFF services reported in SFY 2017 (July 1, 2016 – June 30, 2017), 2) received referrals for AFF services prior to SFY 2017 and continued to receive AFF services in SFY 2017, and 3) received referrals for AFF services prior to SFY 2017, continued receiving services in SFY 2017, and then closed in SFY 2017 (July 1, 2016 – June 30, 2017). A client who was referred to AFF on July 1, 2016 is included as a new referral. A client who was referred to AFF on May 1, 2016 and continued to receive AFF services during SFY 2017 is included as a continuing referral. A client referred to the AFF program on June 1, 2016 and closed on August 30, 2016 is also included as a continuing referral because this client received AFF services during SFY 2017.

A total of 7,534 unique individuals were the recipients of the 8,869 new referrals for AFF services in SFY 2017. In addition, 4,281 unique individuals represent the clients whose referral opened prior to SFY 2017, who continued to receive AFF services, and/or who closed in SFY 2017. Accordingly, 11,815 unique individuals were either newly referred and/or served in SFY 2017.

The data presented in Table 1 through Table 3 and Table 5 through Table 7 provides an overview of how individuals enter the program and move through the referral process, which includes outreach efforts, intake, and substance abuse assessments. Table 4 presents demographic data on the clients referred during SFY 2017.

Table 1 displays the values for:

- 1) New Referrals for AFF services reported in SFY 2017 (July 1, 2016 – June 30, 2017)
- 2) Continuing Referrals
 - a. Referrals for AFF services prior to SFY 2017 and still open at the end of SFY 2017
 - b. Referrals for AFF services prior to SFY 2017 that closed in SFY 2017
- 3) Total Number of Unique Individuals who have received:
 - a. New Referrals for AFF services reported in SFY 2017
 - b. Referrals for AFF services prior to SFY 2017 and not closed by the end of SFY 2017
 - c. Referrals for AFF services prior to SFY 2017 that closed in SFY 2017 and
- 4) Number of Individuals with more than one referral: Individuals who have received referrals/services in SFY 2017 that have received more than one referral regardless of SFY

A total of 8,869 new referrals were received by AFF providers during SFY 2017, averaging 2,217 referrals per quarter.³ The 4,884 continuing referrals were referrals that opened prior to SFY 2017 and continued into SFY 2017. In addition, a total of 11,815 unique individuals received AFF services during SFY 2017⁴. Nearly one-third (31.2%) of the unique individuals have received more than one referral for AFF services.

Table 1: AFF Referrals

State Fiscal Year 2017	Total		Quarter 4		Quarter 3		Quarter 2		Quarter 1	
	N	%	N	%	N	%	N	%	N	%
New Referrals	8,869	64.5%	2,188	58.4%	2,260	51.4%	2,101	39.2%	2,320	32.2%
Continuing ¹ Referrals	4,884	35.5%	1,558	41.6%	2,137	48.6%	3,258	60.8%	4,884	67.8%
Total Referrals²	13,753	100%	3,746	100%	4,397	100%	5,359	100%	7,204	100%
Total # of Unique Individuals	11,815	100%								
# of Individuals with more than one referral	3,690	31.2%								

¹ Continuing referrals are referrals opened pre SFY 2017 and not closed as of start of SFY 2017 or referrals opened pre SFY 2017 and closed in SFY 2017.

² The Total Referrals value of 13,753 includes eight (8) referrals where the evaluators were unable to match the referral to a specific client. These eight (8) referrals are excluded from the Total # of unique individuals.

In Table 1, the number of referrals for each quarter includes continuing referrals for clients who began receiving AFF services prior to SFY 2017 and continued to receive services during SFY 2017. Therefore, the total value for all four quarters exceeds the total for SFY 2017. The total number of new referrals AFF providers received during SFY 2017 varies slightly each quarter. The highest number of new referrals occurred in Quarter 1 (2,320) and the lowest number of new referrals occurred in Quarter 2 (2,101). Having the lowest number of new referrals in Quarter 2 could be related to the holidays that occur during this time and staff vacations. The number of continuing referrals has a higher variation between the four quarters as retention decreases each quarter. In Quarter 1, there were 4,884 continuing referrals while in Quarter 4 there were 1,558

³ In Table 1, the Continuing Referrals column totals are unduplicated. A referral may be counted in multiple quarters as long as the referral is open. For example, a referral that opened on June 1, 2016 and closed on December 30, 2016 would be counted as a continuing referral in Quarter 1 and Quarter 2 because the client received AFF services during each quarter.

⁴ A comparison of the number of clients served in SFY 2017 with SFY 2016 cannot be performed because of data cleanup efforts conducted by the AFF providers in SFY 2017. A total of 446 individuals were inaccurately identified as continuing to receive AFF services in SFY 2016. These 446 individuals were identified and provided with the correct exit date (prior to SFY 2016) during data cleanup completed in January 2018.

continuing referrals. The decline in the number of continuing referrals from Quarter 1 to Quarter 4 is anticipated as clients who began receiving AFF services prior to July 1, 2016 exited the program because they either completed their treatment or withdrew from services.

AFF Referral Sources

Table 2 displays the values for the origin of the referrals. There are two possible sources: Department of Child Safety or Department of Economic Safety/TANF/JOBS Program. As shown in Table 2, the majority of the referrals (99.9%) originated from the Department of Child Safety, same as the percentage reported in SFY 2016. Of the 13,753 referrals, six came from the TANF/JOBS program.

Table 2: AFF Referral Sources

State Fiscal Year 2017	Total	
	N	%
Total Referrals^{1,2}	13,753	100%
Referred from Department of Child Safety	13,747	99.9%
Referred from TANF/ JOBS Program	6	0.1%
Total # of Unique Individuals³	11,815	100%
Referred from Department of Child Safety	11,814	100%
Referred from TANF/ JOBS Program	5 ⁴	0.0%

¹Total Referrals from AFF Referrals Table 1

²The Total Referrals value of 13,753 includes eight (8) referrals where the evaluators were unable to match the referral to a specific client. These eight (8) referrals are excluded from the Total # of unique individuals.

³Total unique individuals from AFF Referrals Table 1

⁴One unique individual received two (2) referrals from the TANF/JOBS program.

Individual clients may have received a referral from more than one source, for example, the first referral to AFF may have originated with DCS while the second referral originated with the TANF/JOBS program. When a client has more than one referral from more than one source, the most recent referral is used in the unique individual count in Table 2.

AFF Outreach

Table 3 shows that the majority of all referrals to the AFF program (97.9%) received an outreach effort. Additionally, the majority of these referrals (93.8%) had their first outreach attempt within one business day or less. An outreach attempt includes if:

- 1) The AFF outreach staff was able to contact the client
- 2) The AFF outreach staff attempted to contact the client, but no contact occurred

An AFF provider may not be successful in reaching the referred individual on the first attempt. The AFF Scope of Work specifies that a minimum of three outreach attempts must be completed within five business days to engage the client, with at least one being in person. This means that if an AFF provider was unable to contact the referred client on the first attempt, then the AFF provider should make at least two additional attempts to contact the referred client within five business days.

Of the 13,753 referrals received in SFY 2017, 13,458 (97.9%) received an outreach attempt. This percentage represents a two-percentage point increase from the 96.0% of the outreach attempts reported in SFY 2016.

Table 3: AFF Outreach

State Fiscal Year 2017	Total	
	N	%
Total Referrals^{1,2}	13,753	100%
Referrals With At Least One Outreach Attempt	13,458	97.9%
With a first outreach attempt within one business day from referral	12,629	93.8%
With a first outreach attempt greater than one business day but within five business days	626	4.7%
With a first outreach attempt greater than five business days	203	1.5%
Referrals With No Outreach Attempts	295	2.1%

¹ Total Referrals from AFF Referrals Table 1

² The Total Referrals value of 13,753 includes eight (8) referrals where the evaluators were unable to match the referral to a specific client.

AFF Demographics

More than one half (55.5%) of the unique individuals in SFY 2017 were between the ages of 25 and 35-year-old. Three out of every five (63.0%) unique individuals were female. Two out of every five (40.0%) unique individuals reported experiencing domestic violence. For marital status, race and ethnicity, education, and employment, a large percentage of the data is “Unknown” (45.6%, 63.1%, 40.1%, and 45.0% respectively). The “Unknown” data indicates the record was coded by the AFF providers as “Unknown” in the Arizona Families F.I.R.S.T. Data Collection Portal. This demographic data is unknown because it was not collected or received from the subcontractor or RHBA treatment agencies as required. The providers continue to update their databases to provide more complete and accurate information to the AFF evaluators. The percentages of “Unknown” data for marital status, education, and employment have decreased from SFY 2016 (49.5%, 42.9%, and 46.1% respectively).

Overall, the demographic characteristics of individuals remain fairly consistent from SFY 2016.

Table 4: AFF Demographics at Initial Assessment^{1,2,3}

Age	#	%
<18	27	0.2%
18 - 24	2,035	17.2%
25 – 30	3,849	32.6%
31 – 35	2,710	22.9%
36 – 45	2,503	21.2%
46 – 55	599	5.1%
> 55	91	0.8%
Unknown	1	0%
Total	11,815	100%
Gender	#	%
Male	4,360	36.9%
Female	7,449	63.0%
Other	0	0%
Refused	0	0%
Unknown	6	0.1%
Total	11,815	100%
Marital Status	#	%
Married	991	8.4%
Single, never married	4,175	35.4%
Widowed	62	0.5%
Domestic Partner/ Cohabitation	121	1.0%
Divorced/Separated	807	6.8%
Refused	269	2.3%
Unknown ⁴	5,390	45.6%
Total	11,815	100%
Race and Ethnicity	#	%
White	3,446	29.2%
American Indian/Alaska Native	186	1.6%
Asian	7	0.1%
Black/African American	383	3.2%
Native Hawaiian or Other Pacific Islander	28	0.2%
Other	38	0.3%
More than One Race	111	0.9%
Hispanic	159	1.3%
Unknown ⁴	7,457	63.1%
Total	11,815	100%
Education	#	%
Less than 1 year	5	0%
Grades 1 to 12 (No HS Diploma/GED)	2,620	22.2%
High School Graduate or GED	2,174	18.4%
Vocational/Technical School	424	3.6%

Some College, No Degree	1,406	11.9%
College – AA/BA Degree	430	3.6%
Graduate or Post Graduate Degree	18	0.2%
Refused	0	0%
Unknown ⁴	4,738	40.1%
Total	11,815	100%
Employment	#	%
Employed Full-Time	2,014	17.0%
Employed Part-Time	797	6.7%
Unemployed	3,473	29.4%
Volunteer	4	0.1%
Vocational Rehabilitation	70	0.6%
Homemaker	57	0.5%
Student	18	0.2%
Retired	1	0%
Disabled	53	0.4%
Inmate of Institution	1	0%
Work Adjustment Training	3	0.1%
Transitional Employment Placement	2	0%
Refused	0	0%
Unknown ⁴	5,322	45.0%
Total	11,815	100%
Domestic Violence	#	%
Yes	4,724	40.0%
No	5,647	47.8%
Refused	0	0%
Unknown ⁴	1,444	12.2%
Total	11,815	100%

¹ An individual may have more than one referral, at least one of which closed during SFY 2017.

² An individual may select more than one race, therefore, the total for the Race categories is greater than 11,815.

