



May 10, 2016

The Honorable Andy Biggs
President of the Senate
Arizona State Senate
1700 West Washington
Phoenix Arizona 85007

Re: Arizona Families F.I.R.S.T. 2015 Annual Evaluation Report

Dear President Biggs:

Pursuant to A.R.S. § 8-884, the Arizona Department of Child Safety (DCS) is pleased to provide the Arizona Families F.I.R.S.T. (AFF) program evaluation report for the state fiscal year 2015 (SFY 2015). This annual evaluation report prepared by the independent evaluator, Arizona State University (ASU) / Center for Applied Behavioral Health Policy (CABHP), provides analysis of program implementation, service utilization and program outcome data. After receiving the first draft of this report from ASU, the Department's previous administration requested that ASU complete further and additional analysis of the data.

Highlights contained within the enclosed report include:

- During the SFY 2015, 7,388 unique individuals were referred to AFF program, representing a 34% percent increase from SFY 2014.
- The total number of individuals that received services during SFY 2015 was 7,721.
- 98.8% of new referrals received some form of outreach and the majority (92.4%) received within one day or less.
- In SFY 2015, 77.3% percent of AFF referrals received in SFY 2014 had no subsequent maltreatment allegation 12 months or more following AFF closure..

If you have any questions, please contact my office at (602) 255-2500.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gregory McKay', with a large, stylized initial 'G' and a long horizontal flourish extending to the right.

Gregory McKay
Director

Enclosures

cc: Speaker David M. Gowan, Speaker, Arizona State House of Representatives
Representative John Allen, Chairperson, Joint Legislative Audit Committee
Representative Regina Cobb, Member, Joint Legislative Audit Committee
Representative Debbie McCune Davis, Member, Joint Legislative Audit Committee
Representative Rebecca Rios, Member, Joint Legislative Audit Committee
Representative Kelly Townsend, Member, Joint Legislative Audit Committee
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Senator David Farnsworth, Member, Joint Legislative Audit Committee
Senator Lynne Pancrazi, Member, Joint Legislative Audit Committee
Joan Clark, Director, Arizona State Library, Archives and Public Records

Arizona Families F.I.R.S.T. Program
Annual Evaluation Report
State Fiscal Year 2015

Prepared for:

Department of Child Safety
Phoenix, Arizona

Prepared By:

Center for Applied Behavioral Health Policy
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Date

February 19, 2016

Acknowledgements

This report was prepared by the Arizona State University Center for Applied Behavioral Health Policy (ASU CABHP), under contract number DES060718-001 with the Department of Child Safety (DCS), in partnership with the Arizona Department of Health Services, Division of Behavioral Health Services (DHS) through the Joint Substance Abuse Treatment Fund.

The authors wish to thank the following staff for their ongoing cooperation and assistance: Jenna Shroyer, Nicolas Espadas, William Aldrich, James Woods, Antonella Manetti, and Leanne Hawkins of DCS; Patrick Birmingham, Martha Alabado, Delmar Zahnleiter, Rosemary Celaya, Donna Ruiz, and Li Kuohsiung of the Arizona Department of Economic Security (DES); and Anne C. Dye, Jacqueline Picone, Marilyn Fields, Madonna R. Fritz, and Paul J. Galdys of DHS.

Finally, the authors wish to express their appreciation to the staff and directors of the contracted Arizona Families F.I.R.S.T. (AFF) provider agencies throughout the state. We appreciate their insights and recommended strategies for improving the utility and quality of the information contained in this report. Most notably, we recognize and honor their dedication to the families and children served through the AFF program.

Points of view represented in this report are those of the authors and do not necessarily represent the official position of either the DCS or the DHS.

Suggested citation:

Shafer, M. S., Sayrs, L. W., Rivera, R., Harootunian, G., & Mendoza, N. (2015). Arizona Families F.I.R.S.T. Program: Annual Evaluation Report for the Period July 1, 2014 – June 30, 2015. Phoenix, AZ. Arizona State University.

