



**Arizona Families F.I.R.S.T. Program  
Annual Evaluation Report  
State Fiscal Year 2020**

**July 1, 2019 - June 30, 2020**

**October 2020**



**LeCroy & Milligan**  
ASSOCIATES, INC.

# Arizona Families F.I.R.S.T. Program Annual Evaluation Report

## State Fiscal Year 2020

### October 2020

#### Submitted to:

Arizona Department of Child Safety  
3003 N. Central Avenue, 22<sup>nd</sup> Floor  
Phoenix, AZ 85012  
Ph: (602) 255-2565  
<https://dcs.az.gov/>



#### Submitted by:

LeCroy & Milligan Associates, Inc.  
2002 N. Forbes Blvd. Suite 108  
Tucson, AZ 85745  
Ph: (520) 326-5154  
Fax: (520) 326-5155  
[www.lecroymilligan.com](http://www.lecroymilligan.com)



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Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven, and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state, and national level with a broad spectrum of social services, criminal justice, education, and behavioral health programs.

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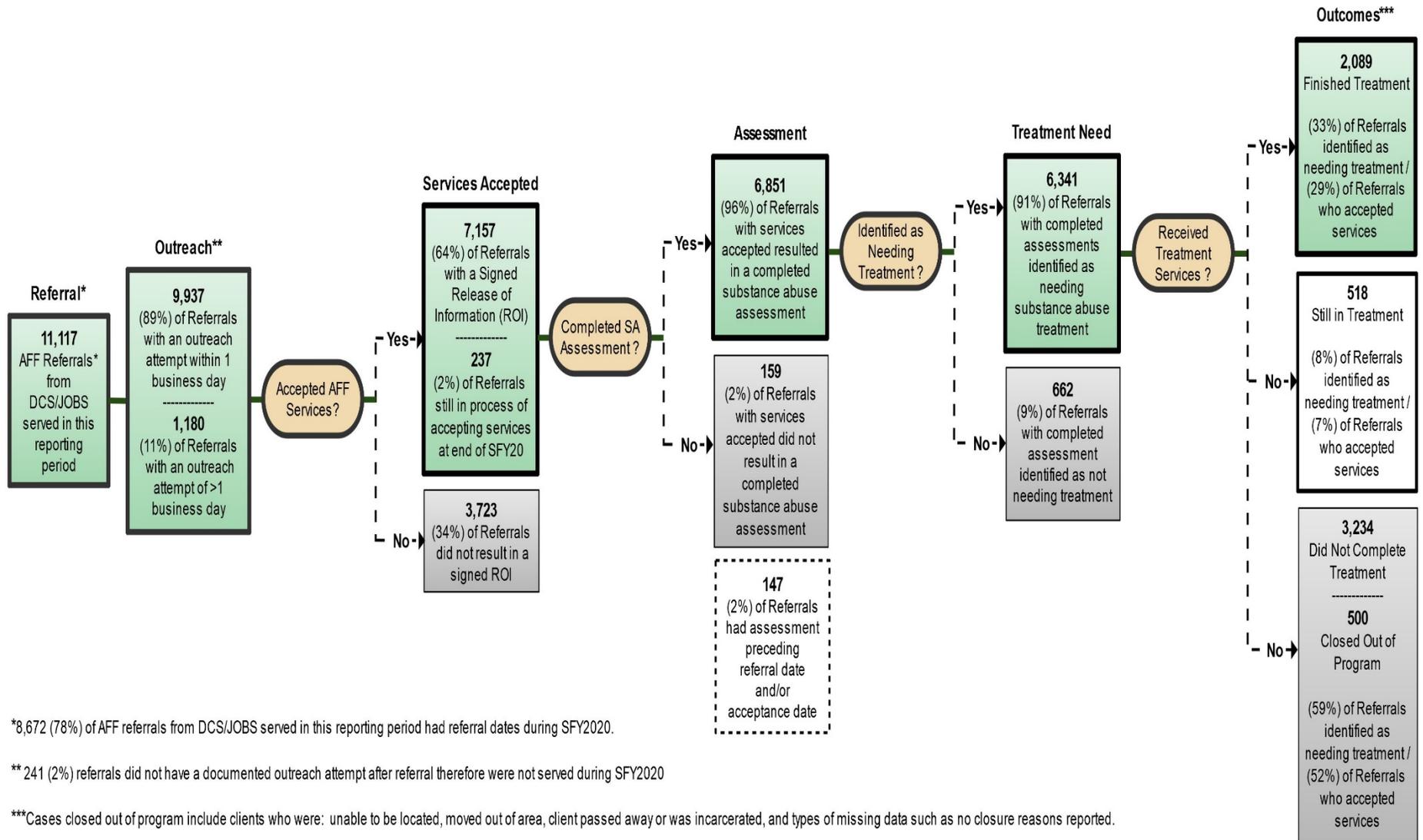
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## Arizona Families F.I.R.S.T. (AFF) Referrals and Client Participation SFY 2020 Annual Report (July 1, 2019 – June 30, 2020)



\*8,672 (78%) of AFF referrals from DCS/JOBS served in this reporting period had referral dates during SFY2020.

\*\* 241 (2%) referrals did not have a documented outreach attempt after referral therefore were not served during SFY2020

\*\*\*Cases closed out of program include clients who were: unable to be located, moved out of area, client passed away or was incarcerated, and types of missing data such as no closure reasons reported.



# Introduction

## Program Overview

### The Need for the AZ Families F.I.R.S.T. (AFF) Program

A significant social cost related to substance abuse is child maltreatment (Crowley et al., 2019; Famularo, Kinscherff & Fenton, 1992; Garner et al., 2014; Lloyd & Akin, 2014; Lloyd, Akin & Brook, 2017). According to a recent analysis of 2009-2014 data from the National Surveys on Drug Use and Health, approximately 12.3% of American children age 17 or younger (8.7 million) live in households with one or more parents who had a substance use disorder during the previous year. In addition, these children are at a greater risk of physical or sexual abuse, abandonment, and foster placement (Lloyd & Akin, 2014; Lloyd, Akin & Brook, 2017; Smith, Johnson, Pears, Fisher, & DeGarmo, 2007; Testa & Smith, 2009; Wasserman & Leventhal, 1993).

In Arizona, the Department of Child Safety's (DCS) FY2020 Hotline data shows a total of 45, 142 reports were made in FY2020, with 4, 896 (32%) of them involving a Substance Exposed Newborn (SEN) &/or a Substance Abuse Tracking Characteristic (an indicator in DCS' CHILDS child welfare database system that shows a report is associated with substance abuse). The prevalence of substance abuse in Arizona child welfare -involved families is therefore a significant reason for DCS involvement with families.

Children whose parents are unemployed represent another, related area of concern, as research indicates that substance abuse is often triggered by unemployment (Badel & Greaney, 2013) and unemployment often leads to child neglect (Brown & De Cao, 2017). Income loss is a known predictor of child maltreatment (Conrad-Hiebner & Byram, 2020), and research suggests that an increase in job losses during a recession is associated with an increase in reports of physical abuse (Schenck-Fontaine & Gassman-Pines, 2020). The relationship between unemployment and child maltreatment is of particular concern within the context of the COVID-19 pandemic. In Arizona, unemployment rates rose dramatically to 13.4% in April 2020, and the state continues to experience an elevated unemployment rate due pandemic-related job loss (U.S. Bureau of Labor Statistics, 2020).

The AFF program fills a critical need for the state by providing varied treatment options, resources, and tools to help parents in the child welfare system and unemployed Temporary Aid to Needy Families' (TANF) clients recover from substance use disorder. This annual report reviews the AFF program model, assesses AFF program implementation and program outcomes, and includes recommendations for program improvement.



## AFF Program Goals

The AFF program is designed to help clients address substance use issues that affect their ability to appropriately care for their children and/or their ability to obtain and maintain employment. To reduce or eliminate abuse of, and dependence on, alcohol and other substances, the AFF program offers a variety of treatment and supportive services to:

1. Parents, guardians, or custodians of a child involved in a DCS maltreatment report, whose substance abuse is a significant barrier to maintaining, preserving, or reunifying the family; and
2. Department of Economic Security's (DES) Jobs Program clients who receive Temporary Assistance for Needy Families (TANF) cash assistance and whose substance abuse is a significant barrier to obtaining or maintaining steady employment.

The Arizona Revised Statutes 8-882, 8-883 and 8-884, which established the AFF program as a partnership between the Department of Health Services (now the Arizona Health Care Cost Containment System - AHCCCS) and DCS, state that the AFF program goals are to:

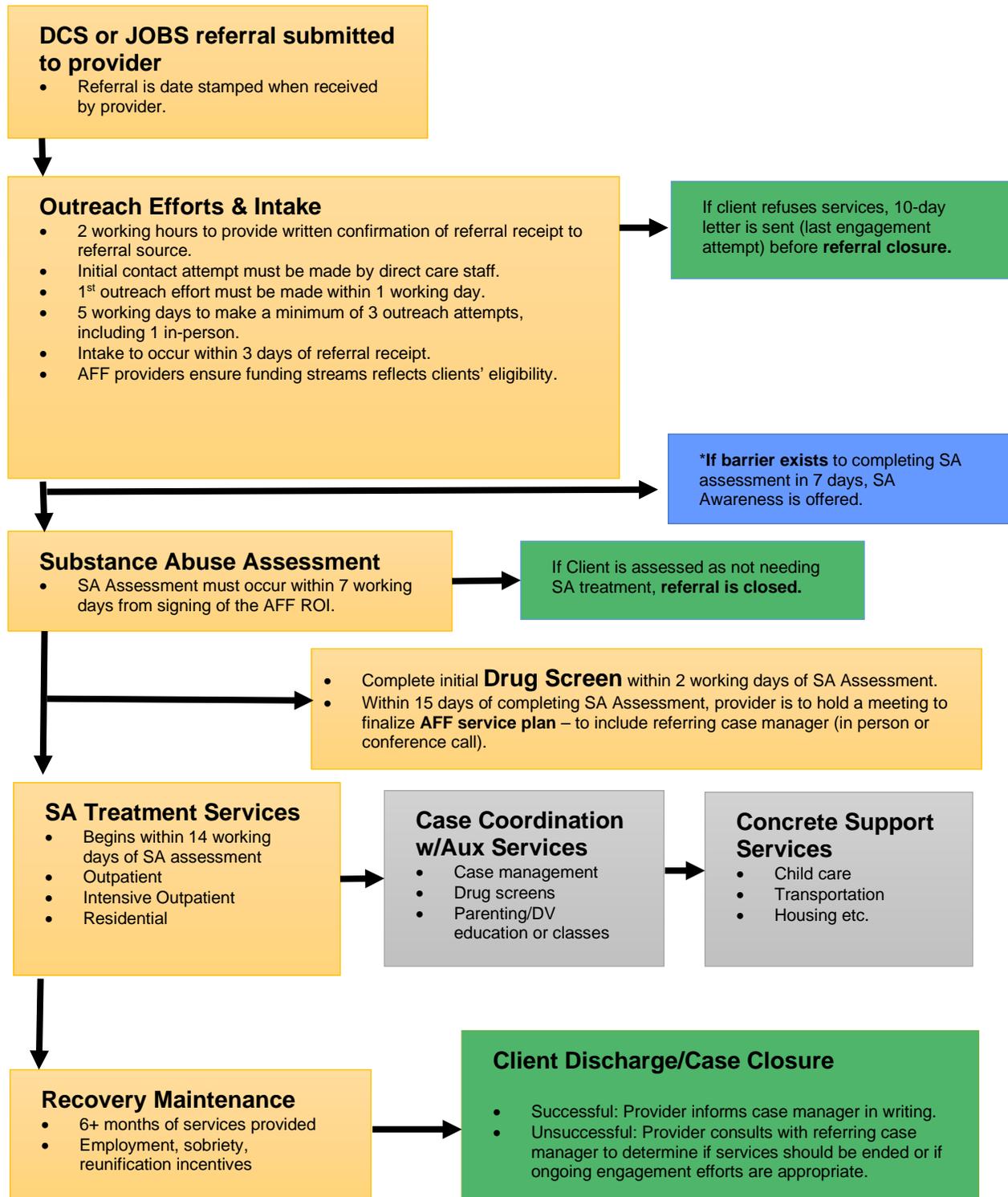
- Increase the availability, timeliness, and accessibility of substance abuse treatment;
- Improve child safety and family stability, and increase the number of children in out-of-home care who achieve permanency, with a preference for reunification with the child's birth family;
- Increase the number of TANF recipients that obtain and maintain employment;
- Promote recovery from alcohol and drug problems;
- Reduce the recurrence of child abuse and/or neglect; and
- Decrease the number of days in foster care per child.

## AFF Program Phases

Clients who are referred to the AFF program progress through several program phases as outlined in Exhibit 1.



Exhibit 1. AZ Families F.I.R.S.T. Flow of Services



## AFF Providers

During FY2020, there were five providers contracted to deliver substance use disorder treatment services through the Arizona Families F.I.R.S.T. (AFF) program: Terros Health - Central, Terros Health - Pima, Terros Health - Southwest, Southeastern Arizona Behavioral Health Services (SEABHS) and the Arizona Partnership for Children (AzPAC). Southeastern Arizona Behavioral Health Services (SEABHS) ended their AFF contract effective end of July 2019. Arizona Partnership for Children (AzPAC) completed the transition to assume prior AFF clients from SEABHS by end of September 2019. Exhibit 2 shows the AFF provider for each county, and the associated Medicaid health plan in each region. An Arizona map displaying AFF providers, counties, and ACCs follows on the next page (Exhibit 3).