³ The client's age was calculated using the date of birth and the end of the fiscal year (June 30, 2017).

⁴ Unknown client demographics for Marital Status, Race and Ethnicity, Education, Employment, and Domestic Violence, indicate that the record was coded as "Unknown" in the Arizona Families F.I.R.S.T Data Collection Portal. This demographic data may be unknown because it was not collected or was not received from subcontractor or RBHA treatment agencies as required.

AFF Accepted Services

Once the AFF provider has successfully contacted the client through outreach efforts, providers attempt to engage the client into services. Success in this stage is reflected by the client's signature on a Release of Information (ROI) form. The ROI indicates the client has voluntarily accepted AFF services. This form also authorizes the treatment provider to gain access to the client's past clinical records, authorizes them to schedule and complete a substance abuse

assessment, and/or collaborate and share information with Title XIX-contracted behavioral health agencies (if applicable) if the AFF provider is not contracted with the RBHA.

As shown in Table 5, more than two-thirds (67.4%) of all referrals signed an ROI to accept and participate in AFF services.

Table 5: AFF Accepted Services

State Fiscal Year 2017	Total	
	N	%
Total Referrals^{1,2}	13,753	100%
With acceptance of services (with a signed ROI)	9,266	67.4%
Without acceptance of services (no signed ROI)	4,487	32.6%

¹Total Referrals from AFF Referrals Table 1

²The Total Referrals value of 13,753 includes eight (8) referrals where the evaluators were unable to match the referral to a specific client.

AFF Substance Abuse Assessment

Once an individual agrees to participate in AFF services, the AFF provider conducts a comprehensive substance abuse assessment, prior to developing a service plan. Table 6 presents the number of unique individuals who signed a Release of Information form (N=8,663) with total numbers of assessments done.

Out of the 8,663 unique individuals who signed an ROI, 8,432 (97.3%) unique individuals were assessed for substance abuse. This percentage represents an increase from the 93.8% of the unique individuals assessed for substance abuse in SFY 2016. Out of the 8,432 unique individuals who were assessed for substance abuse, 90.8% of the completed assessments indicated a need for substance abuse treatment and the individuals were assigned a level of care. There was no substance abuse problem indicated for 762 (9.1%) of the 8,432 unique individuals at assessment; therefore, these individuals did not meet AFF program requirements and were closed by providers. The percentage of unique individuals with a substance abuse assessment that showed no need for substance abuse treatment decreased slightly from the percentage reported in SFY 2016 (9.4%).

Table 6: AFF Substance Abuse Assessment

State Fiscal Year 2017	Total	
	N	%
Total # Unique Individuals with acceptance of services (with a signed ROI)	8,663	100%
Total Substance Abuse Assessments	8,432	97.3%
Found to need SA Treatment	7,671	90.8%
Found not to need SA Treatment	762	9.1%

While preparing the unique individuals count data for Table 6, the evaluators identified a total of 55 unique individuals who received multiple referrals and completed multiple assessments that provided conflicting results. The results of one assessment indicated that the client needed substance abuse treatment services and was assigned a level of care while another assessment completed at a second point indicated that the client did not need substance abuse treatment services. The most recent assessment for all 55 clients indicated the client needed care and was assigned a level of care. Therefore, all 55 clients were counted in the category of “Found to need SA Treatment with Assigned Level of Care.”

AFF Funding Source at Assessment

AFF program policies allow AFF treatment providers to make use of substance abuse assessments by other providers or systems if the assessments occurred within the six-month period immediately preceding the referral for AFF services. Table 7 displays the possible funding sources:

- 1) Arizona Department of Child Safety/Arizona Families F.I.R.S.T.
- 2) AHCCCS/Division of Behavioral Health Services (Title XIX)
- 3) Private insurance
- 4) Tribal funding
- 5) Federal funding for veterans
- 6) Medicare

It is important to note that Table 7 includes unique individuals with a signed Release of Information (ROI) form and a completed substance abuse assessment (N=8,432).⁵ For 63 unique individuals (0.7%), a funding source was not identified; therefore, the funding source is listed in Table 7 as “Unknown.” Among the unique individuals with an identified funding source at assessment, the data indicate that more than one-half (58.2%) of the assessments were funded by the AHCCCS. The Arizona Department of Child Safety/Arizona Families F.I.R.S.T. program funded 34.4% of the assessments in SFY 2017.

Table 7: AFF Funding Source at Assessment

State Fiscal Year 2017	Total	
	N	%
DCS/AFF	2,899	34.4%
AHCCCS	4,905	58.2%
Private Insurance	407	4.8%
Tribal Funded	48	0.6%
Veteran	3	0.0%
Medicare	107	1.3%
Unknown ¹	63	0.7%
Total # of Unique Individuals	8,432	100%

¹ Unknown represents when the Assessment Funding Source field has an invalid code entered or is empty.

⁵ Table 7 references the 8,432 Total Substance Abuse Assessments documented in Table 6: AFF Substance Abuse Assessment completed for unique individuals with a signed ROI. Unique individuals without a signed ROI did not complete a substance abuse assessment and are excluded from Table 7.

AFF Receiving Services

The following criteria must be fulfilled for a unique individual to be identified as receiving AFF services:

- 1) A signed Release of Information (ROI) indicating voluntary participation in the AFF program
- 2) A substance abuse assessment indicating a need for substance abuse treatment
- 3) An assigned level of care

Among the 11,815 new and continuing unique individuals referred to the AFF program, a total of 7,297 unique individuals (61.8%) are identified as having received AFF services. Among the 7,297 unique individuals who received AFF services in SFY 2017, 46.8% are “New” clients because they received one or more referrals during this fiscal year. Another 46.5% are “Continuing” clients because they were referred to the AFF program prior to the start of SFY 2017 and continued to receive services during SFY 2017. Lastly, 6.7% of the unique individuals were “New and Continuing” clients who received a referral to the AFF prior to the start of SFY 2017, stopped AFF services SFY 2017, and then were re-referred to the AFF program within the same fiscal year.

Table 8: AFF Receiving Services

State Fiscal Year 2017	Total	
	N	%
New and Continuing Unique Individuals Receiving AFF Services¹	7,297	100.0%
New Unique Individuals Served	3,418	46.8%
Continuing Unique Individuals Served	3,390	46.5%
Both New and Continuing Unique Individuals ²	489	6.7%

¹ In addition to the 7,297 unique individuals receiving AFFs, there were 374 unique individuals with a signed ROI and an assessment indicating a need for substance abuse treatment, but no documented level of care. These 374 unique individuals are excluded from the count of unique individuals receiving AFF services because of the missing level of care.

² Both new and continuing unique individuals refers to individuals with more than one active referral to the AFF program during SFY 2017. These individuals have at least one continuing referral that was made prior to SFY 2017 and have received one or more new referral(s) in SFY 2017.

Section 4: AFF Individuals and Services

In Section 4: AFF Individuals and Services, all data is presented in the context of the 7,297 unique individuals that received AFF services. Presenting a single data source (unique individuals) simplifies the data presentation by focusing on the individuals who received services in SFY 2017.

The data presented in Table 9 through Table 15 detail the services individuals receive as they progress through the program. Exhibit 3, presented earlier in this report, diagrams the flow of AFF services.

AFF Substance Use

Clients referred to the AFF program, who accept services, complete a drug/alcohol-screening tool that captures data on their self-reported drug use in the past 30 days of the substance abuse assessment date.

Table 9 displays the substances that individuals receiving AFF services reported using in the past 30 days of their assessment date on the drug/alcohol-use screening tool. Substance abuse data is collected on 12 categories:

- 1) Alcohol
- 2) Methamphetamine/Speed (CNS stimulants)
- 3) Other stimulants (i.e. a stimulant other than methamphetamine/speed or cocaine/crack)
- 4) Hallucinogens
- 5) Inhalants
- 6) Marijuana/Hashish
- 7) Cocaine/Crack (CNS stimulants)
- 8) Heroin/Morphine (opiates/narcotics)
- 9) Benzodiazepines (CNS depressants)
- 10) Other sedatives/ tranquilizers (CNS depressants) (i.e., a sedative/tranquilizer not represented in the other provided categories)
- 11) Other Opiates/Synthetics (i.e., an opiate/synthetic drug not represented in the other provided categories)
- 12) Other Drugs (i.e., a drug not included in the other categories provided)

The twelve substances reported by individuals receiving AFF services are included in Table 9 and Figure 1. Clients can report using more than one substance; therefore, the data presented in Table 9 and Figure 1 exceeds the 7,297 unique individuals receiving AFF services. The percentages shown in Table 9 and Figure 1 are calculated using the total number of responses to substance abuse assessments where data was provided on substance use in the past 30 days. Out of the completed substance abuse assessments, the following eight substances account for 97.8% of the drugs and alcohol clients reported using: 1) Marijuana/Hashish, 2) Methamphetamine/Speed, 3) Alcohol, 4) Heroin/Morphine, 5) Cocaine/Crack, 6) Other Opiates/Synthetics, 7) Benzodiazepines, and 8) Hallucinogens. Consistent with the SFY 2016 data, the top three substances used among individuals identified as needing substance abuse

treatment services include: Marijuana/Hashish (29.0%), Methamphetamine/Speed (27.5%), and Alcohol (18.4%). One apparent difference between the SFY 2017 and SFY 2016 findings of self-reported substance use is the 5.2% increase in the number of responses where individuals reported using Heroin/Morphine - SFY 2017 (8.1%) from SFY 2016 (7.7%).