Executive Summary

This report is issued by the Arizona State University Center for Applied Behavioral Health Policy and reports on the patterns of referrals, services, and outcomes associated with Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together; AFF) for State Fiscal Year 2015 (July 1, 2014 – June 30, 2015). AFF was established in 2000 to address 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. 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 in outpatient and residential settings, and/or through the Regional Behavioral Health Authority (RBHA) provider network under contract with the Arizona Department of Health Services, Division of Behavioral Health Services (DHS). During this reporting period the contracted AFF providers were Arizona Partnership for Children, Southeastern Arizona Behavioral Health Services, and Terros.

Key elements of the AFF program include: an emphasis on face-to-face outreach and engagement at the time of program referral; assessments; supportive services (e.g., case management, transportation, employment, and housing services); individual and group treatment; counseling; and recovery maintenance services. The service-delivery model incorporates essential elements based on family needs, such as culturally responsive services, gender-specific treatment, family-involved treatment services, and motivational enhancement strategies to assist the entire family in its recovery.

Referral Patterns and Characteristics of Individuals Referred for AFF Services

- 8,562 new referrals for AFF services (representing 7,388 unique individuals) were reported in SFY 2015, representing a 34% increase in referrals from the 6,419 that were received in SFY 2014.
- 7,486 referrals were closed, representing a 63% increase over the 4,606 referrals that had been closed in SFY 2014.
- 52.6% of the individuals referred to the AFF program were 30 years of age or younger. Two thirds (62.5%) were female, and the majority were single, never married, white, and non-Hispanic.
- Approximately 70% of all new individuals referred to the AFF program in SFY 2015 had a substantiated or unsubstantiated allegation of child maltreatment.
- 90% of the 3,753 unique individuals for whom substance abuse assessment results were provided reported use in the 30 days prior to their AFF referral.
- 21.5% identified heroin/opiates or other opiates/sedatives as their primary substance of abuse.

Timeliness, Availability, and Accessibility of Services

- 98.8% of new referrals received some form of outreach and the majority (92.4%) received it within one day or less.
- 50.9% of referrals provided a release of information within three weeks (21 days median) after referral.
- 7,721 individuals received AFF services; 63.2% had been referred to the program in this fiscal year, while an additional 29% had been referred in SFY 2014 but continued to receive services for some period of time in SFY 2015.
- AFF services were jointly funded by both DCS and DHS for 45% of all clients, with 32.8% of AFF clients receiving all of their services funded solely by DHS, and 22.2% receiving all of their services funded solely by DCS.
- “Other” (96.4%) represented the most commonly reported AFF service and the most commonly reported substance abuse treatment service (98.9%) among those individuals with DCS-funded services.
- Support (95.4%) and treatment (87.1%) services were the more commonly reported services funded by DHS.
- 61.7% of all clients with AFF services had at least one level of care assignment during their AFF treatment.
- Outpatient (77.4%) and intensive outpatient (31.5%) were the more commonly reported levels of care among those individuals for whom level of care was reported.
- 7,486 closures were reported from the 12,188 new and continuing referrals this year with the median duration of program participation of 98 days (mean=143.4, SD=126.4).
- 864 referrals (11.5% of all closures) were closed as “Completed AFF at the Conclusion of SA Treatment,” with a median duration of program completion of 335 days (mean=312.8, SD=147.8).
- “Unable to locate/refused services” represented the single largest category of reported closures, representing 4,954 (67%) of all reported closures.
- “Discontinued” represented the most commonly reported closure reason among referrals that had been engaged in AFF services, representing 21.7% of closures with services.
- “Completion” was reported for 11.54% of all reported closures with services.

Recovery from Alcohol and Drug Problems

- 65.8% (n=5,081) of individuals who received services were referred at least once for drug testing, resulting in 64,238 drug test referrals.
- On average, individuals were drug tested 2.8 times per month (median 2.02/month).
- 84.9% of all usable drug test results indicated no drug use.