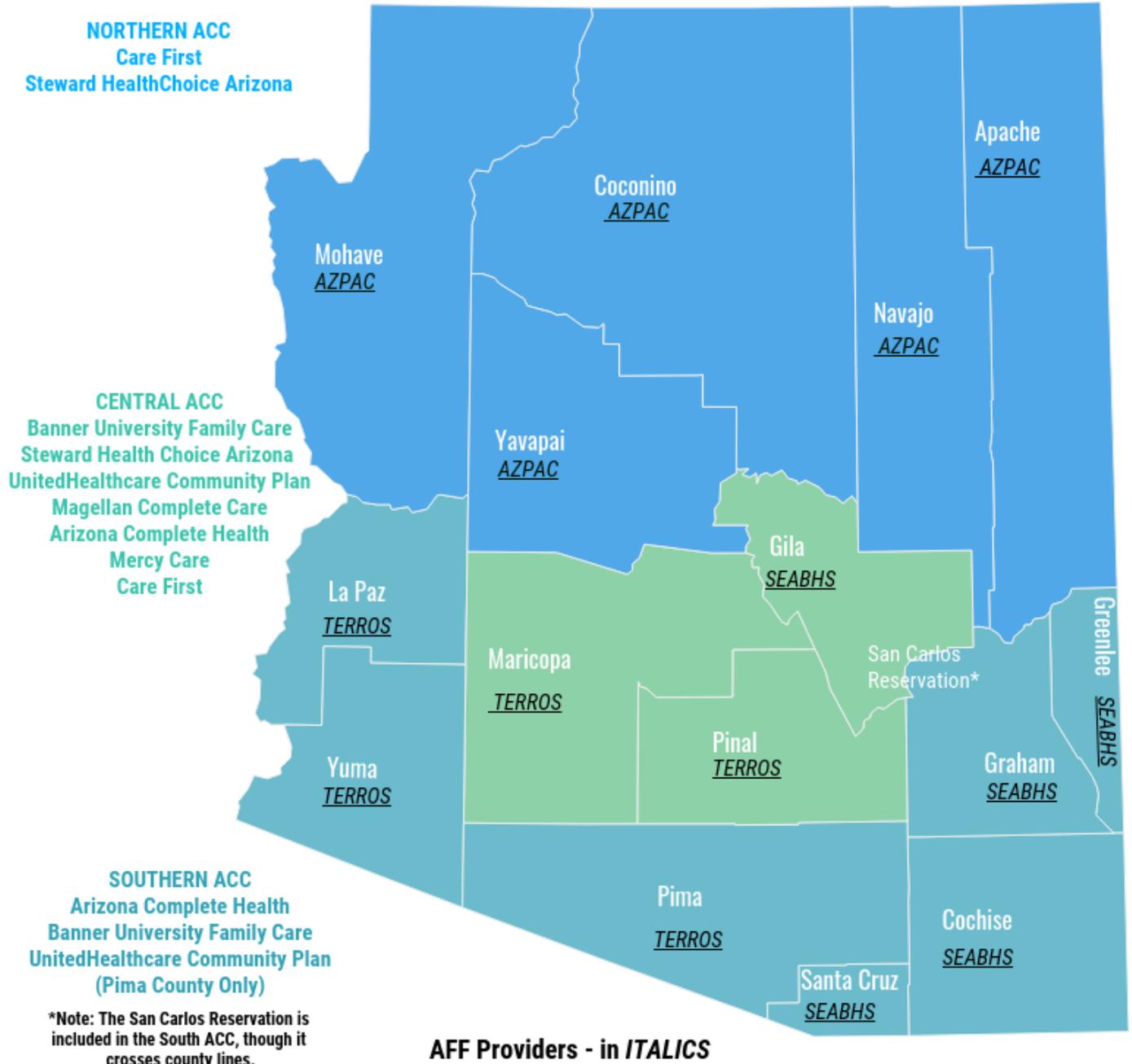
Exhibit 2. SFY 2020 AFF Providers by Region

County	ACC	AFF Provider
Apache	<b>NORTHERN REGION</b> Care First Health Choice Arizona	Arizona Partnership for Children (AzPaC)
Coconino		
Mohave		
Navajo		
Yavapai		
Gila	<b>CENTRAL REGION</b> Banner University Family Care Health Choice Arizona United Healthcare Community Plan Magellan Complete Care Arizona Complete Health Mercy Care Care First	Terros Health (TERROS)
Maricopa		Terros Health (TERROS)
Pinal		Southeastern Arizona Behavioral Health Services (SEABHS)
La Paz	<b>SOUTHERN REGION</b> Arizona Complete Health Banner University Family Care United Healthcare Community Plan	Terros Health (TERROS)
Yuma		
Pima		
Santa Cruz		Southeastern Arizona Behavioral Health Services (SEABHS)
Cochise		
Greenlee		
Graham		
San Carlos Reservation		



Exhibit 3. Map of AFF Providers and RBHAs by County and Region

## AZ Families F.I.R.S.T & AHCCCS Complete Care (ACC) Agencies



## Funding Sources

Funding for substance abuse treatment for participants in the AFF program comes from various sources including the Department of Child Safety, AHCCCS, private insurance, tribal entities, the Veterans Administration, and Medicare. AFF is the “payer of last resort,” according to the statute, covering any amount not covered by these other organizations. For state costs (outreach/engagement, intake, costs not covered by a RBHA or an ACC health plan, and all costs for non-Title XIX clients), the total amount of program funding for SFY2020 was \$7, 329, 752 of which \$239, 448 was DCS funding (State matching funds) with the rest from federal TANF funding. This is in addition to the funding provided by the ACC health plans, RBHAs and TRBHAs for Title XIX-eligible clients for treatment and other supportive services.

Exhibit 4. AFF Program Funding for SFYs 2018 – 2020

	2018	2019	2020
State Matching Funds (DCS)	\$72,401.87	\$1,196,472.72	\$2,767,819.64
Federal Funds	\$7,481,305.07	\$6,062,260.67	\$4,727,377.39
TOTALS	\$7,553,706.94	\$7,258,733.39	\$7,495,197.03

## Report Overview

Arizona Revised Statutes 8-884 requires DCS to receive three quarterly and one annual evaluation of the AFF program.

Quarterly evaluations and reporting are used to: 1) track performance measures by each provider; 2) identify data quality issues mid-term; and 3) provide mid-term data as needed (e.g., for the Arizona Legislature, Joint Legislative Budget Committee, DCS Executive Team, mandatory agency reports, etc.). Quarterly reports are also used during quality assurance and technical assistance site visits to review and assess progress on key program activities.

This annual report covers the State Fiscal Year 2020 (July 1, 2019 to June 30, 2020), and includes both process and outcome evaluation components. The process evaluation section describes the characteristics of AFF participants, the degree of AFF program participation, and the extent to which AFF providers met AFF timelines. The outcome evaluation section examines the program’s impact on subsequent reports of maltreatment, child permanency, reunification, and removals from the home. Despite great improvements in data quality that were made for the current report, some limitations remain. Information about the methods used for both the process and outcome evaluations and the limitations of the findings are included in Appendix A.



# Process Evaluation Results

## Referrals to AFF

Clients are referred to the AFF program by one of the following: 1) a Child Safety Specialist from the Arizona Department of Child Safety (DCS); or 2) a Case Manager from the TANF/JOBS program operated by the Arizona Department of Economic Security. Individuals can be referred more than once but cannot have more than one open referral at a time. Exhibit 5 shows the number of referrals and unique individuals referred during the four quarters of SFY 2020. Exhibit 5 also shows continuing referrals that opened prior to SFY 2020, remained open for part of SFY 2020, and closed during SFY 2020. By the end of SFY 2020, a total of n=2, 453 continuing referrals were still open; these referrals are not included in the exhibit below.

Exhibit 5. Number of Referrals and Unique Individuals Referred During SFY 2020, and Number of Continuing Referrals Closed During SFY 2020, by Quarter

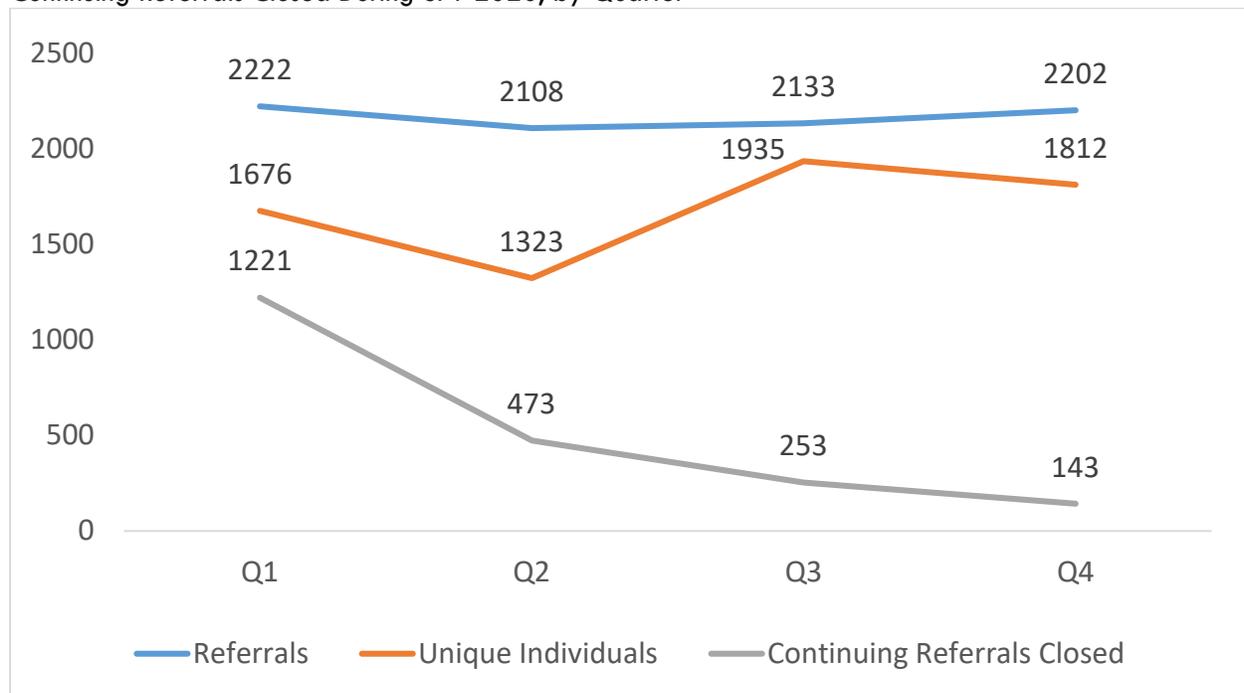


Exhibit 6 illustrates the referral sources for SFY 2020 and as in the three previous years illustrate that DCS is by far the largest referral source.

Exhibit 6. Referral Sources for SFY 2020

Referrals		
Referral Source	n	%
Department of Child Safety	8, 665	99%
TANF/JOBS Program	6	.1%
<b>Total Referrals</b>	<b>8, 672</b>	<b>100%</b>



Exhibit 7 shows the number of new referrals received for the past three years, FY 2018 to FY 2020. Over a three-year period the total number of referrals per year has averaged n=8, 437. Exhibit 8 shows the number of new referrals in each quarter of SFY 2020.

Exhibit 7. Referrals by SFY: 2018 to 2020

	2018	2019	2020	TOTALS
	n	n	n	N
Total Referrals	8, 293	8, 346	8, 672	25, 311

Exhibit 8. SFY 2020 Referrals by Quarter

	Q1	Q2	Q3	Q4
	n	n	n	n
Total SFY 2020 Referrals	2,222	2,108	2,133	2,202

## Outreach Efforts

Once referred, an AFF provider staff member attempts to reach the referred individual, educate the client about the AFF program and the treatment agency, and gauge the individual's willingness to participate in the program. According to the model, the provider's first outreach attempt must occur within one business day of receiving a referral. If initial outreach is unsuccessful, a minimum of three outreach attempts within five business days, one of which must be in person, must be made before outreach efforts by the provider cease. Exhibit 9 illustrates outreach attempts from SFY 2018 to SFY 2020 by model standards and Exhibit 10 presents the average number of days between referral and first outreach activity. These results indicate very little variation over the three-year period. Most outreach attempts occur within one business day.



Exhibit 9. AFF Outreach for New and Continuing Clients by Referrals Served, SFY 2018 to 2020

	SFY 2018		SFY 2019		SFY 2020	
	n	%	n	%	n	%
Total referrals served during State Fiscal Year	11,942	100.0%	11,197	100%	11,117	100%
Referrals with at least one Outreach Attempt	11,591	97.1%	10,724	95.8%	10,876	97.8%
Referrals with a first Outreach Attempt within one business day after referral	10,821	90.6%	9,946	88.8%	9,937	91.3%
Referrals with a first Outreach Attempt greater than one business day but within five business days after referral	509	4.3%	598	5.3%	821	7.5%
Referrals with a first Outreach Attempt greater than five business days after referral	261	2.2%	179	1.6%	359	3.3%
Referrals with no documented Outreach Attempt after referral	351	2.9%	473	4.2%	241	2.1%

Exhibit 10. Average Days between Referral and First Outreach Attempt for New and Continuing Clients, SFY 2018 to 2020

SFY 2018 - Average Days Between Referral and First Outreach Attempt*	SFY 2019 - Average Days Between Referral and First Outreach Attempt*	SFY 2020 - Average Days Between Referral and First Outreach Attempt*
0.9	0.8	0.8

\*Outreach prior to referral was not included in analyses. Referrals with durations above the 99<sup>th</sup> percentile were not included in the analysis, so as not to skew the average.

## Intake and Acceptance of Services

After initial contact is made, the potential client is given an intake appointment. During the intake process, providers complete a benefits screening tool to determine the appropriate funding source for services (such as Medicaid (AHCCCS) or private insurance). Acceptance of services is reflected by the client signing a Release of Information (ROI) form, which indicates the client has voluntarily agreed to participate in AFF services. This form also authorizes the AFF provider to gain access to the client’s past clinical records, to schedule and complete a substance abuse assessment, and to collaborate and share information with other Title XIX- and non-Title XIX-contracted substance abuse treatment agencies if needed. Exhibit 11 illustrates the total number of referrals that resulted in acceptance of services. Exhibit 12 shows the average number of days between referral and acceptance of services. Exhibit 13 presents the average number of days between first outreach and acceptance of services. The three-year results indicate little variation over time; on average 62% of those referred to AFF accept services.



Exhibit 11. Disposition of Total Referrals Served for New and Continuing Clients, SFYs 2018 - 2020

	SFY 2018		SFY 2019		SFY 2020	
	n	%	n	%	n	%
Accepted services (signed ROI)	7,233	62.9%	6,494	57.9%	7,157	64.4%
Refused Services / Referral Closed before Intake (no ROI)	4,018	33.6%	4,073	36.4%	3,723	33.5%
Referrals in process at the end of SFY 2020	691	5.7%	630	5.6%	237	2.1%
Total Referrals	11,942	100%	11,197	100%	11,117	100%

Exhibit 12. Average Days between Referral and Acceptance Date, SFYs 2018 - 2020

2018 - Average Days Between Referral and Acceptance*	2019 - Average Days Between Referral and Acceptance*	2020 - Average Days Between Referral and Acceptance*
18.3	20.1	19.3

\* Referrals with durations above the 99<sup>th</sup> percentile were not included in the analysis, so as not to skew the average.

Exhibit 13. Average Days between First Outreach and Acceptance Date, SFYs 2018 - 2020

2018 - Average Days Between First Outreach Attempt and Acceptance*	2019 - Average Days Between First Outreach Attempt and Acceptance*	2020 - Average Days Between First Outreach Attempt and Acceptance*
17.34	19.1	18.2

\*Referrals with outreach dates prior to referral dates were excluded and referrals with durations above the 99<sup>th</sup> percentile were not included in the analysis, so as not to skew the average.

## Client Demographics

The demographic data presented in this section refers to unique, new, and continuing AFF clients who were engaged in the AFF program during all or part of SFY 2018 to 2020 and who received an assessment. While a total of n=11,117 clients were referred to AFF in SFY 2020, only n=6,857 received an assessment. For each exhibit for FY2020, total counts may vary from one table to the next due to missing data in some client demographic categories. Meaning information on a client demographic was not recorded for some clients.



## Client Age

Exhibit 14 illustrates the age ranges of AFF clients served in SFYs 2018 to 2020 who had an assessment that state fiscal year, except for SFY 2018. Most clients were between 18 and 45 years of age. This age range is reflective of the parenting sector of the population. There is very little variation in this characteristic of clients over time. For each exhibit, total counts may vary from one table to the next due to missing data in some client demographic categories. Meaning information on a client demographic was not found for some clients.

Exhibit 14 Age of Client at Referral by SFY 2018 to 2020

Age	2018 Totals*		2019 Totals		2020 Totals	
	n	%	n	%	n	%
<18	59	0.6%	28	0.5%	24	0.4%
18-24	1,957	20.0%	1,196	19.7%	1,075	19.0%
25-30	3,146	32.2%	1,929	31.8%	1,843	32.6%
31-35	2,176	22.3%	1,426	23.5%	1,332	23.5%
36-45	1,912	19.6%	1,187	19.6%	1,128	19.9%
46-55	452	4.6%	244	4.0%	209	3.7%
> 55	72	0.7%	54	0.9%	46	0.8%
Total	9,774	100%	6,064	100%	5,657	100%

\*Note – for 2018 data, this includes all clients served during 2018; new and continuing clients.

## Client Gender

Exhibit 15 displays the distribution of gender for AFF clients served in SFYs 2018 to 2020 who had an assessment. There is very little variation in this characteristic of clients over time.