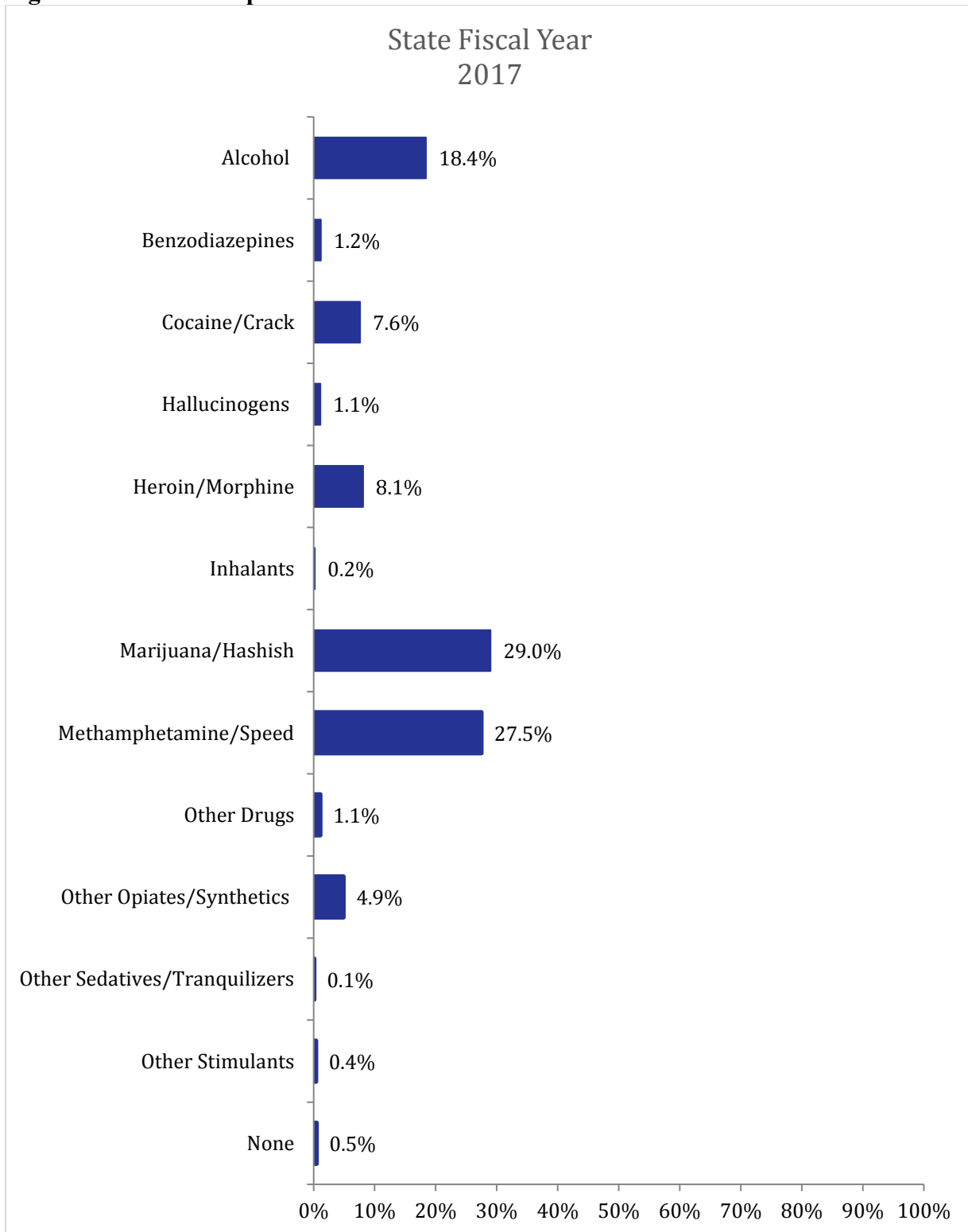
Table 9: AFF Self-Reported Substance Use

State Fiscal Year 2017	Total	
	Number of Past 30 Day Use Responses ¹	% of Responses
Alcohol	1,923	18.4%
Benzodiazepines	128	1.2%
Cocaine/Crack	797	7.6%
Hallucinogens	116	1.1%
Heroin/Morphine	849	8.1%
Inhalants	19	0.2%
Marijuana/Hashish	3,042	29.0%
Methamphetamine/Speed	2,880	27.5%
Other Drugs	112	1.1%
Other Opiates/Synthetics	510	4.9%
Other Sedatives/Tranquilizers	10	0.1%
Other Stimulants	38	0.4%
None	53	0.5%
Total Number of Past 30 Day Use Responses	10,477²	100%

¹Table 9 presents the number of responses to the past 30 day substance use data. Past 30 day substance use is not reported by unique individuals because this data was missing for 28.6% of the 7,297 unique individuals who received AFF services in SFY 2017.

²Total responses may include multiple responses from unique individuals. A unique individual may a) report using more than one substance in the past 30 days when completing the substance abuse assessment or b) complete more than one substance abuse assessment in the reporting period.

Figure 1: AFF Self-Reported Substance Use



AFF Level of Care at Initial Assessment

AFF program policies require AFF providers to report levels of care for AFF clients throughout the course of their treatment. Table 10 displays the levels of care at the time of initial assessment. The options for level of care are:

- 1) Outpatient
- 2) Intensive Outpatient
- 3) Residential Treatment-Adult
- 4) Residential Treatment-Child

It should be noted that Table 10 displays the unique individuals identified as receiving AFF services in SFY 2017 (N=7,297).

The most commonly reported levels of care at initial assessment were Outpatient (74.9%) and Intensive Outpatient (24.2%). The very low rate of the “Residential Treatment-Adult” level of care (0.2%) in Table 10 indicates that it is uncommon for clients to enter a residential treatment facility immediately following assessment. The AFF program requires clients to receive treatment at the least restrictive level possible according to their need. The option for children to accompany their parent/caregiver in residential treatment is still not being used. This could be because the children are in out-of-home care or because another caregiver in the family is available to care for the children.

Table 10: AFF Level of Care at Initial Assessment

State Fiscal Year 2017	Total	
	N	%
Total # of Unique Individuals with an assessment and determined to need SA Treatment^{1, 2}	7,297	100%
Outpatient	5,468	74.9%
Intensive Outpatient	1,763	24.2%
Residential Treatment-Adult	12	0.2%
Residential Treatment-Child	0	0.0%

¹ Total unique individuals identified receiving AFF services in Table 8

² A total of 38 unique individuals are excluded from Table 10 because they were assigned to the Recovery Maintenance/Aftercare level of care at initial assessment. Recovery Maintenance/Aftercare is only offered after clients have completed AFF treatment. Thus, these 38 unique individuals appear to have been miscoded at initial assessment. DCS will look into these cases and work with the appropriate AFF providers to correct the data.

AFF Level of Care and Duration

Table 11 focuses on the average duration unique individuals remained in each level of care. As it is possible for individuals to move between levels of care several times during their treatment, the table below presents the average number of days individuals remained in each category, as well as the total number of unique individuals that reported to have been assigned to each level of care.

It should be noted that Table 11 displays only the unique individuals identified as receiving AFF services in SFY 2017 (N=7,297). Similar to Table 10, Outpatient and Intensive Outpatient treatments were the most-commonly reported levels of care among these unique individuals (N=7,297). More than three-quarters of unique individuals were assigned to outpatient treatment (79.6%) at least once during their time in the AFF program. Slightly more than one-quarter of unique individuals were assigned at one point to intensive outpatient treatment (28.2%). More than one in every ten unique individuals participated in recovery maintenance/aftercare services (13.5%), which is known to reduce the risk of relapse. Less than one percent (0.8%) of individuals were assigned to Residential Treatment-Adult treatment.

The Length of Treatment was computed by counting the number of calendar days from the start date of the first level of care assignment to one of three options: 1) Start date of the subsequent level of care assignment, 2) Date of case closure or 3) Date of the end of State Fiscal Year (June 30, 2017) for unique individuals who did not exit from the AFF program in SFY 2017. The unique individuals assigned to Outpatient treatment had the highest average for the number of days in treatment (242.8 days – slightly over 8 months). The average amount of time clients spent in Recovery Maintenance/Aftercare (150.5 days or 5 months) is very close to the average duration of time clients spent in Intensive Outpatient treatment (148.7 days or 4.9 months). The lowest average duration was reported in Residential Treatment – Adult at 134.2 days (4.5 months). As Residential Treatment – Child was not a service accessed in SFY 2017, an average duration is not calculated.

Table 11: AFF Level of Care and Duration

State Fiscal Year 2017	Total		Length in Treatment	
	N	% of Total # of Individuals served (n=7,297)	Average Number of Days ¹ ²	Average Number of Months
Outpatient	5,812	79.6%	242.8	8.1
Intensive Outpatient	2,057	28.2%	148.7	4.9
Residential Treatment-Adult	60	0.8%	134.2	4.5
Residential Treatment-Child	0	0.0%	n/a	n/a
Recovery Maintenance/Aftercare	987	13.5%	150.5	5.0

¹The average number of days is calculated using the start date of the first level of care assignment to one of the three possible end dates: 1) the start date of the subsequent level of care assignment, 2) the date of closure, or 3) the last day of the State Fiscal Year (June 30, 2017). If the unique individual has a subsequent level of care assignment, the start date for the subsequent level of care assignment is used as the end date for the first level of care. When the client does not have a subsequent level of care assignment, the date of closure or the last day of the State Fiscal Year (June 30, 2017) is used as the end date.

²The duration of time AFF clients spent in each level of care is a new addition to the SFY 2017 AFF Annual Report. DCS is working with AFF providers to ensure level of care changes are documented accurately.

AFF Substance Abuse Treatment Services

The AFF Substance Abuse Treatment Services section documents the types of substance abuse treatment services clients received. Table 12 addresses treatment services provided to clients within their level of care. There are four substance abuse treatment options available to AFF clients:

- 1) Individual counseling
- 2) Group counseling
- 3) Family counseling
- 4) Couples counseling

These four services are provided to clients by the AFF providers or subcontractors and documented by their caseworkers and therapists. An individual receives multiple types of substance abuse treatment services while receiving AFF services. Table 12 displays the substance abuse services received by the unique individuals receiving AFF services in SFY 2017 (N=7,297). Among the 7,297 individuals, family counseling (70.3%), individual counseling (55.3%), and group counseling (51.2%) were the most common treatment services provided. Very few of these unique individuals received couples counseling (0.0%) services.

Table 12: AFF Substance Abuse Treatment Services

State Fiscal Year 2017	Total	
	N	% of Total # of Individuals served (N=7,297)
Individual Counseling	2,433	55.3%
Group Counseling	2,253	51.2%
Family Counseling	3,091	70.3%
Couples Counseling	1	0.0%

AFF Auxiliary Services

The AFF Auxiliary Services section documents the services and supports clients received while participating in treatment. Table 13 addresses additional services that fall outside the level of care and substance abuse treatment services. There are eight additional service options:

- 1) Parenting
- 2) Job Readiness/Employment
- 3) Mental Health Services⁶
- 4) Medical Services

⁶ The Mental Health Services category under AFF Auxiliary Services includes non-substance abuse treatment mental health services. Substance abuse treatment services data are shown in Table 13.

- 5) Domestic Violence Services
- 6) Crisis Services
- 7) Basic Life Needs
- 8) Other Services
- 9) Substance Abuse Awareness

These nine services are provided to clients by the AFF providers and documented by their caseworkers and therapists. Table 13 displays the services that were provided to the unique individuals who received AFF services in SFY 2017 (N=7,297). An individual may receive multiple auxiliary services while receiving AFF services. Among the 7,297 unique individuals, parenting support represented the most commonly-reported AFF Auxiliary Service with 4,273 individuals (58.6%) receiving parenting services at least once during their time in the AFF program. Among the 7,297 unique individuals, slightly more than one-fifth were provided with mental health services (21.3%) while one in every seven received basic life needs (14.5%). The least-reported AFF auxiliary services were job readiness/ employment (3.1%), crisis services (2.3%), medical services (0.2%), and domestic violence services (0.1%).

Table 13: AFF Auxiliary Services

State Fiscal Year 2017	Total	
	N	% of Total # of Individuals served (n=7,297)
Parenting	4,273	58.6%
Job Readiness/ Employment	228	3.1%
Mental Health Services	1,554	21.3%
Medical Services	18	0.2%
Domestic Violence Services	5	0.1%
Crisis Services	167	2.3%
Basic Life Needs	1,057	14.5%
Substance Abuse Awareness	74	1.7%
Other Services	575	7.9%

The evaluators have worked closely with the AFF providers to clarify and refine the use of the “Other” Services code. Clients in the Other Services category participated in activities such as the distribution of donated goods to AFF clients (e.g., diapers) or exclusively received case management services before exiting the program.

AFF Drug Test Referral Outcome

Drug testing is an integral element in the AFF program model, and AFF providers are required to refer individuals for drug testing and to report the results of these tests on a routine basis.