Employment Outcomes

- Individuals who completed AFF services demonstrated significantly higher rates of employment at intake when compared to individuals who discontinued AFF services (40.2% vs. 28.6%).

- Significantly more individuals who completed AFF services had become employed at closure compared to individuals to discontinued AFF services (52.4% vs. 32.7%).

Permanency

- 3,066 (48%) children had achieved permanency out of the 6,383 children that had been placed in out-of-home care that were associated with parents who were closed from AFF services in SFY 2014.
- Among those children that achieved permanency, 55.6% did so through reunification, 36.4% through adoption, and 7.8% through guardianship.
- Children whose parents had completed AFF services experienced a significantly higher rate of permanency than children whose parents had discontinued AFF services (65.5% vs. 40.0%, or 699 vs. 648).
- Children whose parents had completed AFF services experienced a significantly higher rate of reunification than children whose parents had discounted AFF services (84.8% vs. 52.6%, or 593 vs. 341).

Maltreatment Re-Occurrence

- 77.3% of all AFF referrals that were processed in SFY 2014 and subsequently closed had no subsequent maltreatment allegation 12 months or more following AFF closure.
- New maltreatment allegation filings did not vary by whether the client completed AFF services or discontinued AFF services.

Table of Contents

Acknowledgements	II
Executive Summary	III
Table of Contents	VI
List of Exhibits	VII
1.0 Introduction	1
2.0 Evaluation Framework and Data Sources	5
3.0 Individuals and Services Received	9
3.1 Patterns and Characteristics of Referrals for Services	9
3.2 Outreach and Engagement in Services	12
3.3 Patterns of Substance Abuse among Individuals Referred for Services	13
3.4 Patterns of Service Delivery.....	15
3.5 Patterns of Program Closure and Length of Service	19
4.0 Program Outcomes.....	21
4.1 Patterns and Results of Drug Testing	21
4.2 Employment	21
4.3 Longitudinal Analysis of Permanency.....	23
4.4 Longitudinal Analysis of Maltreatment Recidivism.....	24
5.0 Key Findings and Program Implications	27
5.1 Child Permanency and Reunification.....	27
5.2 Child Safety.....	28
5.3 Parental Substance Abuse	29
5.4 Parental Employment.....	30
5.5 Availability, Timeliness, and Accessibility of Substance Abuse Treatment Services	30
5.6 Conclusions, Implications, and Next Steps.....	31

List of Exhibits

Exhibit 1. Overview of the AFF Program Model, SFY 2015.....	2
Exhibit 2. Map of AFF Provider Regions 2015.....	3
Exhibit 3. List of DCS Regions, Counties, DCS Providers, and RBHAs, SFY 2015.....	4
Exhibit 4. AFF Referrals, SFY 2015.....	9
Exhibit 5. AFF Total Referrals and Unique Individuals by Quarter, SFY 2011 – SFY 2015.....	10
Exhibit 6. AFF Demographics for Individuals, SFY 2015.....	11
Exhibit 7. Maltreatment Allegations for Unique Individuals with New Referrals, SFY 2015.....	12
Exhibit 8. Outreach, SFY 2015.....	12
Exhibit 9. AFF Acceptance of Services, SFY 2015.....	13
Exhibit 10. Unique Individuals with Substance Abuse Assessment.....	14
Exhibit 11. AFF Patterns of Self-Reported Substance Abuse, SFY 2015.....	15
Exhibit 12. Total Unique Individuals Referred and Served, SFY 2015.....	16
Exhibit 13. Total Unique Individuals Served and Funding Source, SFY 2015.....	16
Exhibit 14. Individuals Receiving DCS-Funded Services, SFY 2015.....	17
Exhibit 15. Individuals Receiving DHS-Funded Services, SFY 2015.....	18
Exhibit 16. Level of Care, SFY 2015.....	19
Exhibit 17. AFF Closures and Length of AFF Participation, SFY 2015.....	20
Exhibit 18. Patterns and Results of Drug Testing, SFY 2015.....	21
Exhibit 19. Employment Outcomes, SFY 2015.....	22
Exhibit 20. Permanency and Reunification, SFY 2014 Cohort.....	23
Exhibit 21. Maltreatment Recurrence, SFY 2014 Cohort Longitudinal Analysis.....	25

1.0 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. The Joint Substance Abuse Treatment Fund established by this legislation requires an annual evaluation of the AFF program. This evaluation examines the implementation and outcomes of community substance use disorder treatment services delivered by providers contracted with Arizona Department of Child Safety (DCS).