Exhibit 15 Gender of Client at Referral by SFYs 2018 to 2020

Age	2018 Totals		2019 Totals		2020 Totals	
	n	%	n	%	n	%
Male	3,548	36.3%	2,063	34.0%	1,936	34.4%
Female	6,222	63.7%	4,000	66.0%	3,688	65.1%
Missing	4	0.0%	1	0.0%	37	0.7%
Total	9,774	100%	6,064	100%	5,661	100%

## Client Race and Ethnicity

Exhibits 16 displays the distribution of race/ethnicity for AFF clients served SFY 2019 - 2020 who had an assessment. SFY 2018 is not reported as this demographic variable was



substantially more accurate beginning in 2019. For SFY2019 and SFY 2020 most clients served are reported as Hispanic/Latino and or Caucasian/White.

Exhibit 16. Race/Ethnicity of Client by SFYs 2018 to 2020

Race	2018 Totals		2019 Totals		2020 Totals	
	n	%	n	%	n	%
Hispanic/Latino	-----	-----	2,055	33.9%	1,133	20.0%
American Indian/Alaska Native	-----	-----	207	3.4%	248	4.4%
Asian	-----	-----	22	0.4%	22	0.4%
Black/African American	-----	-----	495	8.2%	519	9.2%
Caucasian/White	-----	-----	2,964	48.9%	1,722	30.4%
Native Hawaiian/Pacific Islander	-----	-----	10	0.2%	15	0.3%
More than one race	-----	-----	300	4.9%	1,949	34.4%
Missing	-----	-----	11	0.2%	53	0.9%
Total	-----	-----	6,064	100%	5,661	100%

## Client County of Residence

Exhibit 17 illustrates the county of residence for all clients served in SFYs 2018 to 2020 who had an assessment. A consistent trend is that over half of the AFF clients reside in Maricopa County.

Exhibit 17. Client County of Residence, SFYs 2018 to 2020

County	2018		2019		2020	
	n	%	n	%	n	%
Apache	25	0.3%	13	0.2%	19	.3
Cochise	162	1.7%	91	1.5%	38	.7
Coconino	121	1.2%	32	0.5%	47	.8
Gila	72	0.7%	24	0.4%	12	.2
Graham	51	0.5%	22	0.4%	7	.1
Greenlee	12	0.1%	3	0.0%	2	.0
La Paz	35	0.4%	13	0.2%	21	.4
Maricopa	5,654	57.9%	3,840	63.3%	3,615	64.4



	2018		2019		2020	
Mohave	437	4.5%	241	4.0%	267	4.8
Navajo	82	0.8%	55	0.9%	66	1.2
Pima	2,135	21.9%	960	15.8%	846	15.1
Pinal	459	4.7%	408	6.7%	359	6.4
Santa Cruz	29	0.3%	22	0.4%	13	.2
Yavapai	269	2.8%	190	3.1%	163	2.9
Yuma	223	2.3%	150	2.5%	142	2.5
Total	9,774	100%	6,064	100%	5,617	100%

### Client Education Level

Exhibit 18 illustrates the education level that was reported at assessment for clients served in SFYs 2018 to 2020. It appears that the overall education level of AFF clients is increasing slightly over time as more clients are reporting an educational level of High School Graduate / GED and above.

Exhibit 18. Education Level of Client at Initial Assessment, SFYs 2018 to 2020

	2018		2019		2020	
Education Level	n	%	n	%	n	%
<1 year of formal education	3	0.0%	1	0.0%	0	0.0%
1 <sup>st</sup> -11 <sup>th</sup> Grade	1,559	24.4%	1,063	17.5%	691	12.2%
High School Graduate or GED	2,097	32.8%	2,950	48.6%	3149	55.6%
Some College, No Degree	1,046	16.3%	1,153	19.0%	1133	20.0%
Vocational/Technical School	301	4.7%	349	5.8%	291	5.1%
College AA/BA Degree	328	5.1%	245	4.0%	269	4.8%
Graduate or Post Graduate Degree	16	0.2%	26	0.4%	34	0.6%
Missing	1,051	16.4%	277	4.6%	94	1.7%
Total # of Clients with Assessment	6,401	100.0%	6,064	100%	5,661	100%

### Client Employment Status

Exhibit 19 illustrates the employment status reported at assessment for clients served in SFYs 2018 to 2020. There is very little variation in this characteristic of clients at assessment over time; on average 48% of clients are working full and or part-time.



Exhibit 19. Employment Status of Client at Initial Assessment, SFYs 2018 to 2020

Employment Status	2018		2019		2020	
	n	%	n	%	n	%
Employed Full-Time (30+ hours per week)	2,131	33.3%	2,326	38.4%	2,322	41.0%
Employed Part-Time (less than 30 hours/wk.)	705	11.0%	651	10.7%	561	9.9%
Unemployed	3,000	46.9%	2,244	37.0%	2,196	38.8%
Volunteer	13	0.2%	9	0.2%	1	0.0%
Vocational Rehabilitation	132	2.1%	580	9.6%	347	6.1%
Homemaker	70	1.1%	75	1.2%	47	0.8%
Student	31	0.5%	50	0.8%	38	0.7%
Retired	7	0.1%	7	0.1%	2	0.0%
Disabled	56	0.9%	57	0.9%	58	1.0%
Inmate of Institution	2	0.0%	1	0.0%	0	0.0%
Work Adjustment Training	93	1.5%	36	0.6%	8	0.1%
Transitional Employment Placement	3	0.0%	0	0.0%	1	0.0%
Missing	158	2.5%	28	0.5%	100	1.4%
Total # of Clients with Assessment	6,401	100.0%	6,064	100%	5,661	100%

## Self-Reported Domestic Violence

Exhibit 20 illustrates client reports of domestic violence issues in their relationships at assessment. A consistent trend is that over 40% of clients report domestic violence at assessment.

Exhibit 20. Domestic Violence Reported\* at Initial Assessment, SFYs 2018 to 2020

Report of Domestic Violence	2018		2019		2020	
	n	%	n	%	n	%
Yes	3,020	47.2%	2,650	43.7%	2,621	46.3%
No	3,246	50.7%	3,396	56%	2,991	52.8%
Missing	135	2.1%	18	0.3%	49	0.9%
Total	6,401	100.0%	6,064	100%	5,661	100%

\* Self-report of domestic violence.



## Assessment

After a client accepts services, a substance abuse assessment is conducted to determine if the client needs substance abuse treatment. The assessment must be completed within seven working days of the date of acceptance.<sup>1</sup> Exhibit 21 illustrates the degree to which this model component was met for all referrals in which the client accepted services during the fiscal year. Exhibit 22 illustrates the average number of days between acceptance and assessment. If the assessment determines there is not a substance abuse treatment need, the AFF referral is closed. Exhibit 23 illustrates assessment results and Exhibit 24 illustrates the funding source for assessments documented in Exhibit 21. For the three-year average, approximately 94% of the assessments were completed within 7 working days of client acceptance into the AFF program.

**In SFY 2020, a total of 6,851 referrals (96% of referrals with an acceptance date) received an assessment.**

Exhibit 21. Disposition of Total Acceptances, SFYs 2018 to 2020

	2018		2019		2020	
	n	%*	n	%*	n	%*
Assessment within 7 working days of Acceptance	6,796	97.2%	6,026	92.8%	6,524	91.2%
Assessment greater than 7 working days of Acceptance	198	2.8%	229	3.5%	327	4.5%
Not Assessed	-----	-----	130	2.0%	159	2.2%
Assessment preceding Referral Date and/or Acceptance Date	-----	-----	109	1.7%	147	2.0%
Total Acceptances	6,994	100%	6,494	100%	7,157	100%

\*Percent of total Acceptances

Exhibit 22. Average Days between Acceptance Date and Assessment, SFYs 2018 to 2020

2018 Average Days Between Acceptance and Assessment*	2019 Average Days Between Acceptance and Assessment*	2020 Average Days Between Acceptance and Assessment*
0.6	0.7	0.7

\*Referrals excluded from this analysis are those for which the assessment preceded their referral date and/or acceptance date. Referrals with durations above the 99th percentile were not included in the analysis, so as not to skew the average.

<sup>1</sup> AFF program policy requires AFF treatment providers to use substance abuse assessments done by other providers or systems if occurring within the six-month period immediately preceding the referral for AFF services. These assessments are not included in the above analyses.



As illustrated in Exhibit 23 below, for the three-year period on average only 10% of those referred were assessed as not needing substance abuse treatment services.

Exhibit 23. Assessment Outcomes for Clients Served During SFYs 2018 to 2020

	2018		2019		2020	
	n	%	n	%	n	%
Closed referrals assessed as needing substance abuse treatment	5,375	76.4%	4,082	64.1%	5,475	71.2%
Open referrals assessed as needing substance abuse treatment	966	13.7%	1,671	26.3%	1,369	17.8%
Assessed as <u>not</u> needing substance abuse treatment	662	9.4%	611	9.6%	837	10.8%
Total substance abuse assessments	7,003	100%	6,364	100%	7,681	100%

For Exhibit 24 below, over a three-year period the funding sources most often used on average 87% of the time for AFF services noted at assessment are AHCCS and DCS/AFF funding sources.

Exhibit 24. Referrals with Assessment by Funding Source for New and Continuing Clients, SFYs 2018 - 2020

	2018		2019		2020	
	n	%	n	%	N	%
AHCCCS	4,142	59.3%	3,631	57.1%	2,564	46.2%
DCS/AFF	1,961	28.1%	2,487	39.1%	1,848	33.3%
Medicare	84	1.2%	40	0.6%	11	0.2%
Private Insurance	735	10.5%	137	2.2%	23	0.4%
Tribal Funded	65	0.9%	57	0.9%	925	16.7%
Veteran	1	0.0%	0	0.0%	0	0.00%
Missing	6	0.0%	12	0.2%	176	3.2%
Total Assessments	6,994	100%	6,364	100%	5,547	100%

Substance Abuse Awareness Services are offered to clients after intake if there is a barrier to completing the substance abuse assessment within seven days. They may also be offered to clients who appear unwilling to commit to treatment, but who are willing to attend groups or individual sessions to consider the effect of substance abuse on their lives. Substance Abuse Awareness sessions include education about the effects of substance use on the

**Clients receiving Substance Abuse Awareness Services:**

- 131 clients in SFY 2018
- 80 clients in SFY2019
- 163 clients in SFY2020



brain, behavior, and the family system; the legal implications of substance abuse; and the substance abuse treatment and recovery process (including information on relapse and relapse prevention).

## Level of Care and Duration of Treatment

### Level of Care at Assessment

If the assessment finds an individual needs substance abuse treatment, the proper level of care (LOC) (treatment intensity) is determined. The AFF program requires clients to receive treatment at the least restrictive level possible according to their need. Initially, there are three treatment intensities: Outpatient Services, Intensive Outpatient Services, and Residential Treatment Services (Adult). The AFF program also allows for children to accompany their parent or caregiver to residential treatment to keep the family intact.

Exhibit 25 illustrates the frequency with which each level of care was initially assessed for those who received services. Outpatient and Intensive Outpatient LOC occur most often over the three-year period. Referrals that were erroneously coded as Recovery Maintenance and or referrals that did not have a level of care date within two weeks of the assessment date are not included in the analyses.

Exhibit 25. Level of Care Identified at Initial Assessment for Referrals Served in SFYs 2018 to 2020 that Received Treatment Services

Level of Care at Assessment	2018		2019		2020	
	n*	%	n*	%	n*	%
Outpatient	2,639	66.9%	1,825	66.0%	3,746	65.7%
Intensive Outpatient	1,150	29.2%	873	31.6%	1,939	34.0%
Residential Treatment – Adult	8	0.2%	4	0.1%	19	0.3%
Referrals without Level of Care at Assessment*	(146)	(3.7%)	(64)	(2.3%)	(177)	(3.0%)
Total	3,943	100.0%	2,766	100%	5,704	100%

\* Referrals that do not have a level of care date recorded within two weeks of the assessment date are not included in the analysis.

### Level of Care and Duration

Exhibit 26 shows the average duration individuals remained in each level of care as well as the total number reported to have been assigned to each level of care. It is common for individuals to move between levels of care several times during their treatment. With such a wide range of days of duration for type of care, it is difficult to identify any kind of three-year average as a trend. There were no residential treatment services provided for children in each SFY.



Exhibit 26. Average Duration of Each Level of Care for Unique Clients Receiving Services, SFYs 2018 to 2020\*

Level(s) of Care	2018		2019		2020	
	Average number of days in treatment*	Range (days)	Average number of days in treatment*	Range (days)	Average number of days in treatment*	Range (days)
Outpatient	140.5 (N=2,871)	1-725	169.3 (N=1,970)	1-709	139.0 (N=3,743)	1-1,431
Intensive Outpatient	119.7 (N=1,321)	1-689	139.1 (N=861)	1-661	112.0 (N=1,906)	8-1,000
Residential Treatment – Adult	65.8 (N=29)	3-296	94.8 (N=16)	13 – 444	61.6 (N=56)	7-515

\* The length of care was computed by calculating 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 referral closure; or 3) last day of the State Fiscal Year for unique individuals who did not exit from the AFF program.

## Past 30-Day Substance Use at Assessment

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 30 days prior to the substance abuse assessment date. Exhibit 27 displays the past 30-day self-reported substance use for clients that received an assessment. Total responses may include: a) reporting more than one substance in the past 30 days at the substance abuse assessment; or b) completing more than one substance abuse assessment in the reporting period. It appears that the same top four types of substances are reported most often over the three-year period: marijuana/hashish; methamphetamine / speed; alcohol; and heroin/morphine .

Exhibit 27. AFF Self-Reported Substance Use, SFYs 2018 to 2020

Categories of Substances	2018	2019	2020
	%	%	%
Marijuana / Hashish	45%	39%	54%
Methamphetamine / Speed	46%	36%	48%
Alcohol	30%	25%	36%
Heroin / Morphine	12%	12%	15%
Cocaine / Crack	12%	8%	13%
Other Opiates / Synthetics	7%	6%	11%
Benzodiazepines (CNS depressants)	2%	1%	2%



Other stimulants (i.e. a stimulant other than methamphetamine/speed or cocaine/crack)	1%	1%	<1%
Other Drugs (i.e., a drug not included in the other categories provided)	1%	1%	<1%
Other sedatives/ tranquilizers (CNS depressants) (i.e., a sedative/tranquilizer not represented in the other provided categories)	<1%	<1%	<1%
Inhalants	<1%	<1%	<1%
Hallucinogens	2%	<1%	2%

## Treatment and Service Delivery

### Receipt of Services

All the following criteria must be met for a unique individual to be identified as “receiving AFF services”:

- 1) Assessment conducted;
- 2) Level of Care assigned; and
- 3) Attended at least one counseling session (individual, group, family, or couples counseling).

Exhibit 28 illustrates the number of unique individuals who received AFF services in SFYs 2018 to 2020, including a breakdown to show new and continuing clients. For each year, most clients served are those referred during that specific fiscal year. This three-year trend data illustrates that very few clients are referred into AFF after a two to three-year period.

Exhibit 28. AFF Clients Receiving Treatment Services in SFYs 2018 to 2020

State Fiscal Year	2018		2019		2020	
	n*	%	n*	%	n*	%
New Unique Individuals Served in each State Fiscal Year	2,317	59.4%	1,043	48.4%	2,864	83.4%
Continuing Unique Individuals Served	1,212	31.1%	1,087	50.5%	518	15.1%
Unique Individuals with Both New and Continuing Referrals Served**	371	9.5%	23	1.1%	53	1.5%
Total New and Continuing Unique Individuals Receiving AFF Services	3,900	100.0%	2,153	100%	3,435	100%

\*"Unique individuals" refers to individuals with an active referral in the AFF program during SFY 2018- 2020. For those with more than one referral, referrals were deduplicated for analysis.