Table 14 displays the reported results of the drug test administered to the unique individuals receiving AFF services in SFY 2017 (N=7,297). Drug test results are classified into eight categories:

- 1) Positive (1 or more substances detected)
- 2) Negative (no substances detected)
- 3) Awaiting results
- 4) Client refused
- 5) Cancelled for reasons beyond client control
- 6) Altered specimen/sample
- 7) No call/no show for testing
- 8) Test indicates allowable substance

Among the 7,297 unique individuals who received AFF services in SFY 2017, a total of 182,534 drug test referrals were reported. The results of the 182,534 drug test referrals are displayed in Table 14. More than two-thirds (69.4%) of drug test referrals resulted with clients testing, while in three-tenths (30.5%) of the drug test referrals, clients failed to appear for the test. Nearly one-fourth (23.5%) of the completed drug test results detected the presence of substances, while three-quarters (75.5%) of all usable drug test results had a “negative” result, indicating no illicit substances were detected.

Table 14: AFF Drug Test Referral Outcome

State Fiscal Year 2017	Total	
	N	%
Total Number of Drug Test Referrals	182,534	100%
No call/no show for testing	55,615	30.5%
Client Refused	57	0.0%
Cancelled for reasons beyond client control	234	0.1%
Drug Test Screens Completed	126,628	69.4%
Total Number of Drug Test Results	126,628	100%
Positive (1 or more substances detected)	29,694	23.5%
Negative (No Substances detected)	95,653	75.5%
Awaiting results	928	0.7%
Altered specimen/ sample	6	0.0%
Test indicates allowable substance	347	0.3%

AFF Drug Test Compliance

Table 15 displays client compliance with drug testing requirements. The number of required drug tests changes depending on how long the individual has been receiving services in the AFF program along with the progress the client is making. The number of required drug tests by length of enrollment breaks down as follows:

- 1) At least two drug tests per week for clients in AFF services between 0 to 60 days

- 2) At least two drug tests per month for clients in AFF services between 61 to 120 days
- 3) At least one drug test per month for clients in AFF services more than 120 days

It should be noted that Table 15 displays only the unique individuals who received AFF services in SFY 2017. A total of 4,138 unique individuals were enrolled in the AFF program up to 60 days during SFY 2017. A total of 4,173 unique individuals were enrolled in the AFF program between 61 to 120 days during SFY 2017. A total of 4,967 unique individuals were enrolled in the AFF program for more than 120 days during SFY 2017.

Clients early in treatment have the lowest compliance rate at 25.9% for the first 60 days. Further, the data show that clients newest to treatment have the lowest compliance rate (26.7% of unique individuals enrolled between 0 and 30 days were compliant while 46.5% of unique individuals enrolled between 31 and 60 days were compliant). In addition, 48.7% of unique individuals enrolled between 61 and 120 days were compliant. Lastly, 35.8% of clients enrolled greater than 120 days were compliant with the AFF drug testing standards.

Table 15: AFF Drug Test

State Fiscal Year 2017 Compliance Count	Population	Compliant	
	N	N	%
Drug testing at least two (≥ 2) times per week (up to 60 days)	4,138	1,071	25.9%
Drug testing at least two (≥ 2) times per month (61 to 120 days)	4,173	2,034	48.7%
Drug testing at least one (≥ 1) time per month (>120 days)	4,967	1,780	35.8%

Section 5: AFF Closures

The data presented in the AFF Closures section encompasses all new and continuing unique that closed during SFY 2017. The data presented in Table 16: Closure Reasons Pre-AFF Services and Table 17: Post-AFF Services provide a broader understanding of when and why individuals were closed during SFY 2017. During SFY 2017, a total of 7,884 unique individuals (representing 66.7% of the 11,815 unique individuals who received the 13,753 referrals in SFY 2017) were closed, 3,159 individuals (40.1%) closed Pre-AFF Services, and 4,725⁷ individuals (59.9%) closed Post-AFF Services.

Closure Reasons Pre-AFF Services

Table 16 displays the data for individuals that closed in SFY 2017 before the client received AFF treatment services (N=3,159). Closure Reasons Pre-AFF Services includes individuals that were closed because:

- 1) The outreach attempts to the client were unsuccessful
- 2) The client did not sign a Release of Information (ROI) form indicating voluntary agreement to participate in the AFF program
- 3) The client did not complete a Substance Abuse Assessment
- 4) The client completed a Substance Abuse Assessment, which indicated no need for Substance Abuse Treatment

There are eight closure reasons associated with Pre-AFF Services:

- 1) At the time of intake or assessment, the client refused to take part in AFF services
- 2) Client case was closed because the client was incarcerated by the criminal justice system (for more than 30 days)⁸
- 3) Client died
- 4) Client moved out of the area in which they were to receive AFF services
- 5) No substance abuse problem indicated at assessment
- 6) Providers were unable to locate the client at outreach
- 7) Providers were unable to locate the client at intake
- 8) Unable to locate (post-intake)

The closure category “Unable to locate for intake” represented the most-commonly reported reason a client’s case was closed (38.5%) among the Pre-AFF Service Closures in SFY 2017. Nearly one-fourth of the cases (24.6%) closed Pre-AFF Services reported the reason for closure as “No Substance Abuse Problem.” Nearly one-fifth of the cases (19.8%) reported the reason of closure was due to “Unable to locate for initial outreach.” Only 159 unique individuals reported a closure reason of “Client refused service at initial referral or assessment” (5.0%). “Death”

⁷ The number of unique individuals referenced here as Post-AFF Services (N=4,725) is greater than the number of individuals referenced in Table 16 and Table 17 as it includes 190 unique individuals who are missing a documented level of care and thus do not meet the definition of “receiving AFF Services.” In addition, the 190 individuals are excluded from Table 17 as they have signed an ROI and completed a Substance Abuse Assessment.

⁸ AFF providers are required to continue engagement efforts in the jails if the client will be incarcerated for 30 days or less and can complete an Intake within that timeframe.

(0.0%), “Moved out of area” (0.9%), “Incarcerated” (1.2%), and “Unable to locate (post-intake)” (1.8%) were rarely reported in SFY 2017.

The Length of Referral was computed by counting the number of calendar days from the date of referral to the date of case closure. “Death” had the lowest length of referral, as there was only one unique individual who passed away after 13 days of being in the program. The remaining seven categories were of comparable duration, ranging within a month, from an average of 46.2 days (1½ months) to 78.7 days (slightly over 2½ months).

Table 16: Closure Reasons Pre-AFF Services¹

State Fiscal Year 2017	Total		Average Length of Referral in Days	Average Number of Months
	N	%		
Client refused service at initial referral or assessment	159	5.0%	46.2	1.5
Incarcerated	38	1.2%	54.1	1.8
Death	1	0.0%	13.0	0.4
Moved out of area	27	0.9%	59.9	2.0
No Substance Abuse Problem ²	778	24.6%	53.6	1.8
Unable to locate for initial outreach	626	19.8%	78.7	2.6
Unable to locate for intake	1,217	38.5%	73.0	2.4
Unable to locate (post-intake)	55	1.8%	67.5	2.3
Erroneous Closure Reasons ³	258	8.2%	N/A	N/A

¹ Unique individuals fall in the Pre-AFF Services category if they closed before starting treatment.

² Out of the 3,259 unique individuals, a total of 778 individuals closed out of the AFF program with a Closure Reason of “No Substance Abuse Problem.” Out of the 778 individuals, a total of 16 closures received a subsequent referral in SFY 2017, which has not yet closed and is still considered open. Thus, Table 6: AFF Substance Abuse Assessment indicates 762 unique individuals in the “No Substance Abuse Problem” category because it excludes the 16 unique individuals who had a subsequent referral and assessment that indicated a substance abuse issue.

³ This table indicates closure reasons for clients who did not start treatment; Erroneous Closure Reasons represents closure reasons for clients who completed treatment services.

Closure Reasons Post-AFF Services

Table 17 displays the individuals closed in SFY 2017 that were classified as Post-AFF Services (N=4,725).⁹ Unique individuals closed after receiving AFF services are classified as closed “Post-AFF Services.”

⁹ The number of unique individuals referenced as Post-AFF Services (N=4,725) is greater than the number of individuals referenced in Table 16 and Table 17, as it includes 190 unique individuals who are missing a documented Level of Care and do not meet the definition of “receiving AFF Services.” In addition, the 190 individuals are excluded from Table 17 as they have signed an ROI and completed a Substance Abuse Assessment.

There are six closure options associated with post-AFF services:

1. Client case was closed because the client was incarcerated by the criminal justice system (for more than 30 days)¹⁰
2. Client died
3. Client moved out of the area where they were to receive AFF services
4. Client discontinued without completing services (excluding unable to locate)
5. Completed AFF at the conclusion of substance abuse treatment
6. Completed AFF at the conclusion of Recovery Maintenance

“Completed AFF at the conclusion of substance abuse treatment” was reported for 1,434 unique individuals, representing nearly a third (31.6%) of the closure reasons in the “Post-AFF Services” group. An additional 203 individuals (4.5%) completed the AFF program and exited “at the conclusion of Recovery Maintenance.” One-fifth of individuals were closed with a reported reason of “Client discontinued without completing services” (21.7%). The least-reported closure reasons in SFY 2017 include: “Incarcerated” (1.3%), “Moved out of area” (1.1%), and “Death” (0.1%).

The Length of Participation was computed by counting the number of calendar days from the start date of the first level of care assignment to the date of case closure. The unique individuals who successfully completed the AFF program received the two highest averages for the number of days of participation in the Post-AFF Services group. The closure reason of “Completed AFF at the conclusion of Recovery Maintenance” revealed the highest average at 393 days (slightly over 13 months), while the closure reason “Completed AFF at the conclusion of Substance Abuse Treatment” had the second highest average at 315.2 days (10½ months). Similar to Table 16: Closure Reason Pre-AFF Services, the closure reason, “Death” had the lowest average length of participation at 148.4 days (4.9 months). The remaining four categories ranged from an average of 174.8 days (over 5½ months) to 224.4 days (7½ months).

¹⁰ The AFF Provider is required to continue engagement efforts in the jails if the client will be incarcerated for 30 days or less and can get the Intake completed at that time.

Table 17: Closure Reasons Post-AFF Services^{1‡ B}

State Fiscal Year 2017	Total		Average Length of Participation in Days	Average Number of Months
	N	%		
Incarcerated	58	1.3%	174.8	5.8
Death	5	0.1%	148.4	4.9
Moved out of area	49	1.1%	216.3	7.2
Client discontinued without completing services	982	21.7%	224.4	7.5
Completed AFF at the conclusion of Substance Abuse Treatment	1,434	31.6%	315.2	10.5
Completed AFF at the conclusion of Recovery Maintenance	203	4.5%	393.0	13.1
Unknown ²	6	0.1%	186.5	6.2
Erroneous Closure Reasons ³	1,798	38.1%	N/A	N/A

¹ Unique individuals fall in the Post-AFF Services category when they closed after receiving AFF services.

[‡] A total of 190 closures are excluded from this table due to missing a documented level of care.

^B Out of the 4,535 individuals represented in this table, a total of 260 unique individuals closed and received a subsequent referral in SFY 2017 that has not yet closed. Accordingly, this is the reason the numbers presented in the AFF Referrals and Client Participation diagram (Exhibit 4) show different totals for unique individuals who have “successfully” closed and remain “still in treatment.” In the AFF Referrals and Client Participation diagram, the 260 unique individuals who received a subsequent referral after closing are counted in the “Still in Treatment” category.