The AFF program 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, or to maintaining employment. Individuals are referred by Child Safety Specialists at DCS and by the Jobs Program (i.e., mandatory employment and training program for work-eligible individuals in households receiving cash assistance). The program seeks to eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse.

Interventions are provided through the DCS, contracted community providers with services provided in outpatient and residential settings, and/or the RBHA network of providers. In addition to traditional service, the AFF program emphasizes face-to-face outreach and rapid engagement at the beginning of services, supportive services to remove barriers (e.g., transportation and housing), and recovery maintenance to support ongoing sobriety and recovery. Service delivery incorporates essential elements based on family needs in conjunction with culturally responsive services, gender-specific treatment, motivational enhancement strategies, and collaboration with child service providers to assist the entire family in its recovery.

The following three exhibits provide an overview of the AFF program model (Exhibit 1), a map of AFF provider regions (Exhibit 2), and a listing of DCS regions, counties, DCS providers, and RBHAs (Exhibit 3).

Exhibit 1. Overview of the AFF Program Model, SFY 2015

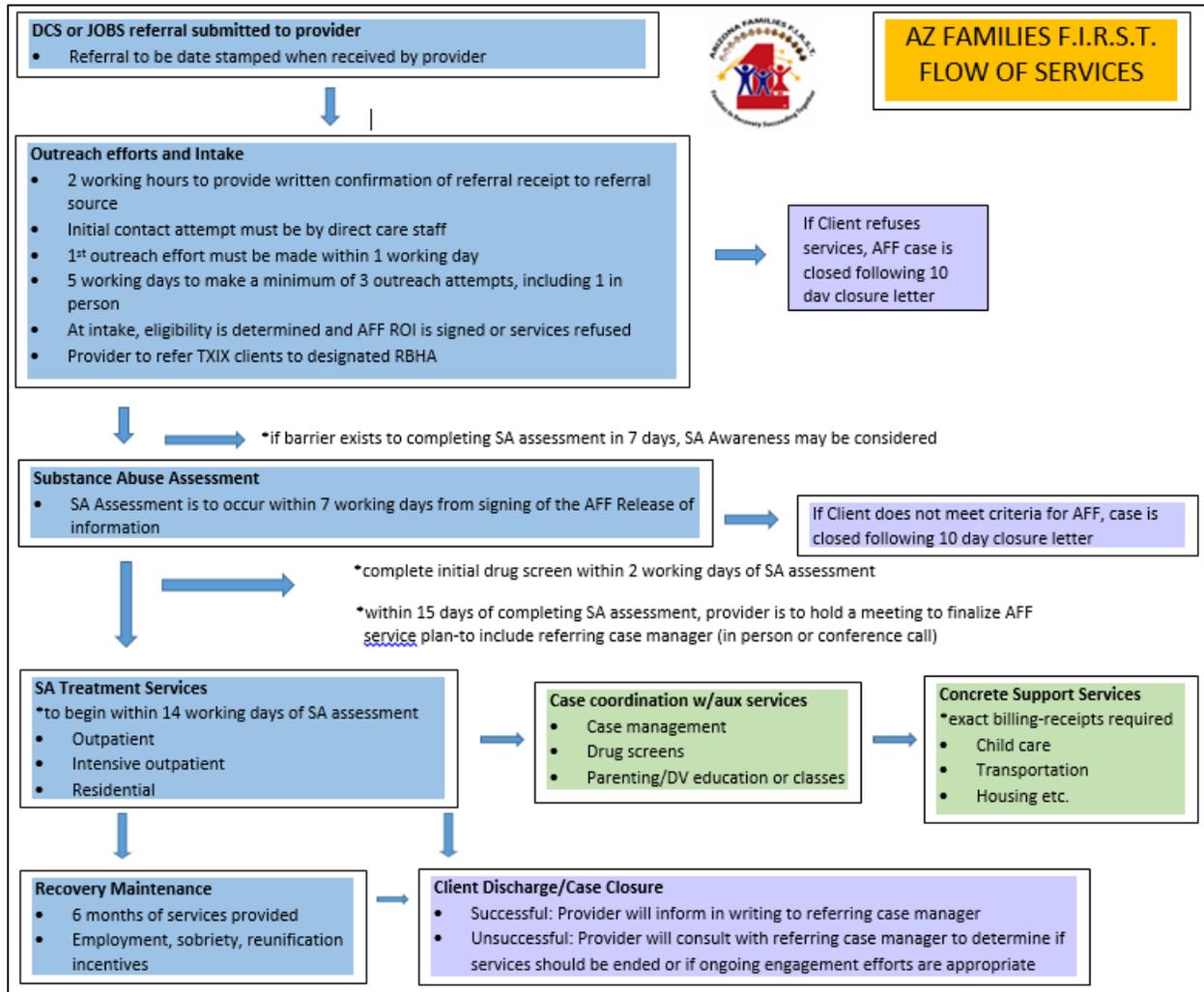