\*\*These individuals have at least one continuing referral that was made prior to SFY 2018 - 2020, their referral closed, and then they received one or more new referral(s) in SFY 2018 - 2020.



Exhibit 29 breaks down the number of unique individuals who received treatment services in SFYs 2018 to 2020 by types of counseling services provided. Total unique clients receiving Individual, Group, Family and or Couples Counseling for each year: SFY 2018 n=3,900 unique clients; SFY2019 n=2, 153 unique clients; and SFY2020 n=3, 435 unique clients. Some clients may have received more than one type of counseling service however the total number of unique clients does not include duplicate individuals.

For the three-year period, it appears that individual and group type counseling are provided most often; on average accounting for 75% of all types of services each year.

Exhibit 29. Percentage of Individual, Group, Family and Couples Counseling Services provided in SFYs 2018 to 2020

State Fiscal Year	2018		2019		2020	
	n	%	n	%	n	%
Individual Counseling	1,395	26%	756	27%	2,661	45%
Group Counseling	1,679	32%	1,358	48%	2,797	47%
Family Counseling	2,253	42%	719	25%	43	<1%
Couples Counseling	0	0%	2	<1%	463	8%
<b>Total Count of Services</b>	<b>5, 327</b>	<b>100%</b>	<b>2, 835</b>	<b>100%</b>	<b>5, 964</b>	<b>100%</b>

Exhibit 30 below shows the number and types of Auxiliary and/or Concrete supportive services provided per unique client in SFYs 2018, 2019 and 2020. The total numbers of unique clients that received Auxiliary and or Concrete Support Services for each year are 5, 875 in SFY 2018, 4,930 in SFY2019 and 5,712 in SFY2020. For the three-year period, an average of 5,505 AFF clients received these types of services. This indicates that most of the AFF clients are receiving some of these types of services. Exhibit 30 shows a count of services for each service type provided to unique clients at least once, indicating that each client may have received more than one type of Auxiliary and or Concrete service.

For the three-year period, the predominant services utilized in the early years shifted from Parenting (33%, 22%) in SFYs 2018 and 2019 and Crisis services (29%) in SFY2019 to Mental Health (22%) and Medical (18%) services in SFY2020, as shown in Exhibit 30. The majority of clients received some form of informal services indicated by the high percentage of “Other” in the type of supportive services categories, such as case management. It is possible that some of these differences in proportions of service types reported from one year to year may be due to revisions in the way AFF providers categorize and record the types of service data. In addition, this may vary at each individual AFF provider site level. Working with providers to more



reliably report on these Auxiliary / Concrete types of service category is recommended for the next annual reporting period.

Exhibit 30. Percentage of Auxiliary and Concrete Supportive Services provided in SFYs 2018 to 2020

Fiscal Year	2018		2019		2020	
	n	%	n	%	n	%
Parenting	3,273	31%	2,492	22%	178	2%
Job Readiness/Employment	181	2%	141	1%	140	1%
Mental Health Services	960	9%	849	7%	2,670	25%
Medical Services	0	--	157	1%	1,890	18%
Domestic Violence Services	0	--	3	<1%	57	<1%
Crisis Services	121	1%	3,373	29%	63	<1%
Basic Life Needs	742	7%	602	5%	712	7%
Other	5,281	50%	3,870	34%	4,985	47%
<b>Total Count of Services</b>	<b>10, 558</b>	<b>100%</b>	<b>11,487</b>	<b>100%</b>	<b>10, 695</b>	<b>100%</b>

## Drug Test Referral Outcomes

As described in Exhibit 1, the AZ Families F.I.R.S.T. Flow of Services, clients are required to complete an initial drug test within two days of their assessment and complete a minimum number of subsequent drug tests during treatment according to the following schedule:

Exhibit 31. Drug Testing Schedule

Number of Days Client Has Been Enrolled	Drug Testing Schedule
0-60 Days	2x/Week
61-120 Days	1x/Week
121+ days	1x/Month

Exhibit 32 displays the outcomes of drug test attempts during SFYs 2018 to 2020. Exhibit 33 illustrates the results of the drug tests completed. Over a three-year period, it appears that of the total number of drug test attempted, close to 60% are completed. As illustrated in Exhibit 33, of those completed, approximately 7 out 10 tests are found to be negative – no drugs detected.



Exhibit 32. Drug Test Attempts, SFYs 2018 to 2020

Fiscal Year	2018		2020		2020	
	n*	% of drug tests attempted	n*	% of drug tests attempted	n*	% of drug tests attempted
No call/no show for testing	39,236	39.9%	42,098	42.0%	38,001	38.9%
Client refused	53	0.1%	24	0.0%	43	0.0%
Cancelled for reason beyond client control	96	0.1%	173	0.2%	371	0.4%
Drug tests completed of those attempted	58,877	59.9%	57,857	57.8%	59,277	60.7%
Total	98,262	100%	100,152	100%	97,692	100%

\*Includes new and continuing clients. Where more than one drug screen was performed in a single day, duplicates were removed.

Exhibit 33. Drug Test Results for SFYs 2018 to 2020

Fiscal Year	2018		2019		2020	
	n	% of drug tests completed	n	% of drug tests completed	n	% of drug tests completed
Positive (one or more substances detected on a single day)	16,447	27.9%	15,327	26.5%	15,542	26.2%
Negative (no substance detected)	42,122	71.5%	42,197	72.9%	43,663	73.7%
Awaiting results	240	0.4%	267	0.5%	0	0.0%
Altered specimen/sample	4	0.0%	17	0.0%	8	0.0%
Test indicates allowable substance	64	0.1%	49	0.1%	64	0.1%
Total	58,877	100%	57,857	100%	59,277	100%



## Referral Closure

The data presented in the Referral Closures section includes all new and continuing referrals that closed during each fiscal year, including referrals that did not have an outreach attempt or acceptance of services. Over the three-year period, the percentage of referrals closing due to successfully completing AFF ranges from 13% to 23% each year. The average number of days that a client is actively enrolled in the AFF program each year ranges from 119 to 147 days. This average time in care appears to be decreasing over this three-year period.

Referrals closed during each fiscal year successfully completing AFF:

- For SFY 2018: 15% (n=1,274)
- For SFY 2019: 13% (n=814)
- For SFY 2020: 23% (n=2,089)

Time that an AFF referral is open – actively enrolled in program:

- SFY 2018: 147 days on average for the year
- SFY 2019: 146 days on average for the year
- SFY 2020: 119 days on average for the year

## Referral Closure Reasons

Exhibit 34 shows the reported reasons that referrals closed during SFYs 2018 to 2020. Any case closure counts identified as an error are not included in the closure reason reporting. Consistent over the three-year period is that approximately 30-40% of the reason for case closures is recorded as unable to locate clients at various points in the AFF referral and treatment process. On average over the three-year period approximately 26% of clients are discontinuing services before program completion.



Exhibit 34. Case Closure Reasons for SFYs 2018 to 2020

Fiscal Year	2018		2019		2020	
	n	%	n	%	n	%
No SA problem identified	709	8.5%	587	9.1%	373	4.2%
Refused services at initial referral or assessment	286	3.4%	621	9.7%	25	0.3%
Unable to locate for initial outreach	1,531	18.5%	1,213	18.9%	1,291	14.6%
Unable to locate for intake	1,532	18.5%	1,620	25.2%	1,411	16.0%
Unable to locate (Post- intake)	661	8.0%	190	3.0%	168	1.9%
Client discontinued without completing services	2,032	24.5%	1,020	15.9%	3,234	36.6%
Moved out of area	92	1.1%	91	1.4%	30	0.3%
Incarcerated	116	1.4%	92	1.4%	40	0.5%
Client Passed Away	12	0.1%	9	0.1%	14	0.2%
Completed AFF at the conclusion of Substance Abuse Treatment	1,169	14.1%	649	10.1%	1,330	15.1%
Completed AFF at the conclusion of Recovery Maintenance	105	1.3%	165	2.6%	759	8.6%
No closure reason reported	53	0.6%	162	2.5%	154	1.7%
Total cases closed	8,298	100.0%	6,419	100%	8,829	100%

### Level of Care at Closure

AFF program policy requires AFF providers to document levels of care changes for AFF clients throughout the course of their treatment. At closure, available levels of care are the same levels as those available at assessment, with the addition of Recovery Maintenance/ Aftercare.

Exhibit 35 displays the level of care at the time of closure for referrals closing in each state fiscal year and reflects the unique individuals who received AFF services in that same fiscal year and whose referral closed at the end of that same fiscal year. The frequencies may include duplicated individuals within each fiscal year. Over the three-year period, most often at closure clients are receiving either outpatient or intensive outpatient level of care type services.

The following Exhibit 36 describes how long clients are enrolled in just the Recovery Maintenance level of care. The average time at this level of care appears to be increasing each year, from approximately 121.3 days in SFY2018 to 162.9 days in SFY2020.



Exhibit 35. AFF Level of Care at Time of Case Closure for SFYs 2018 to 2020

Level of Care	2018		2019		2020	
	n	%	n	%	n	%
Outpatient	1,554	60.0%	830	58.2%	1960	57.1%
Intensive Outpatient	738	28.5%	381	26.7%	1072	31.2%
Residential Treatment – Adult	6	0.2%	4	0.3%	39	1.1%
Residential Treatment – Child with an adult	0	0.0%	0	0.0%	0	0.0%
Recovery Maintenance	292	11.3%	211	14.8%	361	10.5%
Total closed referrals for individuals who received AFF services in each SFY and closed in each SFY	2,590	100%	1,426	100%	3432	100%
Total number of referrals closed in SFY	8,298	N/A	6,419	N/A	8,829	N/A

Exhibit 36. Recovery Maintenance Level of Care Enrollments and Length of Time in Care for each SFY 2018 to 2020

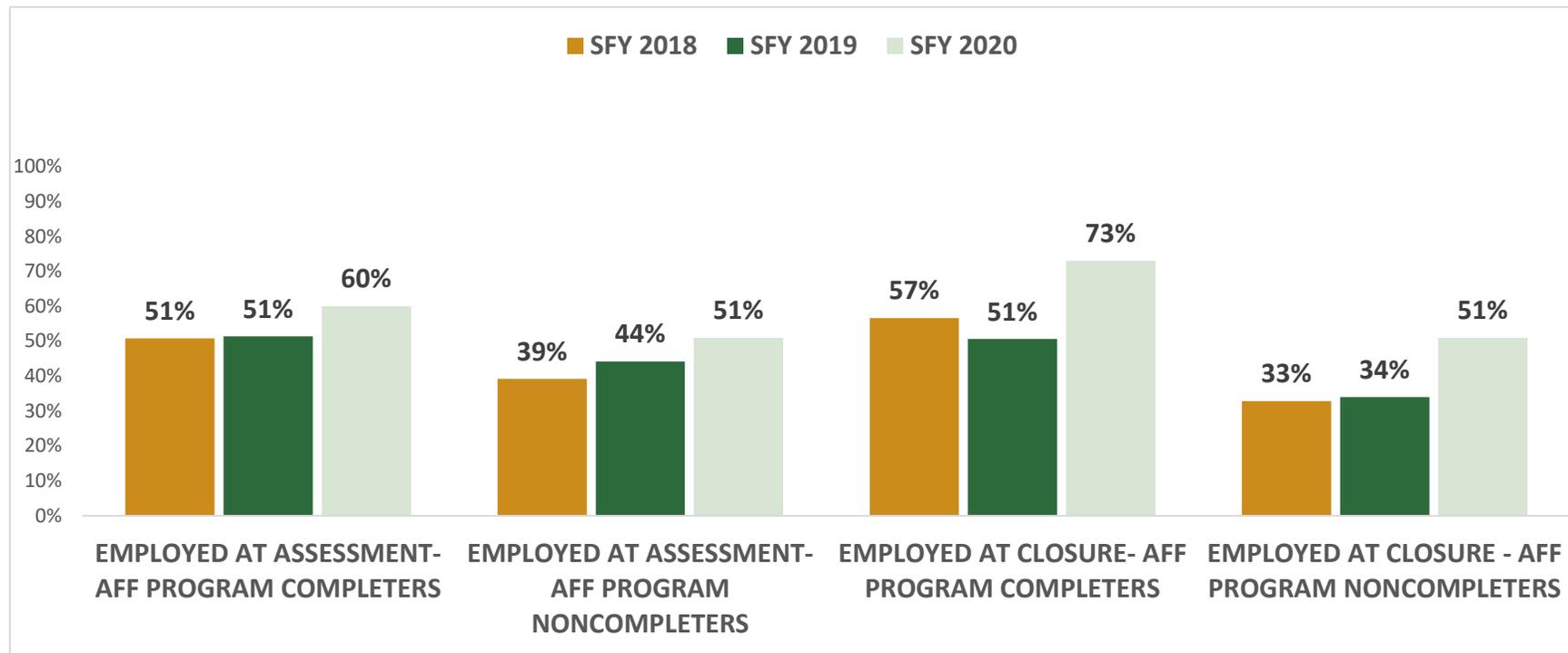
2018 Recovery Maintenance Enrollments and Average Days in Recovery Maintenance	2019 Recovery Maintenance Enrollments and Average Days in Recovery Maintenance	2020 Recovery Maintenance Enrollments and Average Days in Recovery Maintenance
n=511 Average time in Recovery Maintenance = 121.3 days	n=517 Average time in Recovery Maintenance = 139.1 days	n=764 Average time in Recovery Maintenance = 162.9 days



## Employment Status at Assessment and Closure

Exhibit 37 shows full-time / part-time employment status at assessment and at discharge for individuals who successfully completed the AFF program and those who exited the AFF program before completion during each state fiscal year, 2018 to 2020. Where individuals had more than one referral with closure, only the last instance was included in the analysis. Individuals with a closure reason of “Not in Need of Substance Abuse Treatment” were excluded. Across all three years there is a significant amount of ‘unknown’ / missing employment data at time of closure, as it is challenging to collect data from clients at the end of the program period and or when a client leaves the program before completion. As a result, the reader is cautioned when identifying employment trends from the current data. For each year more program completers are working full-part time than program non-completers.

Exhibit 37. Employment Status Distribution at Intake and Closure for Those with a Referral Closed in SFYs 2018 to 2020



## Outcome Evaluation Results

In this section, the evaluation team describes maltreatment, permanency, and removal outcomes for AFF program completers and non-completers. The results that are presented are descriptive results only, just reporting on number and percent for each select outcome indicator. The following outcomes should be interpreted with caution, as the differences in outcomes between parents who completed and did not complete the AFF program could be due to many factors, such as between-group differences in education, employment, and other unmeasured characteristics, rather than a result of completing the program. Three-year indicators are presented for the purpose of describing outcomes over a period. For SFY 2018 the results include analysis of data from 7/1/2014 to 6/30/2018. For SFY 2019 the results include analysis of data from 7/1/2015 to 6/30/2019. For SFY 2020 the results include analysis of data from 7/1/2016 to 6/30/2020.

### Maltreatment Outcomes

To describe the differences between completers' and non-completers' rates of subsequent maltreatment reports and substantiations, the evaluation team analyzed CHILDS historical maltreatment report data for all unique individuals who were referred to the AFF program in a four-year period, between July 1, 2016 and June 30, 2020, and subsequently closed by the end of SFY2020 (n=20, 581). An individual with a referral that had not been closed by June 30, 2020, regardless of having a previous referral that had closed, was not included in this section. Maltreatment report data was collected up to at least three months after parents' final AFF closure date and for a maximum of four years after parents' final AFF closure date. Results specific for SFY2020 are presented in tables in Appendix B. Pre-referral and post-referral maltreatment findings are categorized into five groups. The "Substantiated" category includes unique individuals who received finalized maltreatment findings of:

- 1) Substantiated; and
- 2) Substantiated Dependency Adjudication.