² Unknown represents when the Closure Reason field is empty. The evaluator attempted to identify the discrepancy and resolve the issue.

³This table indicates closure reasons for clients who started treatment; erroneous closure reasons represent closure reasons for clients who never started treatment services.

AFF Level of Care at Closure

As noted previously, AFF program policies require AFF providers to report Levels of Care for AFF clients throughout the course of their treatment. Table 18 displays the possible Levels of Care at the time of closure:

1. Outpatient
2. Intensive Outpatient
3. Residential Treatment-Adult
4. Residential Treatment-Child
5. Recovery Maintenance/Aftercare

It should be noted that Table 18 displays only the unique individuals who received AFF services in SFY 2017 and that closed during SFY 2017 (N=4,535). Similar to the data in Table 10: AFF Level of Care at Initial Assessment, Outpatient (62.3%) and Intensive Outpatient (23.9%) are the more commonly-reported Levels of Care among the individuals who received AFF services and closed in SFY 2017.

Table 18: AFF Level of Care at Closure

State Fiscal Year 2017	Total	
	N	%
Total closed Unique Individuals who received AFF Services in SFY 2017 and Closed in SFY 2017	4,535¹	100%
Outpatient	2,824	62.3%
Intensive Outpatient	1,083	23.9%
Residential Treatment-Adult	9	0.2%
Residential Treatment-Child	0	0.0%
Recovery Maintenance/Aftercare	619	13.6%

¹In addition to the 4,535 unique individuals who received AFF services in SFY 2017 and closed in SFY 2017, another 190 unique individuals for whom a level of care was not documented closed in SFY 2017. These 190 individuals are a subset of the 374 unique individuals excluded from Table 18 because they are missing a documented Level of Care.

AFF Funding Source at Closure

Table 19 displays the funding source when an individual closed. Possible funding sources for the substance use assessment at closure include:

- 1) Arizona Department of Child Safety/Arizona Families F.I.R.S.T.
- 2) AHCCCS (Title XIX)
- 3) Private insurance
- 4) Tribal funding
- 5) Federal funding for veterans
- 6) Medicare

It should be noted that only the unique individuals that received a closure in SFY 2017 (N=7,884) are shown in Table 19. The percentage of unique individuals that closed with a funding source of AHCCCS (47.8%) is slightly above the individuals that closed with a funding source of DCS/AFF (47.4%). Similar to the funding sources reported at assessment, “Medicare” (1.0%), “Tribal Funded” (0.4%), and “Veteran” (0.1%) were rarely reported as the funding sources when closed in SFY 2017. For 14 individuals (0.2%), a funding source was not identified; therefore, the funding source is listed in Table 19 as “Unknown.”

Table 19: AFF Funding Source at Closure

State Fiscal Year 2017	Total	
	N	%
DCS/AFF	3,735	47.4%
AHCCCS	3,773	47.8%
Private Insurance	249	3.1%
Tribal Funded	28	0.4%
Veteran	5	0.1%
Medicare	80	1.0%
Unknown ¹	14	0.2%
Total # Individuals	7,884	100%

¹ Unknown represents when the Closure Funding Source field is blank or has an invalid code entered.

Employment Status at Intake and Closure

Employment status is collected at program enrollment and at discharge/closure (if available). Employment status rates at intake and at discharge were compared between unique individuals who successfully completed the AFF program (Table 20) and individuals who exited the AFF program before completion during SFY 2017 (Table 21). As discussed earlier in the report, a unique individual may have multiple referrals to the AFF program. Therefore, the evaluators utilized the following steps to analyze and present the data to compare the employment status at Intake and Closure:

- Step 1: Data was examined to identify unique individuals with at least one referral closed between July 1, 2016 and June 30, 2017 (SFY 2017). A total of 7,884 unique individuals met this criterion and were included in the examination of data on employment status.
- Step 2: The 7,884 unique individuals' AFF referrals were reviewed to determine the corresponding closure reason.¹¹ A total of 1,734 unique individuals had a closure reason of "Completed AFF at conclusion of Substance Abuse Treatment" or "Completed AFF at conclusion of Recovery Maintenance." The Employment Status for the 1,734 unique individuals who successfully completed the AFF program in SFY 2017 were examined, and the results are presented in Table 20.
- Step 3: A total of 6,144 unique individuals had a closure reason that did not indicate successful completion of the AFF program in SFY 2017. The Employment Status for these 6,144 unique individuals are presented in Table 21.

In situations where a unique individual had multiple closures in SFY 2017 with different employment statuses listed at closure, the information from the most recent closure was utilized to assign them to the correct table and category.

¹¹ A total of six individuals were excluded from Table 20 and Table 21 due to missing closure reasons. Thus, the total individuals in Table 20 and Table 21 do not add up to the total number of closed individuals in SFY 2017 (N=7,884).

Only the unique individuals who had successfully completed the AFF program in SFY 2017 (N=1,734) are shown in Table 20. Comparing the employment status reported at closure to the employment information clients reported at intake shows some important changes. For example, at the time of referral to AFF, a third (33.9%) of individuals' employment status is listed as "Unemployed." At the time of closure, slightly over one-fifth (22.8%) of individuals identified their employment status as "Unemployed." In addition, the percentage of individuals reporting their employment status as "Employed Full-Time" increased from 24.7% at intake to 43.5% at closure. Similarly, the percentage of individuals reporting their employment status as "Employed Part-Time" increased slightly from intake (8.4%) to closure (10.5%).

Table 20: Employment Status at Closure (Completed AFF Program)

State Fiscal Year 2017	Intake Employment Status		Closure Employment Status	
	Totals		Totals	
	N	%	N	%
Employed Full-Time	429	24.7%	755	43.5%
Employed Part-Time	145	8.4%	182	10.5%
Unemployed	587	33.9%	395	22.8%
Volunteer	2	0.1%	0	0.0%
Vocational Rehabilitation	6	0.3%	6	0.3%
Homemaker	7	0.4%	52	3.0%
Student	4	0.2%	15	0.9%
Retired	0	0.0%	2	0.1%
Disabled	5	0.3%	35	2.0%
Inmate of Institution	0	0.0%	3	0.2%
Work Adjustment Training	0	0.0%	1	0.1%
Transitional Employment Placement	1	0.1%	1	0.1%
Refused	0	0.0%	0	0.0%
Unknown ¹	548	31.6%	287	16.5%
Total # of Individuals	1,734	100%	1,734	100%

¹"Unknown" employment data indicates that the record was coded as "Unknown" in the Arizona Families F.I.R.S.T Data Collection Portal. This demographic data may be unknown because it was not collected or was not received from subcontractor or RBHA treatment agencies as required.

Only unique individuals who closed out of the AFF program in SFY 2017 and did not successfully complete the program (N=6,144) are shown in Table 21. At the time of referral to AFF, over two-fifths (41.1%) of individuals' employment status is listed as "Unknown." Similarly, at the time of closure, nearly half (49.4%) of individuals' employment status is listed as "Unknown." These percentages are not surprising as gathering information from individuals who have exited the AFF program for various reasons including "Unable to locate" and "Client refused services" can make it difficult to gather demographic information such as an individuals' employment status. Comparing the employment status at the time of closure to the employment status provided at intake shows a decline in the number of individuals "Employed Full-Time" and the individuals "Employed Part-Time." Similarly, the percentage of individuals reporting their employment status as "Employed Part-Time" decreased from 7.4% at intake to 5.7% at closure.

Table 21: Employment Status at Closure (Did not complete AFF Program)

State Fiscal Year 2017	Intake Employment Status		Closure Employment Status	
	Totals		Totals	
	N	%	N	%
Employed Full-Time	1,041	16.9%	1,014	16.5%
Employed Part-Time	455	7.4%	350	5.7%
Unemployed	2,010	32.7%	1,472	24.0%
Volunteer	0	0.0%	5	0.1%
Vocational Rehabilitation	38	0.6%	8	0.1%
Homemaker	33	0.6%	63	1.0%
Student	9	0.2%	40	0.6%
Retired	0	0.0%	4	0.1%
Disabled	28	0.5%	116	1.9%
Inmate of Institution	1	0.0%	26	0.4%
Work Adjustment Training	3	0.0%	4	0.1%
Transitional Employment Placement	0	0.0%	4	0.1%
Refused	0	0.0%	1	0.0%
Unknown ¹	2,526	41.1%	3,037	49.4%
Total # of Individuals	6,144	100%	6,144	100%

¹“Unknown” employment data indicates that the record was coded as “Unknown” in the Arizona Families F.I.R.S.T Data Collection Portal. This demographic data may be unknown because it was not collected or was not received from subcontractor or RBHA treatment agencies as required.

For individuals who successfully completed the AFF program, there were nearly a third (31.6%) of closures with “Unknown” employment status at intake and 16.5% of closures with “Unknown” employment status at closure. For individuals who exited the program before completion of the AFF program, there were over two-fifths (41.1%) with “Unknown” employment status at intake and nearly half (49.4%) with “Unknown” employment status at closure. Similarities between the two groups of individuals (complete vs. incomplete AFF services) include an increase in the percentages of individuals reporting their employment status as “Disabled,” “Homemaker,” “Student,” “Retired,” “Work Adjustment Training,” and “Inmate of Institution” from intake to closure. In addition, both groups of individuals, regardless of successfully completing the AFF program or discontinuing AFF services, showed a decline in the percentage of individuals reporting as “Unemployed” from the time of intake to closure. The gains in employment status (Full-Time and Part-Time) among the individuals who successfully completed the AFF program is important, as the data show the opposite for the individuals who did not complete the AFF program as the percentages for both “Employed Full-Time” (Intake: 16.9%, Closure: 16.5%) and “Employed Part-Time” (Intake: 7.4%, Closure: 5.7%) decline from the time of intake to closure.

Section 6: AFF Referral Report Findings and Permanency Outcomes

AFF Referral Report Findings (Maltreatment)

The AFF Referral Report Findings presented in this section regard only those individuals who were referred to the AFF program and were closed by the end of SFY 2017. The AFF Referral Report Findings on maltreatment presents a broader historical view of the AFF program than seen in earlier sections. To prepare the AFF Referral Report Findings data, AFF providers uploaded all data on referrals they received between April 30, 2011 and June 30, 2017. The data presented in this AFF Referral Report Findings section encompasses all unique individuals referred to the AFF program by April 30, 2011 and who closed by June 30, 2017.¹²

The evaluator provided DCS CHILDS staff with a list of all clients referred to the AFF program between April 30, 2011 and June 30, 2017 (N = 31,032 unique individuals). The 31,032 unique individuals were matched to the data in the CHILDS database to identify the maltreatment report findings associated with each individual.

In SFY 2017, the Department of Child Safety expanded the matching logic used to identify individuals referred to the AFF program with data in the CHILDS database. Because of the modifications to the matching logic, data reported in the SFY 2016 AFF Annual Report on referral report findings and permanency outcomes cannot be compared to the data for SFY 2017.

Maltreatment Findings: Successful Completion vs. Unsuccessful Completion of the AFF Program

The unique individuals with closed referrals in the AFF program for whom at least one record was identified in the CHILDS database are included in the data presented in this section. As discussed earlier in the report, a unique individual may have multiple referrals to the AFF program. Therefore, the evaluators utilized the following steps to analyze and present the data on maltreatment report findings:

- Step 1: Data was examined to identify those unique individuals with all AFF referrals closed by June 30, 2017 (the end of SFY 2017). An individual with a referral that had not been closed by June 30, 2017, regardless of having a previous referral that had closed, was not counted in this section. For example, an individual who received a referral on June 1, 2013 and closed on October 30, 2015 and then had a second referral on September 1, 2016, but had not yet closed by June 30, 2017 would not be included in this section.

¹² Not all of the AFF providers were able to provide historical data going back to April 30, 2011. Some AFF providers did not have historical data going back to April 30, 2011. When AFF providers were unable to provide historical data going back to April 30, 2011, they uploaded the earliest active case through June 30, 2017.

- Step 2: A total of 26,326 unique individuals met this criterion and were matched with information in the Department of Child Safety’s CHILDS database. These unique individuals are included in the examination of data on maltreatment findings.¹³
- Step 3: The 26,326 unique individuals’ AFF referrals were reviewed to determine the closure reason. A total of 8,984 unique individuals had a closure reason of “Completed AFF at conclusion of Substance Abuse Treatment,” “Completed AFF at conclusion of Recovery Maintenance,” or “No substance abuse treatment needed.”
- Step 4: The Maltreatment Report Findings for these 8,984 unique individuals who successfully completed the AFF program, were examined and the results are presented in Table 22.
- Step 5: The remaining 17,342 unique individuals had a closure reason that did not indicate successful completion of the AFF program. The Maltreatment Report Findings for these 17,342 unique individuals are presented in Table 23.

Table 22 and Table 23 present data in terms of “Pre-AFF referral” maltreatment findings (aka Pre-Referral) and “Post-AFF referral” maltreatment findings (aka Post-Referral). Pre-referral data includes all maltreatment reports identified prior to the unique individual receiving a referral to the AFF program. Post-referral data includes the maltreatment reports identified after the unique individual was referred to the AFF program and includes reports made while the unique individual is receiving AFF and reports made after the unique individual closed AFF services. When a unique individual had multiple maltreatment allegations resulting in different maltreatment findings on or before the AFF referral date, the highest finding level (“Substantiated” being the highest level and “No Report” being the lowest level) was reported in the Pre-Referral section. For example, a unique individual had three maltreatment allegations prior to being referred to AFF with three different findings of unsubstantiated, substantiated, and unsubstantiated. As a result, this individual was included in the “Substantiated” row (i.e., the highest level) in the Pre-Referral section. In situations where a unique individual had multiple maltreatment reports that resulted in different maltreatment findings after the AFF referral date, the highest finding level was reported in the Post-Referral Section.

Tables 22 and 23 use the categories of “Substantiated,” “Proposed,” “Unsubstantiated,” and “No Report.” The “Substantiated” row reports unique individuals who received a maltreatment finding of:

- 1) Substantiated
- 2) Substantiated Dependency Adjudication

The “Proposed” row includes unique individuals who received maltreatment findings of:

- 1) Proposed Substantiated - Perpetrator Deceased
- 2) Proposed Substantiated Pending Dependency Adjudication
- 3) Proposed Substantiated
- 4) Proposed Substantiated – Perpetrator Unknown
- 5) Request Proposed Substantiated
- 6) Request Proposed Substantiated Pending Dependency Adjudication

¹³ A total of 82 individuals who closed in the AFF program by June 30, 2017 did not have matching data in the Department of Child Safety’s CHILDS database. These 82 individuals are excluded from Tables 22 and 23.

The “Unsubstantiated” row includes unique individuals who received a maltreatment finding of “Unsubstantiated.” The “No Report” row includes AFF referred unique individuals who did not have a report of abuse, neglect, or maltreatment to the Department of Child Safety. “Unable to Locate” includes individuals who could not be located to investigate the report of abuse, neglect, or maltreatment.

Table 22 includes the 8,984 unique individuals who were referred to the AFF program, participated in AFF services, and were identified as completing the AFF program by the end of SFY 2017. There are three closure options associated with “Completed AFF Program”:

- 1) Completed AFF at the conclusion of Substance Abuse Treatment
- 2) Completed AFF at the conclusion of Recovery Maintenance
- 3) No substance abuse treatment needed

Among the 8,984 clients who successfully completed the AFF program, 8,295 (92.3%) individuals had at least one report of child maltreatment prior to entering AFF. Among these 8,984 clients, 6,678 (74.3%) had one or more reports with a “Substantiated” finding prior to receiving a referral to the AFF program. Table 22 indicates that among the 6,678 individuals with a substantiated report prior to the AFF program, 4,291 (64.3%) individuals had no reports to DCS after being referred to the AFF program. Nearly one-fifth (19.3%) of the group of individuals having a “Substantiated” finding prior to being referred to the AFF program had an “Unsubstantiated” maltreatment report after being referred to the program, while more than one in seven individuals (15.2%) with prior Substantiated findings had a subsequent “Substantiated” finding after being referred to the AFF program.

Among the unique individuals who completed the AFF program, 3,218 unique individuals (35.8%) received a subsequent report of child maltreatment (substantiated, proposed, unable to locate or unsubstantiated) after being referred to the AFF program. Among the total of 8,984 individuals, less than one in seven individuals (15.6%) had one or more reports with a “Substantiated” finding after being referred to the program.

As the Department of Child Safety utilized different logic from the previous reporting year (SFY 2016) to conduct this year’s matching process for all individuals referred to the AFF program between April 30, 2011 and June 30, 2017, it is not possible to compare the maltreatment findings provided in the SFY 2017 report to the SFY 2016 report. The percentages reported in this year’s report (SFY 2017) will be used as a baseline for future reports.

Table 22: AFF Referral Report Findings (Completed AFF Program)

Pre-Referral Finding	Post-Referral Finding											
	Substantiated		Proposed		Unsubstantiated		No Report		Unable to Locate		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Substantiated (N = 6,678) (74.3% of 8,984 individuals)	1,018	15.2%	42	0.6%	1,286	19.3%	4,291	64.3%	41	0.6%	6,678	100%
Proposed (N = 79) (0.9% of 8,984 individuals)	8	10.1%	1	1.3%	9	11.4%	61	77.2%	0	0.0%	79	100%
Unsubstantiated (N = 1,530) (17.0% of 8,984 individuals)	235	15.4%	6	0.4%	355	23.2%	928	60.7%	6	0.4%	1,530	100%
No Report (N = 689) (7.7% of 8,984 individuals)	130	18.9%	3	0.4%	68	9.9%	486	70.5%	2	0.3%	689	100%
Unable to Locate (N = 8) (0.1% of 8,984 individuals)	8	100%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	100%
Pre-Referral Total (N = 8,984) (100% of 8,984 Unique Individuals)	1,399	15.6%	52	0.6%	1,718	19.1%	5,766	64.2%	49	0.5%	8,984	100%

Table 23 includes the 17,342 unique individuals who were referred to the AFF program and exited the AFF program before completion during SFY 2017. There are eight closure options associated with “Did not complete AFF Program”:

- 1) At the time of intake or assessment, the client refused to take part in AFF services
- 2) Client case closed because the client was incarcerated by the criminal justice system
- 3) Client died
- 4) Client moved out of the area where they were to receive AFF services
- 5) Providers were unable to locate the client at outreach
- 6) Providers were unable to locate the client at intake
- 7) Unable to locate (post-intake)
- 8) Client discontinued without completing services (excluding unable to locate)

Of the total of 17,342 individuals who exited the AFF program before completion of services, 15,822 (91.2%) individuals had at least one report of child maltreatment prior to entering AFF. Among the 17,342 individuals, 12,702 (73.2%) had one or more reports with a “Substantiated” finding prior to receiving a referral to the AFF program. Table 23 indicates that among the 12,702 individuals with a “Substantiated” report prior to the AFF program, 8,799 (69.3%) individuals had no reports to DCS after being referred to the AFF program. In addition, more than one in six individuals (17.8%) had a “Substantiated” finding after referral while 11.6% of individuals had an “Unsubstantiated” finding after referral to the AFF program.

Among the 17,342 unique individuals who exited before completing the program, 5,527 unique individuals (31.9%) had a subsequent report of child maltreatment after being referred to the AFF program. Among the total of 17,342 individuals, more than one in six individuals (17.7%) had one or more reports with a “Substantiated” finding after being referred to AFF.

Interesting differences were seen between individuals who completed the AFF program and those who exited the program before completion when comparing data in Tables 22 and 23. Of reports for AFF clients who completed the AFF program, 19.1% had “Unsubstantiated” findings on subsequent reports after being referred to the AFF program compared to the individuals who did not complete the program (13.0%).

Table 23: AFF Referral Report Findings (Did not complete AFF Program)

Pre-Referral Finding	Post-Referral Finding											
	Substantiated		Proposed		Unsubstantiated		No Report		Unable to Locate		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Substantiated (N = 12,702) (73.2% of 17,342 individuals)	2,266	17.8%	97	0.8%	1,471	11.6%	8,799	69.3%	69	0.5%	12,702	100%
Proposed (N = 180) (1.0% of 17,342 individuals)	17	9.4%	2	1.1%	17	9.4%	144	80.0%	0	0.0%	180	100%
Unsubstantiated (N = 2,940) (17.0% of 17,342 individuals)	502	17.1%	17	0.6%	566	19.2%	1,834	62.4%	21	0.7%	2,940	100%
No Report (N = 1,505) (8.7% of 17,342 individuals)	271	18.0%	7	0.5%	191	12.7%	1,030	68.4%	6	0.4%	1,505	100%
Unable to Locate (N = 15) (0.1% of 17,342 individuals)	5	33.3%	0	0.0%	2	13.3%	8	53.3%	0	0.0%	15	100%
Pre-Referral Total (N = 17,342) (100% of 17,342 Unique Individuals)	3,061	17.7%	123	0.7%	2,247	13.0%	11,815	68.1%	96	0.5%	17,342	100%

Maltreatment Findings: Subsequent Maltreatment Findings among Individuals with a Successful Completion of the AFF Program

This section explores whether an individual who successfully completed the AFF program had any maltreatment findings six months or more following their closure from the AFF program. Similar to the section above, evaluators utilized the list of unique individuals with closed referrals in the AFF program for whom at least one record was identified in the CHILDS database; however, different steps for analysis were taken than the ones outlined in the previous section, “Maltreatment Findings: Successful Completion vs. Unsuccessful Completion of the AFF Program.” As discussed earlier in the report, a unique individual may have multiple referrals to the AFF program. The evaluators utilized the following steps to analyze and present the data on subsequent maltreatment report findings six months or more after successfully closing from the AFF program:

- Step 1: Data was examined to identify those unique individuals with all AFF referrals closed by December 31, 2016. An individual with a referral that had not been closed by December 31, 2016, regardless of having a previous referral that had closed, is not counted in this section. For example, an individual who received a referral on June 1, 2013 and closed on October 30, 2015 but also had a second referral on September 1, 2016 that has not yet closed by December 31, 2016 would not be included in this section.
- Step 2: The unique individual AFF referrals were split into two groups: 1) successfully completed the AFF program, and 2) exited the program without completing the AFF program.
- Step 3: A total of 7,831 unique individuals had a closure reason of “Completed AFF at conclusion of Substance Abuse Treatment,” “Completed AFF at conclusion of Recovery Maintenance,” or “No substance abuse treatment needed”¹⁴
- Step 4: The Maltreatment Report Findings for these 7,831 unique individuals who successfully completed the AFF program by December 31, 2016 were examined, and the results are presented in Table 24.
- Step 5: The remaining unique individuals who had a closure reason that did not indicate successful completion of the AFF program are not included in this section, “Maltreatment Findings: Subsequent Maltreatment Findings among Individuals with a Successful Completion of the AFF Program.”