The "Proposed" category includes unique individuals who received pending 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; and
- 6) Request Proposed Substantiated Pending Dependency Adjudication.

The "No Report" category includes data on AFF-referred unique individuals who were not specifically named as an alleged perpetrator in a report of abuse, neglect, or maltreatment to



DCS. “Unable to Locate” describes situations in which the child victim could not be located to complete an investigation of abuse, neglect, or maltreatment. “Unsubstantiated” describes when the information gathered during the investigation does not support that an incident of abuse or neglect occurred based upon a probable cause standard, as stated in the glossary of the DCS policy manual. 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. Similarly, 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.

### **Maltreatment Outcomes for AFF Program Completers and Non-Completers**

Exhibit 38 displays the maltreatment outcomes for AFF program completers and non-completers, either at the conclusion of Substance Abuse Treatment or Recovery Maintenance. For this analysis, clients referred to AFF who subsequently did not complete the program for any reason are considered program non-completers. Clients with no substance abuse problem per assessment were removed from the analysis. Prior to program referral, approximately 96% (n=1,678) program completers had a substantiated or proposed maltreatment report. After program referral, just 4% (n=67) of program completers had a substantiated or proposed maltreatment report. Exhibit 38 also shows the maltreatment findings for individuals who were referred to the AFF program and exited the program by the end of SFY2020 before successful program completion; categorized as non-completers. The individuals who did not complete the AFF program closed for one of the following reasons:

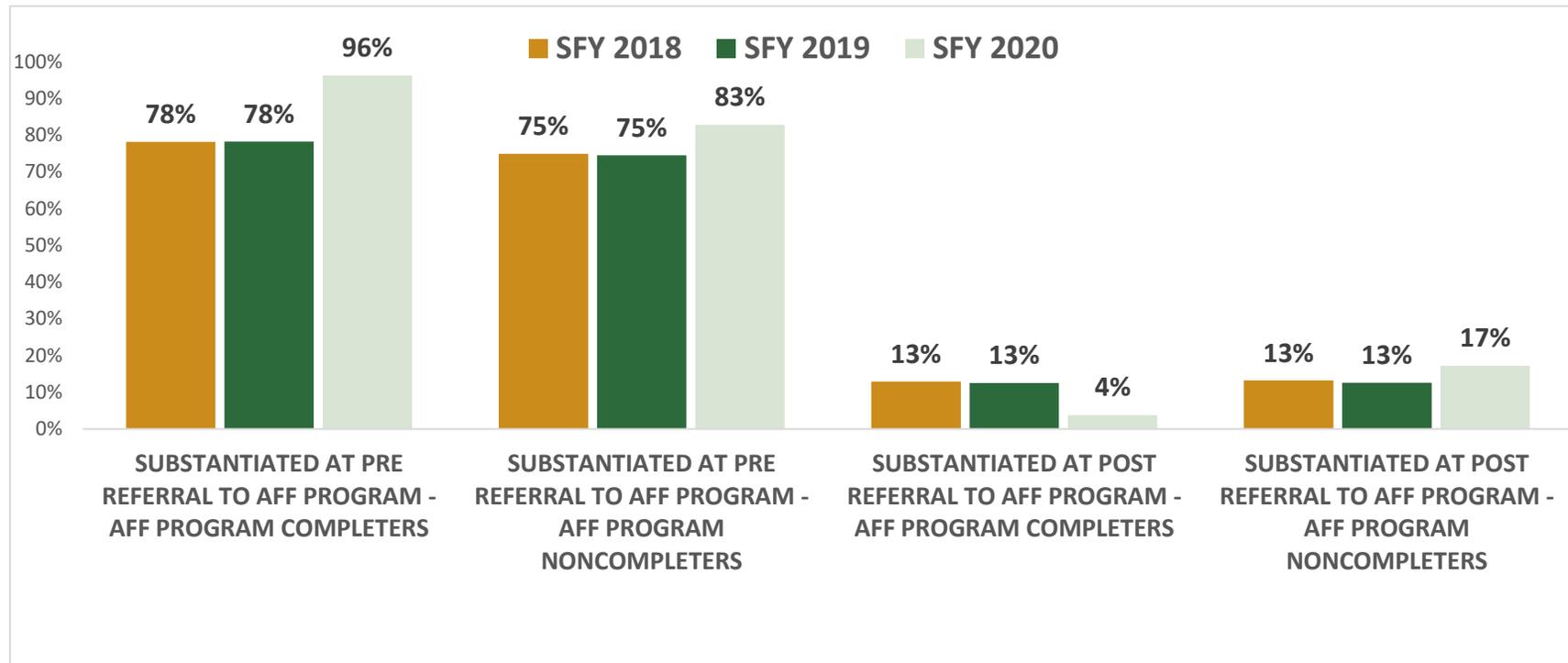
- 1) At the time of referral or assessment, the client refused to take part in AFF services.
- 2) The client was incarcerated by the criminal justice system for more than 30 days.
- 3) The client died.
- 4) The client moved out of the area where they were to receive AFF services.
- 5) Providers were unable to locate the client at outreach.
- 6) Providers were unable to locate the client at intake.
- 7) Providers were unable to locate the client post-intake.
- 8) The client discontinued without completing services.

Approximately 83% (n=10,619) of non-completers had a substantiated or proposed maltreatment report prior to AFF referral. After AFF referral, 17% (n=2,199) of the program non-completers had a substantiated or proposed maltreatment report.

Overall, for the three-year period, it appears that those who complete the AFF program have less recorded counts of substantiated or proposed maltreatment reports after referral to AFF than those who do not complete the program.



Exhibit 38. Percentage of AFF Program Completers and Non-completers by Substantiated Reports from 2018 to 2020



Note: As mentioned above, for each fiscal year a four-year period of data is analyzed. For SFY 2018 the results include analysis of data from 7/1/2014 to 6/30/2018. For SFY 2019 the results include analysis of data from 7/1/2015 to 6/30/2019. For SFY 2020 the results include analysis of data from 7/1/2016 to 6/30/2020.

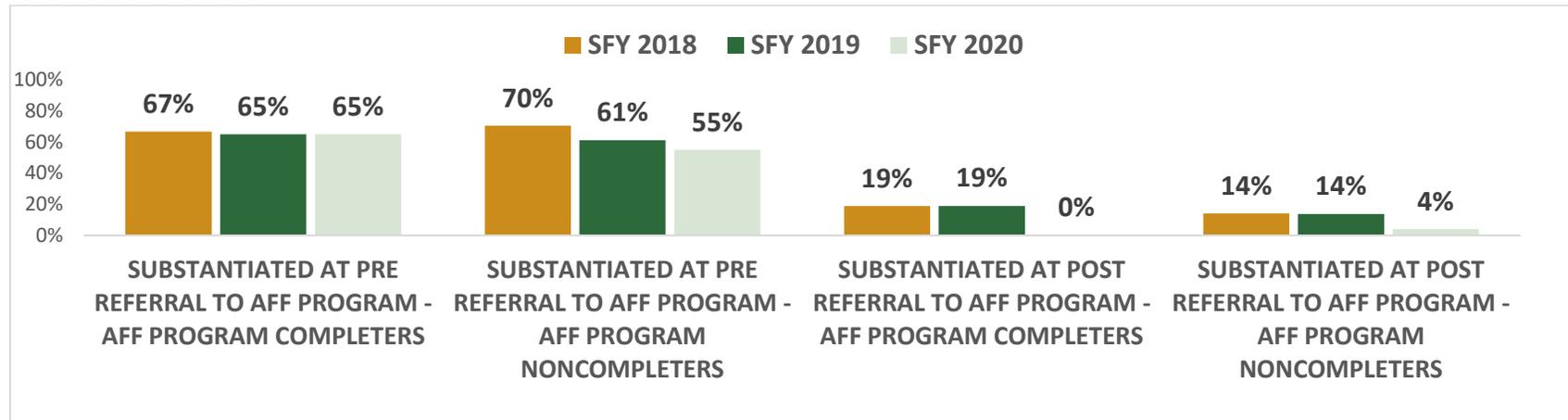
### Maltreatment Outcomes for AFF Teen Parents

To explore child maltreatment outcomes of teen parents, a sub-analysis was conducted for the teen parents referred to the AFF program. Teen parents are identified as those enrolled and 18 years of age or younger. As above, an individual with a referral that had not been closed by June 30, 2020, regardless of having a previous referral that had closed, was not included in this section. In addition, those who “Did Not Need Substance Abuse Treatment” were excluded from the analysis. A total of n=23 teen parents completed the AFF program and n=100 teen parents’ AFF cases were closed before they completed the program. Due to the low number of teens who participated in AFF, the variance in size between completers and non-completers, and the possible differences



in characteristics of these groups (e.g., demographics, motivation, personal circumstances), the findings below should be interpreted with caution. Exhibit 39 displays the maltreatment outcomes for teen parents who completed the program. Of all the teen program completers (n=23), 65% (n=15) had a substantiated or proposed maltreatment report prior to referral to AFF. After program completion, none of these teen program completers received a subsequent maltreatment report. Exhibit 39 shows the maltreatment outcomes for teen parents who did not complete the program. Of all the teens who did not complete the program (n=100), 55% (n=52) had received a substantiated or proposed maltreatment report prior to referral to AFF. After program closure, approximately 4% (n=4) teen non-completers received a subsequent substantiated or proposed maltreatment report.

Exhibit 39. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Teen Parents Who Completed and Did not Complete the AFF Program for SFYs 2018 to 2020



Note: As mentioned above, for each fiscal year a four-year period of data is analyzed. For SFY 2018 the results include analysis of data from 7/1/2014 to 6/30/2018. For SFY 2019 the results include analysis of data from 7/1/2015 to 6/30/2019. For SFY 2020 the results include analysis of data from 7/1/2016 to 6/30/2020.

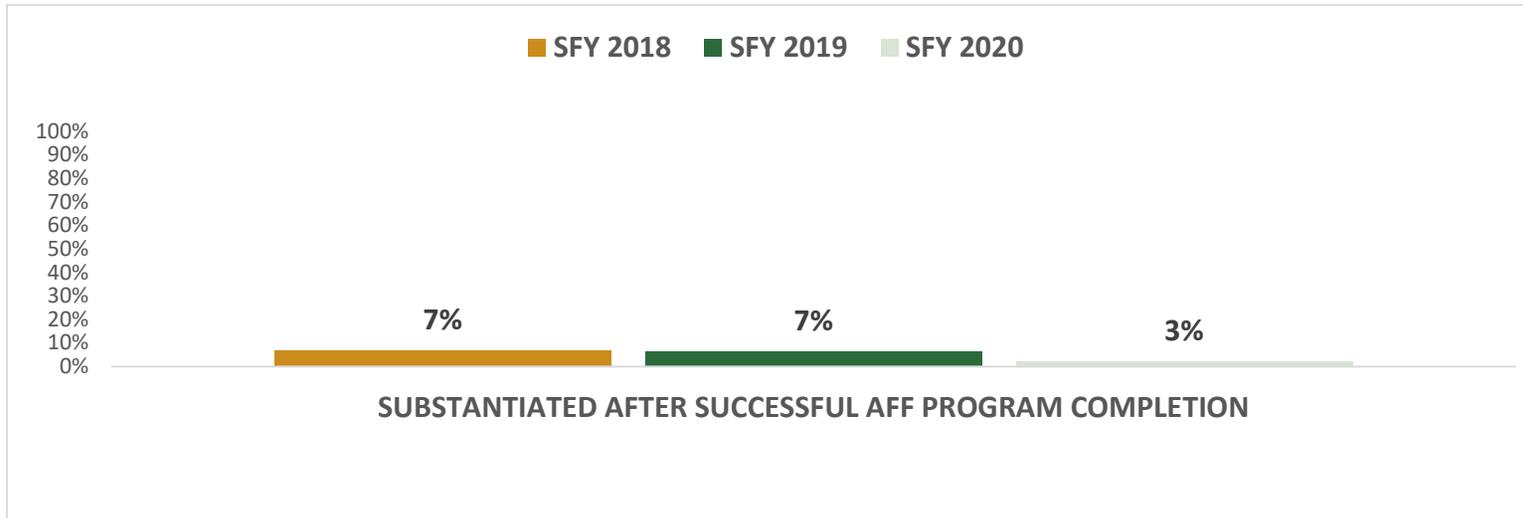
### Maltreatment Outcomes Six Months or More after Successful AFF Program Completion

For SFY 2020 the evaluation team analyzed CHILDS data of unique individuals who were referred after July 1, 2016, and who closed by December 31, 2019, to examine child maltreatment outcomes six months or more after successful program completion. For each fiscal year, a three- and one-half-year period of data is analyzed. For SFY 2018 the results include analysis of data from July 1, 2014 to December 31, 2017. For SFY 2019 the results include analysis of data from July 1, 2015 to December 31, 2018. Maltreatment report



data was collected at least six months after parents' final AFF closure date and for a maximum of four years after parents' final AFF closure date. Exhibit 40 shows that over the past three-years, of the individuals who met the criterion above, as low as 3% and as high as 7% have had a substantiated maltreatment report six months or more after program completion.

Exhibit 40. Maltreatment Findings 6 Months or More after Successful AFF Program Completion for SFYs 2018 to SFY 2020

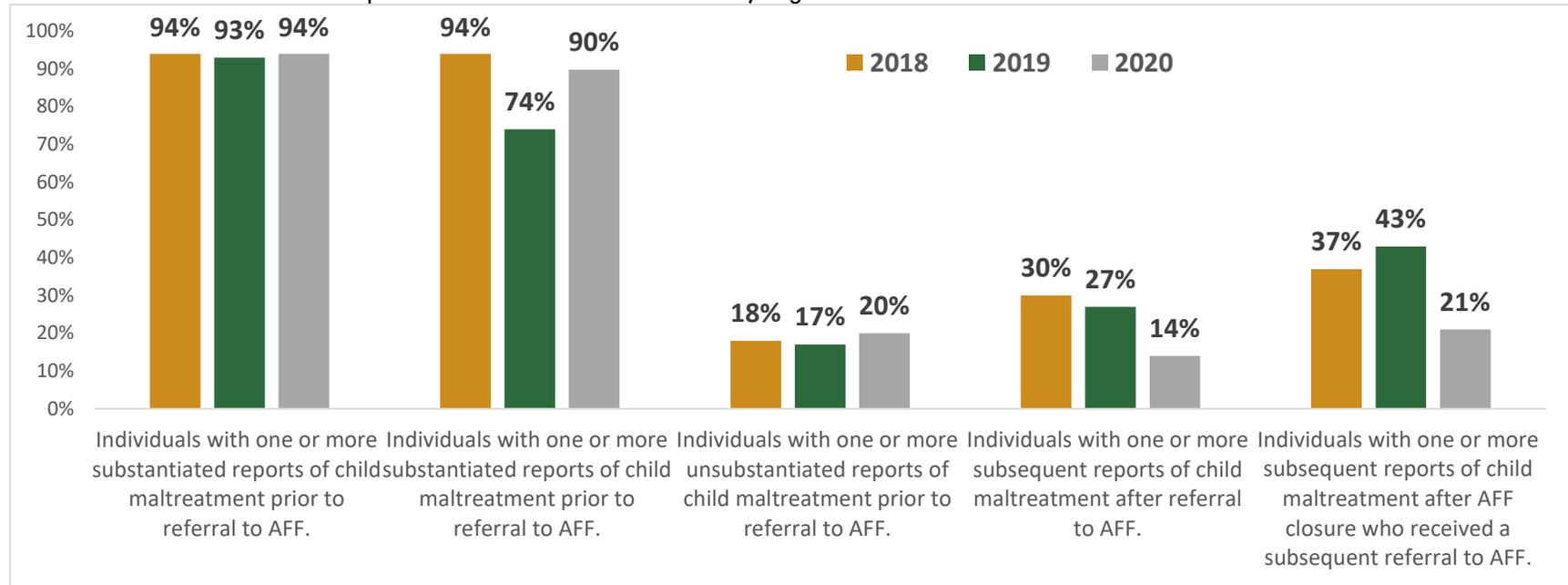


### Maltreatment Outcomes: Other Pertinent Information

Exhibit 41 displays the child maltreatment findings from reports received before and after the AFF referral for all unique individuals who participated in the AFF program between July 1, 2016, and June 30, 2020, regardless of their closure status, and who were matched in the CHILDS data system. For the three-year period nearly 94% of all individuals referred to AFF received one or more substantiated or proposed maltreatment report prior to referral. After being referred to the AFF program, over the three-year period, on average 86% of these individuals received one or more additional substantiated or proposed maltreatment reports. Over this three-year period on average approximately 34% of these individuals who received a subsequent maltreatment report after their AFF closure were re-referred to the AFF program.



Exhibit 41. Child Maltreatment Reports Before and After AFF Referral, Regardless of Closure Status for SFYs 2018 to 2020

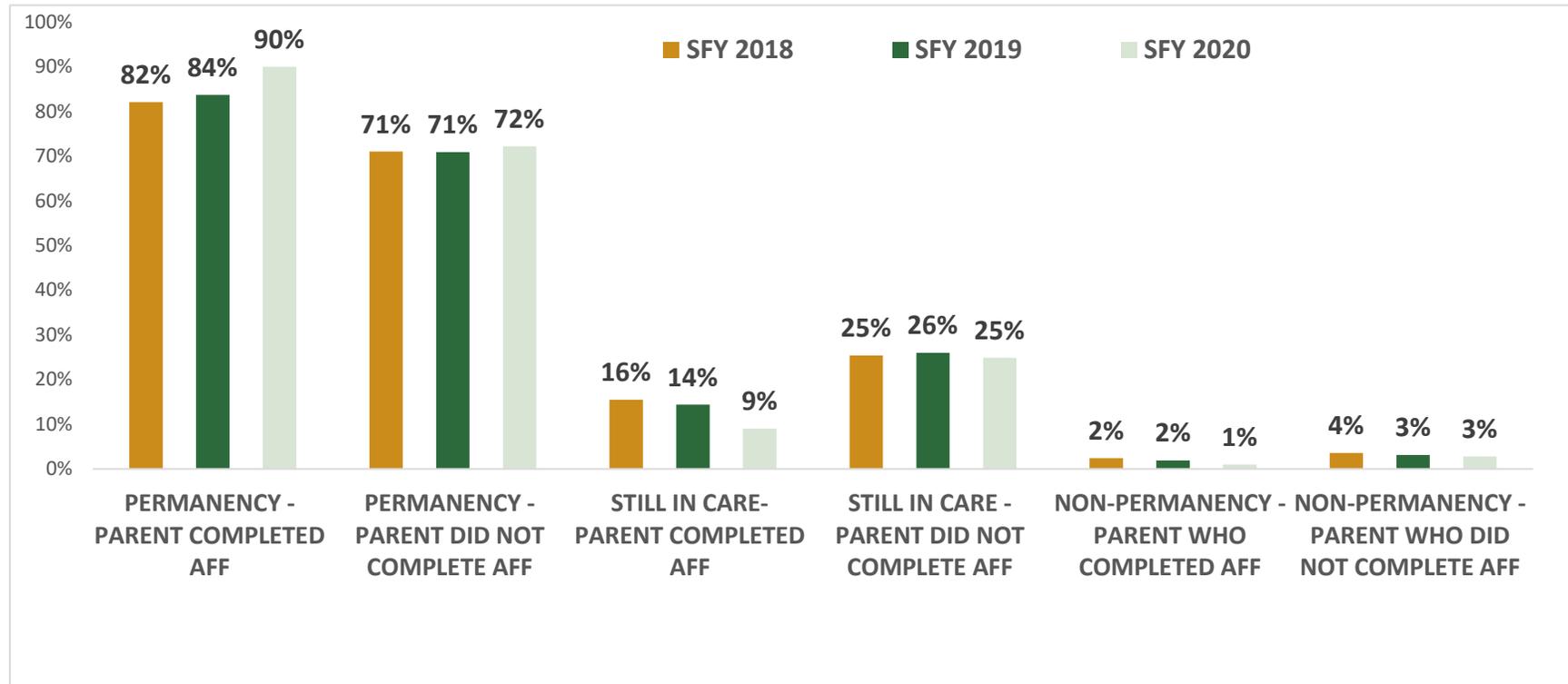


## Permanency Outcomes

Achieving permanency means that a child who has been removed from the home has been able to obtain a permanent living situation, either by being reunified with a parent, becoming the subject of a guardianship, being adopted, or living with relatives. A child who has been removed from the home who has not achieved permanency would either still be under DCS custody or in “non-permanency” status. A status of “non-permanency” refers to children who ran away, were transferred to another agency, died, or left DCS custody on their 18th birthday. The following exhibits, like the maltreatment outcome results above, are results of analysis on four-year data files. For example, the SFY2018 data presented below is a result of the analysis of data from July 1, 2014 through June 30, 2018. Exhibit 42 shows the permanency status of children of parents who were referred to the AFF program on or after July 1, 2016, and whose cases closed by June 30, 2020, compared by completion status. Exhibit 43 illustrates permanency outcomes for this same time. Overall, for the three-year period, these results are similar year to year with parents who complete the AFF program having more positive levels of permanency status and outcomes.



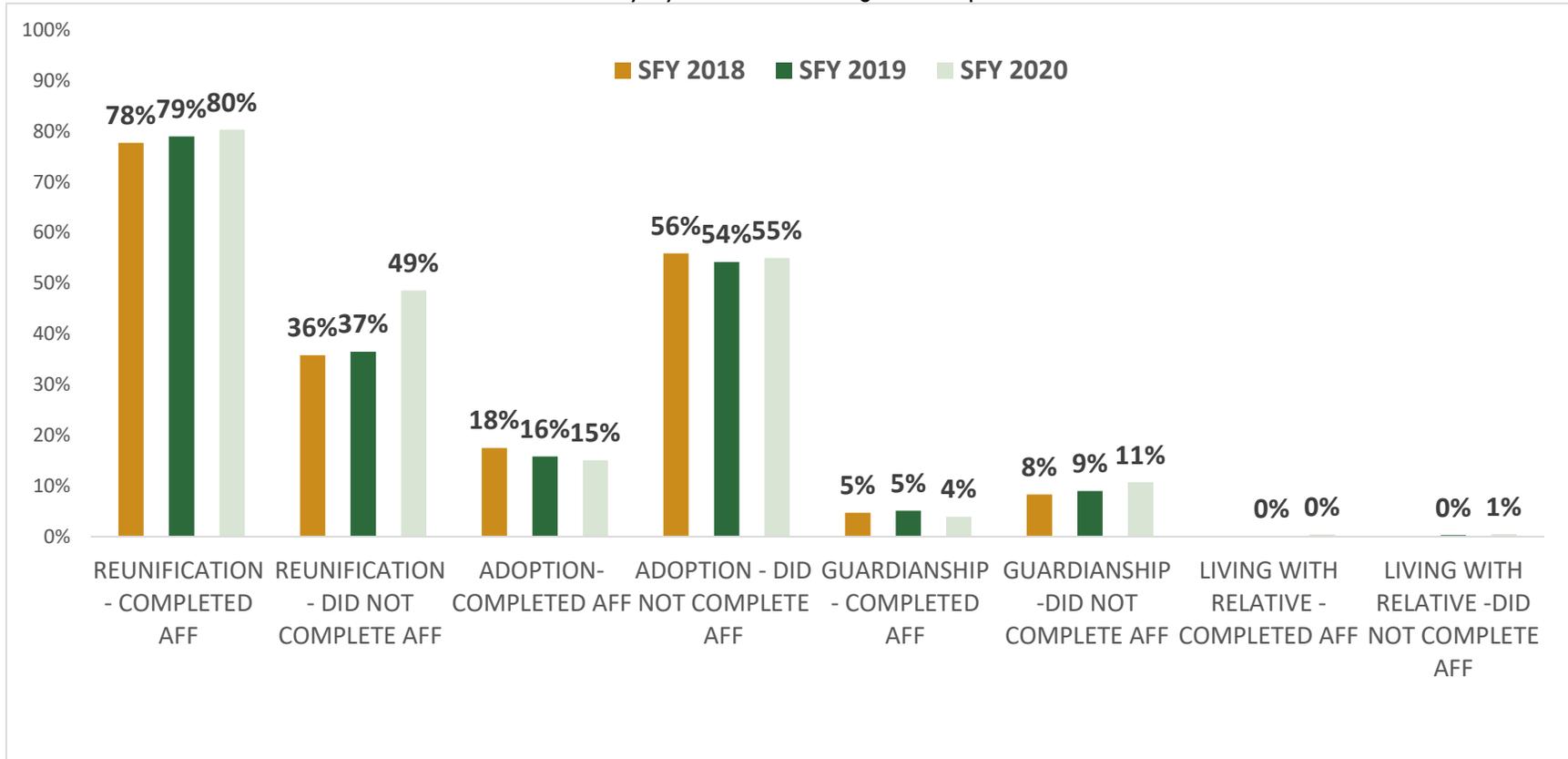
Exhibit 42. Permanency Status of Children by Parents' AFF Program Completion Status for SFYs 2018 to 2020



Note: As mentioned above, for each fiscal year a four-year period of data is analyzed. For SFY 2018 the results include analysis of data from 7/1/2014 to 6/30/2018. For SFY 2019 the results include analysis of data from 7/1/2015 to 6/30/2019. For SFY 2020 the results include analysis of data from 7/1/2016 to 6/30/2020.



Exhibit 43. Outcomes of Children who Achieved Permanency by Parents' AFF Program Completion Status for SFYs 2018 to SFY 2020



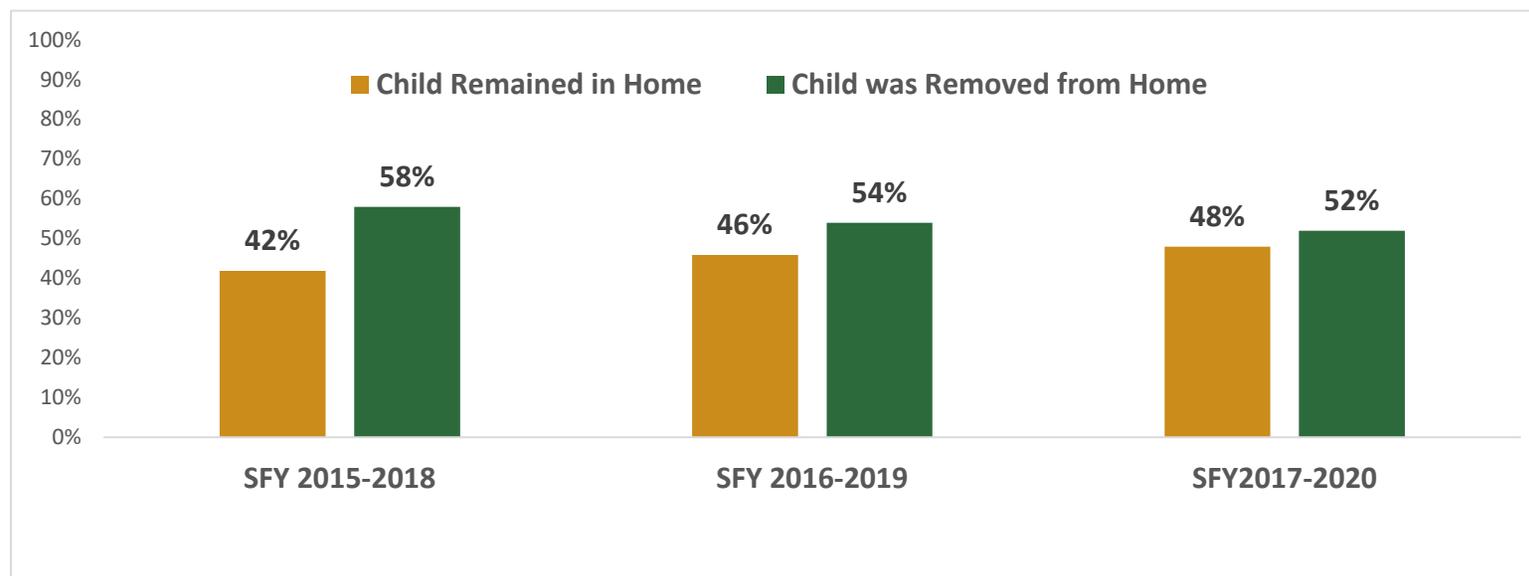
Note: As mentioned above, for each fiscal year a four-year period of data is analyzed. For SFY 2018 the results include analysis of data from 7/1/2014 to 6/30/2018. For SFY 2019 the results include analysis of data from 7/1/2015 to 6/30/2019. For SFY 2020 the results include analysis of data from 7/1/2016 to 6/30/2020.



## Removal Outcomes

Exhibit 44 shows the percentage of children of AFF-referred parents who remained in the home (i.e., were never removed before, during, or after an open AFF referral), and the percentage who were removed. Removal data was collected up to at least three months after parents' final AFF closure date and for a maximum of four years after parents' final AFF closure date. The three-year trend appears to be consistent in that just under half of children were never removed from their parent's home and slightly more than half were removed at least once before, during, or after an open AFF referral.

Exhibit 44. Removal Rates of Children of AFF-Referred Parents for SFYs 2018 to 2020

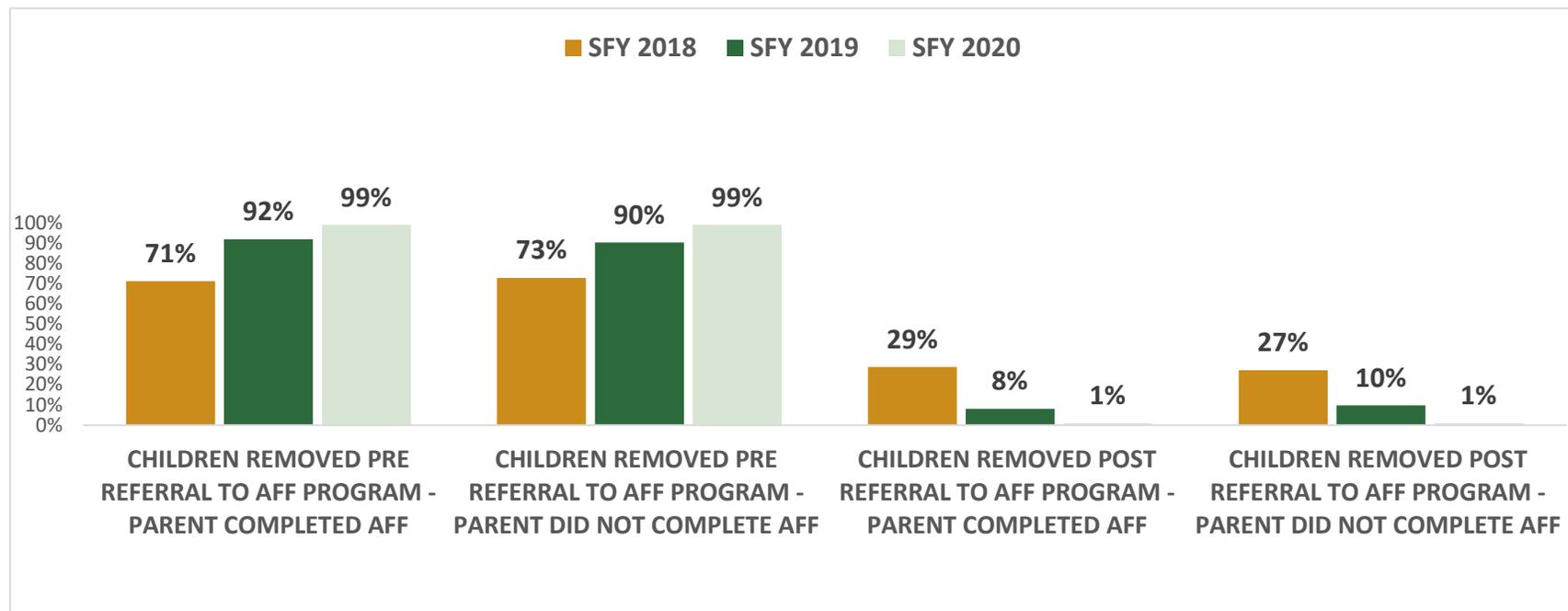


Note: As mentioned above, for each fiscal year a four-year period of data is analyzed. For SFY 2018 the results include analysis of data from 7/1/2014 to 6/30/2018. For SFY 2019 the results include analysis of data from 7/1/2015 to 6/30/2019. For SFY 2020 the results include analysis of data from 7/1/2016 to 6/30/2020.