Table 24 presents data in terms of “Pre-AFF referral” maltreatment findings (aka Pre-Referral) and “Post-AFF closure” maltreatment findings (aka Post-Closure). Pre-referral data includes the maltreatment reports identified prior to the unique individual receiving a referral to the AFF program. Post-Closure data includes only maltreatment reports identified six months or more after the unique individual closed out of the AFF program. When a unique individual had multiple maltreatment allegations that resulted in different maltreatment findings on or before the AFF referral date, the highest finding level (“Substantiated” being the highest level and “No Report” being the lowest level) was reported in the Pre-Referral section. For example, a unique individual had three maltreatment allegations prior to being referred to AFF with three different

¹⁴ A total of 23 individuals who closed in the AFF program by December 31, 2016 did not have matching data in the Department of Child Safety’s CHILDS database. These 23 individuals are excluded from Table 24.

findings of unsubstantiated, substantiated, and unsubstantiated. As a result, this individual was included in the “Substantiated” row (i.e., the highest level) in the Pre-Referral section. In situations where a unique individual had multiple maltreatment reports that resulted in different maltreatment findings six months or more after the AFF closure date, the highest finding level was reported in the Post-Closure Section.

Table 24 uses the categories of “Substantiated,” “Proposed,” “Unsubstantiated,” and “No Report.” The “Substantiated” row reports unique individuals who received a maltreatment finding of:

- 1) Substantiated
- 2) Substantiated Dependency Adjudication

The “Proposed” row includes unique individuals who received maltreatment findings of:

- 3) Proposed Substantiated - Perpetrator Deceased
- 4) Proposed Substantiated Pending Dependency Adjudication
- 5) Proposed Substantiated
- 6) Proposed Substantiated – Perpetrator Unknown
- 7) Request Proposed Substantiated
- 8) Request Proposed Substantiated Pending Dependency Adjudication

The “Unsubstantiated” row includes unique individuals who received a maltreatment finding of “Unsubstantiated”. The “No Report” row includes unique individuals referred to AFF who did not have a report of abuse, neglect, or maltreatment to the Department of Child Safety. “Unable to Locate” includes individuals who could not be located to investigate the report of abuse, neglect, or maltreatment.

Table 24 includes the 7,831 unique individuals who were referred to the AFF program, participated in AFF services, and were identified as completing the AFF program by the end of December 2016. There are three closure options associated with “Completed AFF Program”:

- 1) Completed AFF at the conclusion of Substance Abuse Treatment
- 2) Completed AFF at the conclusion of Recovery Maintenance
- 3) No substance abuse treatment needed

Of the total of 7,831 individuals who successfully completed the AFF program, 7,304 (93.3%) individuals had one or more reports of suspected child maltreatment prior to entering AFF. Among the 7,831 individuals, 5,889 (75.2%) had one or more reports with a “Substantiated” finding prior to receiving a referral to the AFF program. Table 24 indicates that among the 5,889 individuals with a “Substantiated” report prior to the AFF program, 4,397 (74.7%) individuals had no reports to DCS six months or more after closing from the AFF program. Additionally, 838 (14.2%) individuals having a “Substantiated” finding prior to being referred to the AFF program had an “Unsubstantiated” maltreatment report six months or more after closing out of the program while one in ten individuals (10.1%) with prior “Substantiated” findings had one or more subsequent substantiated findings six months or more after successfully completing the AFF program.

Subsequent reports of child maltreatment (substantiated, proposed, unsubstantiated or unable to locate) were reported against 1,973 individuals, representing 25.2% of the clients who successfully completed the AFF program by December 31, 2016. Among the total of

7,831 individuals, 10.1% of individuals had one or more reports with a “Substantiated” finding six months or more after discharging from the program.

The maltreatment findings for individuals who successfully completed the AFF program six months or more after closure were analyzed for the first time in SFY 2017. The percentages reported in Table 24 will be used as baseline data for future reports.

Table 24: AFF Referral Report Findings (Completed AFF Program between April 2011 and December 2016)

Pre-Referral Finding	≥6 months Post-Closure Finding											
	Substantiated		Proposed		Unsubstantiated		No Report		Unable to Locate		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Substantiated (N = 5,889) (75.2% of 7,831 individuals)	592	10.0%	29	0.5%	838	14.2%	4,397	74.7%	33	0.6%	5,889	100%
Proposed (N = 52) (0.7% of 7,831 individuals)	4	7.7%	0	0.0%	4	7.7%	44	84.6%	0	0.0%	52	100%
Unsubstantiated (N = 1,355) (17.3% of 7,831 individuals)	146	10.8%	4	0.3%	220	16.2%	980	72.3%	5	0.4%	1,355	100%
No Report (N = 527) (6.7% of 7,831 individuals)	54	10.2%	1	0.2%	41	7.8%	429	81.4%	2	0.4%	527	100%
Unable to Locate (N = 8) (0.1% of 7,831 individuals)	0	0.0%	0	0.0%	0	0.0%	8	100.0%	0	0.0%	8	100%
Pre-Referral Total (N = 7,831) (100% of 7,831 Unique Individuals)	796	10.2%	34	0.4%	1,103	14.1%	5,858	74.8%	40	0.5%	7,831	100%

Maltreatment Findings: Other Pertinent Information

This section explores other pertinent information concerning reports of child maltreatment of individuals regardless of closing out of the AFF program. Again, the evaluators utilized the list of unique individuals in the AFF program for whom at least one record was identified in the CHILDS database. As this section includes all individuals who have been matched to the CHILDS database, different steps for the analysis were taken than the ones outlined in the previous sections, “Maltreatment Findings: Successful Completion vs. Unsuccessful Completion of the AFF Program” and “Maltreatment Findings: Subsequent Maltreatment Findings among Individuals with a Successful Completion of the AFF Program”. The evaluators utilized the following steps to analyze and present the data for this section of the report:

- Step 1: The evaluators utilized the list of unique individuals in the AFF program for whom at least one record was identified in the CHILDS database.
- Step 2: A total of 30,934 unique individuals met this criterion and were included in the examination of data on maltreatment findings.¹⁵

Table 25 includes the 30,934 unique individuals who were referred to the AFF program and participated in AFF services between April 30, 2011 and June 30, 2017. The breakdown of each row in the table is as follows:

- 1) Individuals with one or more (≥ 1) reports of child maltreatment at the time of referral to AFF program. This row reports unique individuals who received one or more of the following maltreatment findings prior to receiving a referral to the AFF program:
 - a. Substantiated
 - b. Substantiated Dependency Adjudication
 - c. Proposed Substantiated - Perpetrator Deceased
 - d. Proposed Substantiated Pending Dependency Adjudication
 - e. Proposed Substantiated
 - f. Proposed Substantiated – Perpetrator Unknown
 - g. Request Proposed Substantiated
 - h. Request Proposed Substantiated Pending Dependency Adjudication
 - i. Unsubstantiated
- 2) Individuals with one or more (≥ 1) substantiated reports of child maltreatment at the time of referral to AFF program. This row reports unique individuals who received one or more of the following maltreatment findings prior to receiving a referral to the AFF program:
 - a. Substantiated
 - b. Substantiated Dependency Adjudication
- 3) Individuals with one or more (≥ 1) unsubstantiated reports of child maltreatment at the time of referral to AFF Program. This row reports unique individuals who received one or more Unsubstantiated finding prior to receiving a referral to the AFF program.
- 4) Individuals with one or more (≥ 1) reports of subsequent acts of maltreatment identified after being referred to the AFF program. This row reports unique individuals who

¹⁵ A total of 98 unique individuals referred to the AFF Program did not have matching data in the Department of Child Safety’s CHILDS database. These 98 individuals are excluded from Table 25.

received one or more of the following maltreatment findings after the unique individual was referred to the AFF program:

- a. Substantiated
 - b. Substantiated Dependency Adjudication
 - c. Proposed Substantiated - Perpetrator Deceased
 - d. Proposed Substantiated Pending Dependency Adjudication
 - e. Proposed Substantiated
 - f. Proposed Substantiated – Perpetrator Unknown
 - g. Request Proposed Substantiated
 - h. Request Proposed Substantiated Pending Dependency Adjudication
 - i. Unsubstantiated
 - j. Unable to Locate
- 5) Individuals with one or more (≥ 1) reports of subsequent acts of maltreatment identified after being referred to the AFF program and received a subsequent referral to AFF program. This row reports the unique individuals who received one or more of the maltreatment findings after the unique individual was referred to the AFF program **and** was referred to the AFF program more than one time.

Table 25 displays the unique individuals who were referred to the AFF program and participated in AFF services between April 30, 2011 and June 30, 2017 (N=30,934). A total of 25,375 (82.0%) individuals received one or more allegations of child maltreatment at the time of referral to the AFF program. Approximately two-thirds of individuals (66.0%) had at one or more reports with a “Substantiated” finding prior to receiving a referral to the AFF program. Half of the individuals (51.0%) had one or more reports with an “Unsubstantiated” finding prior to receiving a referral to the AFF program. Two-fifths (40.2%) of individuals received one or more reports of child maltreatment after being referred to the AFF program. Of the 12,449 individuals who received one or more reports of child maltreatment after being referred to the AFF program, over three-tenths (32.9%) of those individuals received a subsequent referral to the AFF program.¹⁶

¹⁶ It should be noted that these numbers sometimes include more than one allegation per parent or caregiver, so these amounts do not total 100%.

Table 25: AFF Referral Report Findings: Other Pertinent Information

State Fiscal Year 2017 Report Count	Allegation Findings	
	N	%
Individuals with one or more (≥ 1) reports of child maltreatment at the time of referral to the AFF Program ($N=30,934$)	25,375	82.0%
Individuals with one or more (≥ 1) Substantiated allegations of child maltreatment at the time of referral to the AFF Program ¹ ($N=30,934$)	20,424	66.0%
Individuals with one or more (≥ 1) Unsubstantiated allegations of child maltreatment at the time of referral to the AFF Program ¹ ($N=30,934$)	15,787	51.0%
Individuals with one or more (≥ 1) allegations reports of subsequent acts of maltreatment identified after the AFF referral date ($N=30,934$)	12,595	40.7%
Individuals with one or more (≥ 1) reports of subsequent acts of maltreatment identified after the AFF referral date who received a subsequent referral to the AFF Program ($N=12,595$)	4,117	32.7%

¹There were 10,977 (35.5%) individuals with one or more substantiated allegations as well as one or more unsubstantiated allegations at the time of referral to the AFF program. These 10,977 individuals are included in the count of individuals with one or more substantiated allegations of maltreatment and the count of individuals with one or more unsubstantiated allegations of maltreatment.

The maltreatment findings for these 30,934 individuals who were referred to the AFF program and participated in AFF services between April 30, 2011 and June 30, 2017, regardless of closing out of the AFF program, was analyzed for the first time in SFY 2017. Therefore, the percentages reported in Table 25 will be used as a baseline for future reports.