In addition, the evaluation team analyzed the timing of the removal for children of AFF clients who were removed from the home at least once. Exhibit 45 shows the percentage of all children removed at least once either at the time point before the parent’s most recent AFF referral date or after the parent’s most recent AFF closure date. Over the three-year period there is very little variation each year on these removal reports comparing those who complete the AFF program and those who do not. It appears that each year the percentage of children of AFF clients who were removed at least once is increasing in the pre-referral time period. So that by SFY2020, only 1% of these types of removals are occurring after referral to AFF.

Exhibit 45. Children of AFF-Referred Parents Removed Before Most Recent Referral and After Most Recent Closure Date for SFYs 2018 to 2020



Note: As mentioned above, for each fiscal year a four-year period of data is analyzed. For SFY 2018 the results include analysis of data from 7/1/2014 to 6/30/2018. For SFY 2019 the results include analysis of data from 7/1/2015 to 6/30/2019. For SFY 2020 the results include analysis of data from 7/1/2016 to 6/30/2020.



Exhibit 46 for SFY 2020 shows the actual counts represented in the Exhibit 45 of those children that were removed pre-referral and post-closure of the parent’s participation in the AFF program, and regarding completion status of the program. Exhibit 46 also shows the mean number of days that the children experienced removal from their homes with respect to the timeframe of occurring prior to referral or after closure from the AFF program. The mean number of days that the children were removed from their homes was less among parents who completed the AFF Program (429 days) than among parents who had not completed the AFF Program (560 days) (Exhibit 46). The mean number of days of removal for the post- referral group was 92 days in contrast to 534 days for the pre-referral group.

Exhibit 46. Children of AFF-Referred Parents Removed Before Most Recent Referral and After Most Recent Closure Date SFY 2020

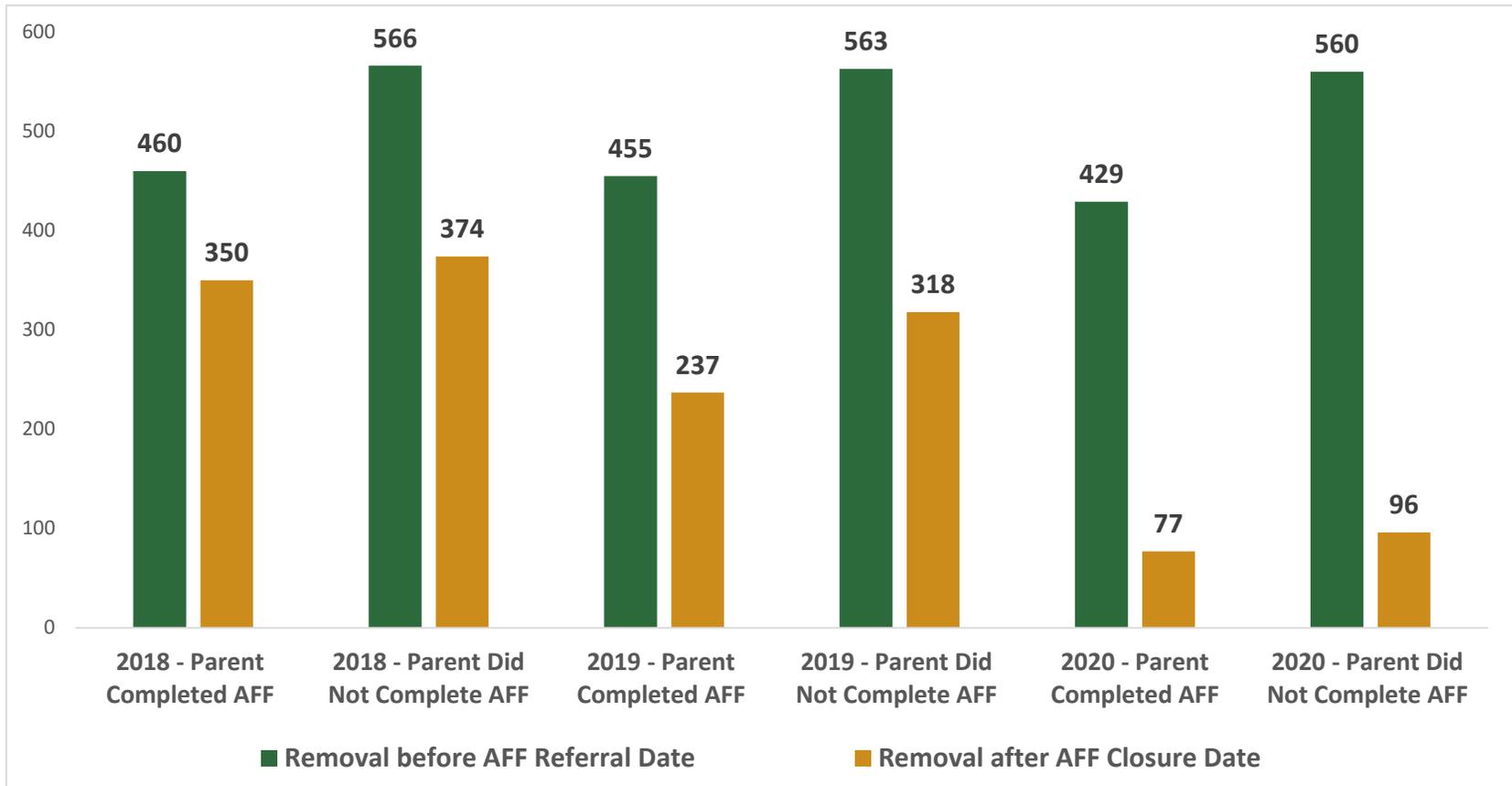
Removal Time Frame	Parent Completed the AFF Program			Parent Did Not Complete the AFF Program			Total		
	n	%	Mean number of days of removal*	n	%	Mean number of days of removal*	N	%	Mean number of days of removal*
Removed before most recent AFF referral date	2,980	99.7%	428.8	12,604	99.8%	559.9	15,584	99.8%	534.8
Removed after most recent AFF closure date	8	0.3%	77.4	28	0.2%	96.2	36	0.2%	92.0
Total	2,988	100%	427.8	12,632	100%	558.9	15,610	100%	533.8

\*Children who were still in care were not included in the analyses, as the duration of their removal was unknown at the time of analysis.

Lastly, a comparison over the past three fiscal years, 2018, 2019 and 2020, of the average number of days of a child’s removal from the household, shows a downward trend of fewer days over time amongst those that were removed after closure of the AFF program (Exhibit 47). In contrast, the percent of removals from the households that occurred prior to the AFF referrals has remained consistent across fiscal years.



Exhibit 47. Average Number of Days Children of AFF-Referred Parents were Removed from the Home for SFYs 2018 to 2020



## Conclusions and Recommendations

The Arizona Revised Statutes 8-882, 8-883 and 8-884, which established the AFF program, require an annual program evaluation that is consistent with AFF program goals. The AFF program aims to increase the availability, accessibility, and timeliness of treatment services to improve client recovery outcomes, employment levels, child safety, family stability, and permanency outcomes.

For this year, when data quality allowed, three-year trend data was presented. This trend data includes results from the SFY 2018 and SFY 2019 annual evaluation reports and results from analyses for this SFY 2020. As previously mentioned, all the results presented in these annual evaluation reports are descriptive. Meaning that the data presented is describing a component of AFF and/or an intended outcome area of focus for the AFF program. These results are not intended for making a judgement about the effect of the AFF program on any of the process level or outcome level indicators. The three-year trend data allows program managers and staff to better understand a result within a period of performance. Consideration is given to how much variation there appears to be from one year to the next over a period of three-years on any single result. While the trend data does not explain why a difference may exist, it can allow for a more comprehensive description of the results.

### Availability of Services

Three-year trend data illustrates that AFF clients are most often assessed and referred to three different levels of care: outpatient, intensive outpatient, and adult residential treatment. The majority type of service provided is outpatient care, with 66% of all services provided falling in this category. AFF client duration of time in outpatient care ranges from an average of 139 – 169 days. For SFY 2020, the average duration of time in outpatient care was 139 days and this was the lowest amount of time in outpatient care reported in the past three years.

AFF clients receive four different types of counseling services: individual counseling, group counseling, family counseling, and couples counseling. In addition, there are seven types of auxiliary services most often provided that indicate a variety of services are available to AFF clients. Over the past three years, most AFF clients receive individual and group counseling services. In SFY 2020, these services accounted for over 90% of the counseling services provided. In the Auxiliary service type category, most often providers are selecting the “Other” auxiliary service to indicate the type of service provided. It is recommended that this Auxiliary category be refined with providers to provide more accurate information about what kinds of services families are receiving.



For the past three years over 40% of AFF clients are reporting domestic violence at assessment. Given the severe negative consequences to families who are suffering with domestic violence, it is recommended to develop a process to closely track what types of services are being provided to AFF clients who are reporting domestic violence. The timeliness of receipt of these services is also critical as is monitoring that providers have the necessary clinical expertise to best serve AFF clients with these needs. Finally, it may be useful to compare outcomes between these families and families not reporting domestic violence to inform overall program improvement.

AFF clients are assessed for need of substance abuse treatment services. Over the past three-years approximately 40% of scheduled drug tests end up as “client no call back / no shows”. Also consistent over the past three-years is that approximately 27% of the drug tests that are conducted are found to be positive – one or more substances detected on a single-day. On average AFF providers are conducting 58, 670 drug tests each year.

### **Timeliness of Service Provision**

For the past three years, the majority of AFF providers appear to be meeting their performance benchmarks in terms of timeliness of service provision. For example, over 91% of assessments are done within 7 working days of clients accepting the program by signing a release of information request. The time between clients accepting a service and having their assessment scheduled is consistently less than one day, on average. Outreach to new clients is also occurring in less than one day, on average, after receipt of the referral.

It is recommended that future evaluation should assess the duration of time between receipt of referral and acceptance of services and between receipt of referral and intake completion, as this appears to be where many clients drop out of the program due to lack of engagement.

### **Accessibility of Services**

Treatment for clients can be paid for by five different funding sources (DCS, AHCCCS, Medicare, private insurance, and tribal funding), based on eligibility. This indicates that access to the AFF program is enabled through different funding sources, adhering to the statutory requirement that other available behavioral health coverage be used prior to AFF state funding and that AFF be payer of last resort. Over the past three-years, the majority of AFF clients are supported by AHCCCS and DCS funding.

Waitlists for services are not allowed by the program. Data that specifically tracks accessibility of services (e.g., data that shows whether clients can obtain a counseling appointment that fits their schedule) is not available. It is recommended that measures be developed to specifically track accessibility of services in the future.



## Treatment Completion

Over the past three years, out of all the AFF client referrals that were assessed as needing treatment, between 13% - 23% of those clients met their treatment goals and successfully finished treatment. For SFY 2020, 23% of these AFF clients successfully completed the program. This is a positive increase from the two previous years. Over the three-year period, on average, 26% of AFF clients assessed as needing treatment services discontinue services without completing treatment. It is recommended to work with providers to identify more specifically the root causes that may be driving why AFF clients are unable to be located from the first attempts at outreach through the treatment process. As it appears that issues with locating clients account for as much as 30% or more of all case closures.

## Employment

The large percentage of “unknown” employment data at closure, especially for non-completers, makes it difficult to draw conclusions about how successful the AFF program is in supporting clients to obtain and maintain employment. DCS continues to communicate with provider agencies to address the completeness of data. The three-year trend appears to indicate that more AFF program completers are working full and or part-time at closure than those who do not complete the AFF program. For example, in SFY2020 approximately 73% of AFF clients who completed the program were employed full-part time compared to just 51% of those who did not complete the program.

## Child Safety, Family Stability, and Permanency

For the past three years, on average 5.6% of those who completed the AFF program received a maltreatment report six months or more after program completion. For SFY 2020, just 3% of those who completed the AFF program received a maltreatment report six months or more after program completion. Across the three-year period both program completers and non-completers showed lower percentages of subsequent substantiated maltreatment reports after case closure.

Another consistent result over the past three years is that of all children who were removed, over 90% were removed from their homes before their parent’s most recent AFF referral and less than 10% of these children were removed after their parent’s last AFF closure date, regardless of completion status. The trend data appears to indicate that for those clients who complete AFF, they have fewer instances of child removal post-referral to AFF than those parents who do not complete the AFF program.

For the past three years, over 80% of children whose parents completed the AFF program have achieved permanency compared to slightly more than 70% of children whose parents did not complete the AFF program. Furthermore, on average over the past three years, 79% of children



whose parents completed the program have been reunified with their biological parents compared to 41% of children whose parents who did not complete the AFF program.

Between-group differences in education, employment, and other unmeasured baseline characteristics may have directly influenced the outcomes listed above. Without further analysis, it is not known whether the outcomes described above are directly attributable to the AFF program or other factors. It is recommended to conduct inferential statistical analyses on a select set of outcomes to provide more actionable information to the DCS AFF program for the purposes of program improvement.



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# Appendix A. Methodology

## Process Evaluation

The process evaluation reports on the program “outputs,” such as numbers of individuals served, participant characteristics, and services received. To provide a picture of those served in SFY 2020, the demographic data presented is based on unique individuals who were referred to AFF in FY2020, as well as those that were referred prior to SFY 2020 but continued to receive services in SFY 2020.

### Data Sources

The data used for the process evaluation comes from the AFF Web Portal, an information management system designed by LeCroy & Milligan Associates in July 2018. The AFF Web Portal allows providers to upload their internal data directly into the portal in a secured format, search for client data in the online portal, and identify and correct errors in the data. Providers are required to upload their data into eight data tables (Referral, Outreach, Client, Level of Care, Service, Drug Test, Past 30-Day Use, and Closure) using specific data file formats that ensure cross-agency consistency and lead to better data integrity.

### Data Quality

The web portal allows for the generation of comprehensive data error reports linked with provider unique identifiers that enable the providers to correct identified issues. In SFY 2020, and for each of the SFYs 2018 and 2019, providers were required to keep data errors to below 10% for each data table, and they met this goal. Finally, it is important to note that the evaluator does not independently verify the quality or accuracy of data entered by the AFF provider at the provider agency level.

## Outcome Evaluation

The overall aim of the outcome evaluation component is to describe the outcomes of the AFF program at both the child and parent level. The outcome evaluation responds to the required components of the AFF program. This report reviews outcome data of DCS clients who completed treatment and those who did not. This report also includes data on intact families (no children removed) to reflect their outcomes regarding subsequent reports and removals, thus providing a focus on the prevention aspect of the AFF program.

### Data Sources

The data on maltreatment reports, child permanency, reunification, and removals from the home was obtained through the CHILDS database, the Department of Child Safety’s child welfare case management system.



## Data Quality

Like the process evaluation, comprehensive data error reports, linked with provider unique identifiers that enable the providers to correct identified issues, have led to improved matching of DCS-referred AFF clients to DCS case data. Data monitoring and data quality assurance is ongoing, and providers are required to correct any errors monthly that are apparent based on error reports. As mentioned above, it is important to note that the evaluator does not independently verify the quality or accuracy of data entered by the AFF provider at the provider agency level. Providers are also required to attend monthly data manager meetings to discuss data quality. Additionally, the portal continues to be assessed monthly to ensure that as few errors as possible occur after data is uploaded.

## Data Analysis

The AFF Annual Evaluation report presents data both for clients who were referred to AFF in SFY 2020, and clients who were referred to AFF prior and continued to receive AFF services in SFY 2020. This report also presents three-year trend data on most results for SFY 2018 thru SFY 2020.

For the Process Evaluation, demographic data were analyzed for all referrals received. The data for each distinct phase of the AFF program flow (Referral, Outreach, Acceptance of Services, Assessment, Drug Test, Services, and Referral Closure) were analyzed in such a way as to provide results that are most informative for program monitoring and improvement. For the Referral, Outreach, Acceptance, and Assessment data, the number and percentage of referrals for new and continuing clients were evaluated. For the Drug Test data, the number and percentage of drug tests that occurred during SFY 2020 were evaluated. For the Service data, the average duration of services for unique individuals in each level of care was evaluated. For the Closure data, the number and percentage of closures that occurred during SFY 2020 were assessed. For the Employment Status at Assessment and Closure section, unique individuals who had an assessment and closure were evaluated.

For the Outcome Evaluation, CHILDS data was used to compare maltreatment report and allegation data prior to referral to the AFF program and data at referral closure for those closed in SFY 2020. CHILDS data was also used to compare the same data components six months after closure for those closed successfully in SFY 2020. The outcome evaluation also describes permanency outcomes for children based on CHILDS data.

## Maltreatment Outcomes Analysis

To gather the CHILDS data for the maltreatment outcomes, the evaluation team first provided DCS CHILDS staff with a list of all clients referred to the AFF program by DCS during this period (N=24,800 unique individuals). These clients were then matched to the data in the CHILDS database to identify maltreatment reports associated with each individual just prior to



the AFF referral, during AFF services, and after AFF services closed, for those with at least one record in the CHILDS database. A total of 14 individuals from the AFF portal could not be matched in the CHILDS database despite data cleaning efforts, resulting in N=24,786 of unique individuals referred to the AFF program who also had CHILDS data and were included in the outcome analysis.

The results were divided between those that completed AFF services (completers) and those that did not (non-completers). The evaluation team then reviewed the unique individuals' AFF data to determine their closure reasons. As described in the Outcome section, when a unique individual had multiple maltreatment reports resulting in different maltreatment findings, the highest finding level was reported. For example, if a unique individual had three maltreatment reports prior to being referred to AFF that resulted in two unsubstantiated findings and one substantiated finding, this individual was included in the "Substantiated" row (i.e., the highest level) in the Pre-Referral section. Subsequent maltreatment reports received up to the date of data extraction were included in this analysis.

### **Permanency and Removals Outcomes Analysis**

The list of unique individuals referred to the AFF program between July 1, 2015, and June 30, 2020 that was presented to DCS CHILDS staff was also used to identify permanency data for children of these clients. A total of 52,285 children in the CHILDS database were matched to these unique individuals and are included in the discussion of the permanency data. A total of N=39,920 children had a parent that either completed or did not complete the program by the end of SFY 2020. The permanency and removal outcomes of these children are described.

### **Limitations**

Despite great improvements in data quality that were made for the current report, limitations remain. The accuracy of the results provided rely on the accuracy of the data entered at the provider agency level. The data is collected and documented by many individuals at the provider sites, and error can occur. For example, the number of clients reported to receive Crisis Services in SFY 2020 was much greater than in SFY 2018, possibly due to provider data entry errors. In addition, during SFY 2020, one of the AFF providers transitioned to a new electronic health record system and had difficulty matching records in their old system with records in their new system. This resulted in fewer records being uploaded to the AFF portal. Where possible, missing data was documented in a separate row in data tables, to aid in interpretation of the data.



## Appendix B. State Fiscal Year 2020 Outcome Tables

Table 1. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Those Who Completed the AFF Program SFY 2020

Finding	Pre-Referral*		Post-Referral**		Total***	
	n	%	n	%	n	%
<b>Substantiated</b> (n=1,647) (68.7% of 2,399 individuals)	1,593	96.7%	54	3.3%	<b>1,647</b>	<b>100%</b>
<b>Proposed</b> (n=98) (4.1% of 2,399 individuals)	85	86.7%	13	13.3%	<b>98</b>	<b>100%</b>
<b>Unsubstantiated</b> (n=502) (18.3% of 2,399 individuals)	438	87.3%	64	12.7%	<b>502</b>	<b>100%</b>
<b>No Report</b> (n=148) (6.2% of 2,399 individuals)	148	100%	<5	----	<b>148</b>	<b>100%</b>
<b>Unable to Locate</b> (n < 5) (0.0% of 2,399 individuals)	<5	-----	<5	----	<b>&lt;5</b>	<b>---</b>
<b>Total (n=2,266)</b> (100% of 2,266 unique individuals)	2,266	94.5%	133	5.5%	<b>1,399</b>	<b>100%</b>

\*Post-referral data includes the maltreatment reports made after the unique individual was referred to the AFF program and includes reports made while the unique individual was receiving AFF services, those made after AFF services closed, or as of 6/30/2020.

\*\*Pre-referral data includes all maltreatment reports identified prior to the unique individual receiving a referral to the AFF program.

\*\*\* Maltreatment report data for all unique individuals who were referred to the AFF program in a four-year period, between July 1, 2016 and June 30, 2020, and subsequently closed by the end of SFY2020 (n=20, 581). An individual with a referral that had not been closed by June 30, 2020, regardless of having a previous referral that had closed, was not included in this section. Maltreatment report data was collected up to at least three months after parents' final AFF closure date and for a maximum of four years after parents' final AFF closure date.



Table 2. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Those Who Did Not Complete the AFF Program SFY 2020

Finding	Pre-Referral*		Post-Referral**		Total***	
	n	%	n	%	n	%
<b>Substantiated</b> (n=11,986) (65.9% of 18,182 individuals)	10,201	85.1%	1,785	14.9%	<b>11,986</b>	<b>100%</b>
<b>Proposed</b> (n=832) (4.6% of 18,182 individuals)	418	50.2%	414	49.8%	<b>832</b>	<b>100%</b>
<b>Unsubstantiated</b> (n=4,273) (23.5% of 18,182 individuals)	2,320	54.3%	1,953	45.7%	<b>4,273</b>	<b>100%</b>
<b>No Report</b> (n=1,033) (5.7% of 18,182 individuals)	1,033	100%	<5	---	<b>1,033</b>	<b>100%</b>
<b>Unable to Locate</b> (n=58) (0.3% of 18,182 individuals)	<5	6.9%	54	93.1%	<b>58</b>	<b>100%</b>
<b>Total</b> (n=18,182) (100% of 18,182 unique individuals)	13,976	76.9%	4,206	23.1%	<b>18,182</b>	<b>100%</b>

\*Post-referral data includes the maltreatment reports made after the unique individual was referred to the AFF program and includes reports made while the unique individual was receiving AFF services, those made after AFF services closed, or as of 6/30/2020.

\*\*Pre-referral data includes all maltreatment reports identified prior to the unique individual receiving a referral to the AFF program.

\*\*\* Maltreatment report data for all unique individuals who were referred to the AFF program in a four-year period, between July 1, 2016 and June 30, 2020, and subsequently closed by the end of SFY2020 (n=20,581). An individual with a referral that had not been closed by June 30, 2020, regardless of having a previous referral that had closed, was not included in this section. Maltreatment report data was collected up to at least three months after parents' final AFF closure date and for a maximum of four years after parents' final AFF closure date.



Table 3. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Teen Parents Who Completed the AFF Program SFY2020

Finding	Pre-Referral*		Post-Referral**		Total***	
	n	%	n	%	n	%
<b>Substantiated /Proposed</b> (n=15) (65.2% of 23 individuals)	15	100%	0	0%	15	100%
<b>Unsubstantiated / No Report / Unable to Locate</b> (n=8) (34.8% of 23 individuals)	8	100%	0	0%	8	100%
<b>Total (n=23)</b> (100% of 23 unique individuals)	23	100%	0	0%	23	100%

\*Post-referral data includes the maltreatment reports made after the unique individual was referred to the AFF program and includes reports made while the unique individual was receiving AFF services, those made after AFF services closed, or as of 6/30/2020.

\*\*Pre-referral data includes all maltreatment reports identified prior to the unique individual receiving a referral to the AFF program.

\*\*\* Maltreatment report data for all unique individuals who were referred to the AFF program in a four-year period, between July 1, 2016 and June 30, 2020, and subsequently closed by the end of SFY2020 (n=20, 581). An individual with a referral that had not been closed by June 30, 2020, regardless of having a previous referral that had closed, was not included in this section. Maltreatment report data was collected up to at least three months after parents’ final AFF closure date and for a maximum of four years after parents’ final AFF closure date.



Table 4. DCS Report Findings Pre-AFF Referral and Post-AFF Referral for Teen Parents Who *did not Complete* the AFF Program SFY 2020

Finding	Pre-Referral*		Post-Referral**		Total***	
	n	%	n	%	n	%
<b>Substantiated / Proposed</b> (n=56) (56% of 100 individuals)	52	92.9%	4	7.1%	<b>56</b>	<b>100%</b>
<b>Unsubstantiated / No Report / Unable to Locate</b> (n=44) (44% of 100 individuals)	42	95.5%	2	4.5%	<b>44</b>	<b>100%</b>
<b>Total (n=100)</b> (100% of 100 unique individuals)	94	94%	6	6%	<b>100</b>	<b>100%</b>

\*Post-referral data includes the maltreatment reports made after the unique individual was referred to the AFF program and includes reports made while the unique individual was receiving AFF services, those made after AFF services closed, or as of 6/30/2020.

\*\*Pre-referral data includes all maltreatment reports identified prior to the unique individual receiving a referral to the AFF program.

\*\*\* Maltreatment report data for all unique individuals who were referred to the AFF program in a four-year period, between July 1, 2016 and June 30, 2020, and subsequently closed by the end of SFY2020 (n=20, 581). An individual with a referral that had not been closed by June 30, 2020, regardless of having a previous referral that had closed, was not included in this section. Maltreatment report data was collected up to at least three months after parents’ final AFF closure date and for a maximum of four years after parents’ final AFF closure date.



Table 5. Maltreatment Findings 6 Months or More after Successful AFF Program Completion for *Program Completers* SFY 2020

Finding	Pre-Referral		Post-Referral		Total*	
	n	%	n	%	n	%
<b>Substantiated</b> (n=111) (31.5% of 352 individuals)	111	100%	0	0%	<b>111</b>	<b>100%</b>
<b>Proposed</b> (n=79) (21.9% of 352 individuals)	77	97.5%	2	2.5%	<b>79</b>	<b>100%</b>
<b>Unsubstantiated</b> (n=162) (46% of 352 individuals)	159	98.1%	1.9%	3	<b>162</b>	<b>100%</b>
<b>Total (n=352)</b> (100% of 18, 182 unique individuals)	347	98.6%	5	1.4%	<b>352</b>	<b>100%</b>

\*For SFY 2020, unique individuals who were referred after July 1, 2016, and who closed by December 31, 2019.

Table 6. Maltreatment Findings 6 Months or More after Successful AFF Program Completion for *Program Non-Completers* SFY 2020

Finding	Pre-Referral		Post-Referral		Total*	
	n	%	n	%	n	%
<b>Substantiated</b> (n=643) (31.8% of 1, 989 individuals)	632	98.3%	11	1.7%	<b>643</b>	<b>100%</b>
<b>Proposed</b> (n=832) (18.3% of 1,989 individuals)	364	81.8%	81	18.2%	<b>445</b>	<b>100%</b>
<b>Unsubstantiated</b> (n=895) (40.3% of 1,989 individuals)	802	89.6%	93	10.4%	<b>895</b>	<b>100%</b>
<b>Unable to Locate</b> (n=<5) (0.0% of 1,989 individuals)	<5	----	<5	---	---	---
<b>Total (n=1,989)</b> (100% of 1,989 unique individuals)	1,800	90.5%	189	9.5%	<b>1,989</b>	<b>100%</b>

\*For SFY 2020, unique individuals who were referred after July 1, 2016, and who closed by December 31, 2019.



Table 7. Permanency Status of Children by Parents' AFF Program Completion Status SFY 2020

Permanency Status of Children of AFF Referred Parents	Parent Completed the AFF Program		Parent Did Not Complete the AFF Program		Total*	
	n	%	n	%	n	%
Still in Care	312	9.2%	4,220	24.8%	4,532	22.2%
Permanency	3,035	89.5%	12,329	72.5%	15,364	75.4%
Non-Permanency	44	1.3%	448	2.6%	492	2.4%
Total	3,391	100%	16,997	100%	20,388	100%

\*Status of children of parents who were referred to the AFF program on or after July 1, 2016 and whose cases closed by June 30, 2020.

Table 8. Outcomes of Children Who Achieved Permanency by Parents' AFF Program Completion Status SFY 2020

Permanency Outcomes	Parent Completed the AFF Program		Parent Did Not Complete the AFF Program		Total*	
	n	%	n	%	n	%
Reunification	2,440	80.4%	5,219	42.3%	7,659	49.9%
Adoption	460	15.2%	5,909	47.9%	6,369	41.5%
Guardianship	122	4.0%	1,144	9.3%	1,266	8.2%
Living with Relative	13	0.4%	57	0.5%	70	0.4%
Total Children Who Achieved Permanency	3,035	100%	12,329	100%	15,364	100%

\*Status of children of parents who were referred to the AFF program on or after July 1, 2016 and whose cases closed by June 30, 2020.



Table 9. Children of AFF-Referred Parents Removed Before Most Recent Referral and After Most Recent Closure Date SFY 2020

Removal Time Frame	Parent Completed the AFF Program			Parent Did Not Complete the AFF Program			Total*		
	n	%	Mean number of days of removal*	n	%	Mean number of days of removal*	n	%	Mean number of days of removal**
Removed before most recent AFF referral date	3,243	98.5%	428.8	16,548	98.8%	559.9	19,791	98.7%	534.8
Removed after most recent AFF closure date	50	1.5%	77.4	208	1.2%	96.2	258	1.3%	92.0
<b>Total</b>	<b>3,293</b>	<b>100%</b>	<b>427.8</b>	<b>16,756</b>	<b>100%</b>	<b>558.9</b>	<b>20,049</b>	<b>100%</b>	<b>533.8</b>

\*Status of children of parents who were referred to the AFF program on or after July 1, 2016 and whose cases closed by June 30, 2020.

\*\* Children who were still in care were not included in the analyses, as the duration of their removal was unknown at the time of analysis.