AFF Permanency Outcomes

The AFF Permanency Outcomes presents a broader historical view of the AFF program. As with the AFF Referral Report Findings, AFF providers were instructed to provide the evaluators with all data on referrals they had received between April 30, 2011 and June 30, 2017.¹⁷ The AFF Permanency Outcome section presents data on the children of individuals who were referred to the AFF program by April 30, 2011 and who closed by June 30, 2017.

The evaluator provided the DCS CHILDS staff a list of 31,032 unique individuals referred to the AFF program between April 30, 2011 and June 30, 2017. The 31,032 unique individuals were matched to the data in the CHILDS database to identify permanency data. Similar to the sections above, “Maltreatment Findings: Successful Completion vs. Unsuccessful Completion of the AFF Program,” only the unique individuals with closed referrals in the AFF program for whom at least one record was identified in the CHILDS database are included in the data presented in this section.

¹⁷ Not all AFF providers were able to provide historical data going back to April 30, 2011. When AFF providers were unable to provide historical data, they uploaded their earliest active cases through June 30, 2017.

Data in this section is presented for children with parents who have closed referrals in the AFF program. The evaluators utilized the following steps to analyze and present the data on Permanency Outcomes:

- Step 1: Data was examined to identify those unique individuals with all AFF referrals closed by the end of SFY 2017 (June 30, 2017). An individual with a referral that had not been closed by June 30, 2017, regardless of having a previous referral that had closed, was not counted in this section. For example, an individual who received a referral on June 1, 2013 and closed on October 30, 2015, but also had a second referral on September 1, 2016 that had not yet closed by June 30, 2017 would not be included in this section.
- Step 2: A total of 29,237 children¹⁸ in the CHILDS database were matched to the unique individuals with all AFF referrals closed by June 30, 2017 and are included in the discussion of the Permanency data.
- Step 3: The 29,237 children's parents' AFF referrals were reviewed to determine the reason for their closure from the AFF program. The 8,984 unique individuals who had closure reason of "Completed AFF at conclusion of Substance Abuse Treatment," "Completed AFF at conclusion of Recovery Maintenance," or "No substance abuse treatment needed" were the parents of 10,020 children. The Permanency Status for these 10,020 children were examined, and the results are presented in Table 26.
- Step 4: The 17,342 unique individuals who had a closure reason that did not indicate successful completion of the AFF program were the parents of 19,217 children. The Permanency Status for these 19,217 children associated with a parent who exited the AFF program before completion are presented in Table 27.

There are three options associated with a child's permanency status: 1) Still in care, 2) Achieved Permanency, and 3) Non-Permanency. "Still in care" refers to children who are still in DCS custody. "Permanency" refers to children who were removed from parental custody and have been reunified with their parent, are involved in a relative or non-relative guardianship, or have been adopted. "Non-Permanency" refers to children who have one of the following End of Removal codes: 1) Living with Other Relatives, 2) Runaway, 3) Transfer to Another Agency, 4) Added in Error, 5) Death of Child, or 6) Age of Majority.

The data presented in Table 26 includes the 9,650 children associated with a parent (aka a Unique Individual) who was referred to the AFF program, participated in AFF services, and completed the AFF program by the end of SFY 2017. There are three closure options associated with "Completed AFF Program":

- 1) Completed AFF at the conclusion of Substance Abuse Treatment
- 2) Completed AFF at the conclusion of Recovery Maintenance
- 3) No substance abuse treatment needed

Out of the 10,020 children for whom data was available, almost nine out of every ten children (88.6%) achieved permanency by the end of SFY 2017.

¹⁸ A total of 193 unique individuals referred to AFF could not be matched in the Department of Child Safety's CHILDS database for data on permanency.

Table 26: AFF Permanency Status (Completed AFF Program)

Status		
	N	%
Still in care	856	8.5%
Permanency	8,882	88.6%
Non-Permanency	282	2.8%
Total	10,020	100%

Table 27 includes the 19,217 children associated with a parent (aka a Unique Individual) who was referred to the AFF program and exited the AFF program before completion during SFY 2017. There are eight closure options associated with “Did not complete AFF Program:”

- 1) At the time of intake or assessment, the client refused to take part in AFF services
- 2) Client case closed because the client was incarcerated by the criminal justice system
- 3) Client died
- 4) Client moved out of the area where they were to receive AFF services
- 5) Providers were unable to locate the client at outreach
- 6) Providers were unable to locate the client at intake
- 7) Unable to locate (post-intake)
- 8) Client discontinued without completing services (excluding unable to locate)

Out of the 19,217 children for whom data was available, eight out of every ten children (82.5%) achieved permanency by the end of SFY 2017. This is 6.9% less than the percentage of children achieving permanency associated with a parent who successfully completed the AFF program.

Table 27: AFF Permanency Status (Did not complete AFF Program)

Status		
	N	%
Still in care	2,556	13.3%
Permanency	15,853	82.5%
Non-Permanency	808	4.2%
Total	19,217	100%

The data presented in Table 28 includes 29,237 children associated with parents who had received an AFF referral and closed out of the AFF program (regardless of a successful or unsuccessful status) and achieved permanency by the conclusion of SFY 2017. The following End of Removal codes provided by DCS are included in the “Guardianship” category:

- 1) Guardianship by Relative
- 2) Guardianship by Foster Parent
- 3) Guardianship by Non-Relative

The “Adoption” category includes the following End of Removal codes provided by DCS:

- 1) Adoption by Relative
- 2) Adoption by Non-Relative
- 3) Adoption by Foster Parent

The “Reunification” category was simply identified as Reunification with a parent or caregiver.

In cases where the child had multiple removals, the most recent removal was used to determine the End of Removal code.

As shown in Table 28, of the 24,735 children who achieved permanency, nearly half of the children (46.2%) were reunified with their families, 46.7% of the children were adopted, and others found permanent homes through Guardianship (7.1%). Table 28 also presents the average number of days these children are in Out of Home Care. The children who were eventually reunified with their family had the lowest average for the number of days in out of home care, nearly one year (355.4 days), while the children who were adopted had the highest average number of days in out of home care, more than two years (752.1 days).

Table 28: AFF Permanency Status

	Children Achieving Permanency		
	N	%	Average Number of Days in Out of Home Care
Reunification	11,425	46.2%	355.4
Guardianship	1,758	7.1%	495.7
Adoption	11,552	46.7%	752.1
Total	24,735	100%	543.7

As the Department of Child Safety utilized different logic from the previous reporting year (SFY 2016) to conduct this year’s matching process of all individuals referred to the AFF program between April 30, 2011 and June 30, 2017, it is not possible to compare the maltreatment findings provided in the SFY 2017 report to the SFY 2016 report. The percentages reported in the SFY 2017 report will be used as baseline data for future reports.

Section 7: Conclusion

This report summarizes the key processes and outcomes of the Arizona Families F.I.R.S.T. program during SFY 2017 (July 1, 2016 – June 30, 2017).

There are limitations to the data available for this report. The evaluator and the AFF providers worked together to explore ways to maximize data collection and utilization of the portal. Continual clean-up of old and new data, along with addressing missing data, will improve future reports. There are variations among the providers in the way data are collected and the extent to which data are missing. Continuous communication between the evaluator, DCS, AFF providers and their subcontractors has enhanced data clean-up in the data collection portal, as well as improved the collection and reporting systems.

As a legislatively-mandated element of the AFF program, this annual evaluation report provides analysis of the performance of DCS and its contracted AFF providers in meeting the legislative mandates of the program. These mandates include:

- 1) Increasing 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) Increasing the availability, timeliness and accessibility of substance abuse treatment to persons receiving temporary assistance for needy families to achieve self-sufficiency through employment.
- 3) Increasing the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

In regards to the first mandate focused on improving child safety, family stability, and permanency for children, the data included in Table 28 reveals that nearly half of the children (46.2%) who achieved permanency have been reunified with their family. Additionally, 46.7% of the children achieved permanency through adoption.

As Table 22 demonstrates, 64.3% of the individuals with a substantiated report of child maltreatment prior to the AFF program had no reports to DCS after completing the program. Table 23 shows that among individuals who did not complete the AFF program, 69.3% of the individuals with a “Substantiated” report prior to being referred had no reports to DCS after being referred to the AFF program. Less than one in five individuals (17.8%) who did not complete the AFF program had a “Substantiated” finding after being referred to the AFF program while 11.6% had an “Unsubstantiated” finding. Individuals who completed the AFF program had a higher percentage of “Unsubstantiated” findings after being referred to the AFF program than individuals who did not complete the program (19.1% vs. 13.0%).

Table 23 also indicates that among individuals who exited the AFF program before completion, less than one third of these individuals had a subsequent allegation of child maltreatment (substantiated, proposed, or unsubstantiated) after being referred to the AFF program.

Additionally, among individuals with a “Substantiated” report prior to the AFF program and exited from the AFF program by December 31, 2016, 74.7% had no reports to DCS six months or more after closing from the program.

In regards to the second mandate focused on achieving self-sufficiency through employment, Table 20 documents that, of the individuals who successfully completed the AFF program in SFY 2017, there was a 76.1% increase in the percentage of individuals reporting their employment status as “Employed Full-Time” at closure compared to intake. Similarly, there was a 25% increase in the percentage of referrals where the client reported they were “Employed Part-Time” at closure compared to intake, and there was a 33% reduction in the percentage of clients who reported being “Unemployed” at closure compared to intake.

The gains in employment status (Full-Time and Part-Time) among the individuals who successfully completed the AFF program are significant, as the data show the opposite for the individuals who did not complete the AFF program. The percentage of individuals who reported being “Employed Full-Time” declined by 2.4% at closure compared to intake and the percentage of individuals who were “Employed Part-Time” declined by 23.0% from the time of intake to closure.

Among the five (5) unique individuals who were referred from TANF in SFY 2017, all five had closure reasons indicating they did not complete the AFF program (two discontinued AFF services and three refused to take part in AFF services at intake or assessment,). Four of the unique individuals referred from TANF had “Unknown” employment at Intake and at “Closure”. The fifth unique individual reported being unemployed at Intake and was “Unknown” at closure.

Finally, in regards to the third mandate focusing on promoting recovery from alcohol and drug problems, AFF providers reported providing timely outreach to these referrals, with 93.8% of referrals receiving outreach within one day or less (See Table 4). In addition, the data in Table 5 indicates that during SFY 2017, 67.4% of referrals resulted in a signed Release of Information. While this is below the 75% Performance Measure for signed ROIs, it is an improvement over the SFY 2016 data at 62.0% and the SFY 2015 data at 50.9%. Each State Fiscal Year shows improvement.

As this is the second report prepared by the evaluator, comparisons can be made in a number of areas between the data provided in this SFY 2017 annual report and the SFY 2016 annual report. Data for SFY 2017 shows some areas of improvement in program services and program reporting, which are highlighted below:

- The number of referrals where the evaluators were unable to match the referral to a specific client in SFY 2017 (N=8) decreased significantly from the 468 unmatched referrals reported for in SFY 2016.
- The SFY 2017 data show a slight increase in the number of unique individuals who completed a substance abuse assessment (97.3%) compared to SFY 2016 data where 93.8% of unique individuals completed a substance abuse assessment.