Exhibit 2. Map of AFF Provider Regions 2015

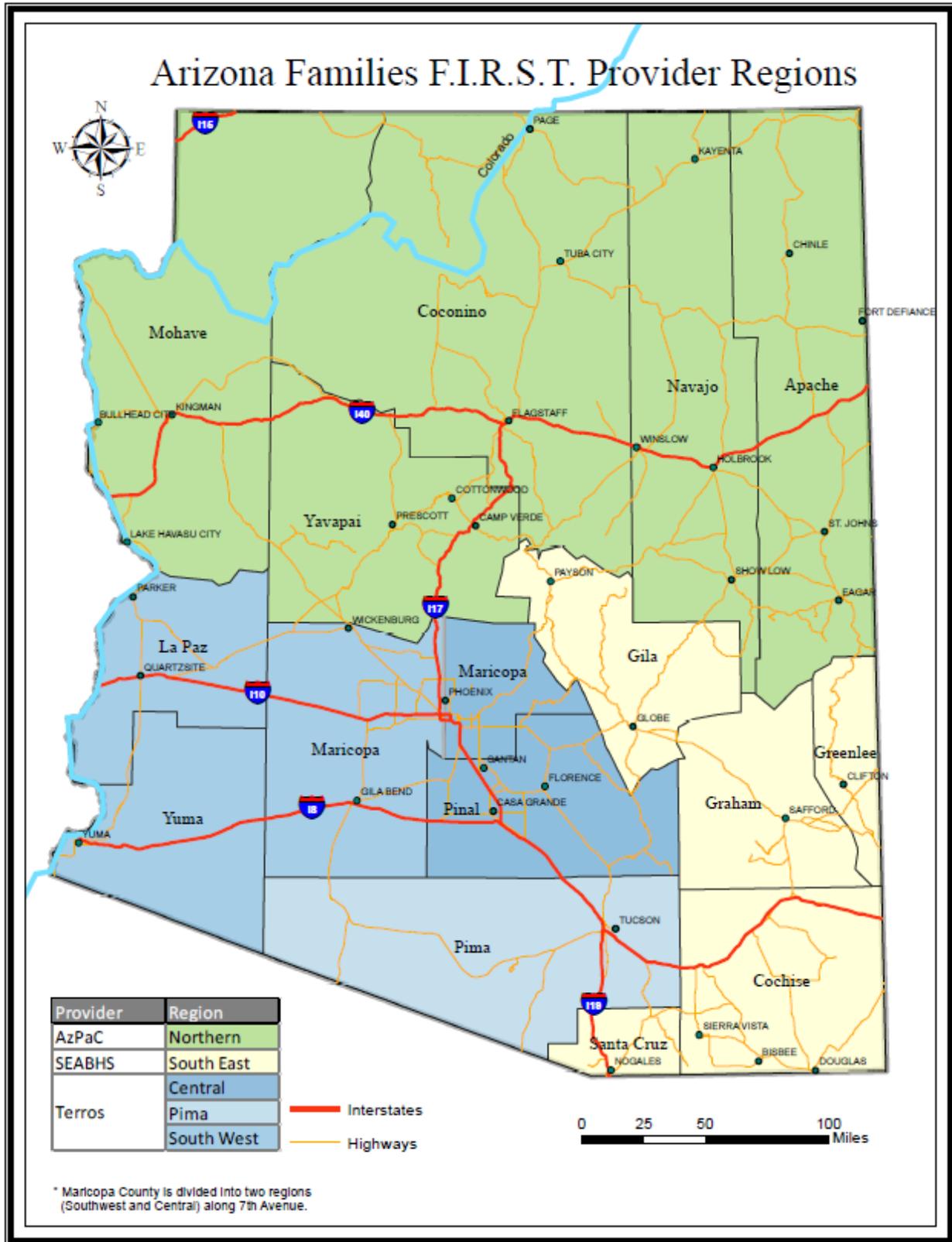


Exhibit 3. List of DCS Regions, Counties, DCS Providers, and RBHAs, SFY 2015

DCS Region	County	RBHA 2014	RBHA 2015	DCS Provider 2015
Central	Maricopa East	Mercy Maricopa Integrated Care (MMIC)	Mercy Maricopa Integrated Care (MMIC)	Terros Central
	Pinal	Cenpatico	Cenpatico	
Pima	Pima	Community Partnership of Southern Arizona (CPSA)	Cenpatico	Terros Pima
Southwest	Maricopa West	Magellan	Mercy Maricopa Integrated Care (MMIC)	Terros Southwest
	Yuma	Cenpatico	Cenpatico	
	La Paz			
Southeast	Gila			
	Cochise			
	Graham			
	Greenlee			
	Santa Cruz			
Northern	Coconino	Northern Arizona Regional Behavioral Health Authority (NARBHA)	Health Choice Integrated Care (HCIC)	Arizona Partnership for Children (AzPaC)

2.0 Evaluation Framework and Data Sources

This evaluation report responds to the legislatively mandated performance indicators of the AFF program. The data provided herein are drawn from administrative data submitted to the evaluation team directly or obtained from administrative information files maintained by DCS and DHS. These data, like those reported in previous reports, include:

- Client characteristics and service utilization data obtained directly from the DCS-contracted providers;
- Child maltreatment allegation and child out-of-home placement information obtained through DCS CHILDS (Children's Information Library and Data Source);
- Enrollment and service utilization information for services provided through the RBHA network of providers obtained through the DHS CIS (Client Information System); and
- Jobs participation and Temporary Assistance for Needy Families (TANF) benefits information obtained through the DES/JAS/AZTEC (Jobs Automated System/Arizona Technical Eligibility Computer System).

Beginning in SFY 2015, AFF providers began submitting data to ASU through a new data portal, following data specifications and criteria negotiated with, and approved by, the contracted service providers and DCS. Two primary factors necessitated the change in data reporting processes between the providers and ASU. First, the new service contract specifications that DCS promulgated with the SFY 2013 AFF contract awards were inadequately evaluated by the legacy reporting structures. Second, data transfer systems with more robust security were needed due to the sensitive HIPAA-level information that the providers were submitting to ASU. The most significant aspects of these altered procedures were the elimination of manual data entry through a web portal and the elimination of the providers' and DCS's ability to conduct web-based data look-ups on individual clients through ASU's data resources.

The new data upload specifications were finalized in the spring of 2014 and required all providers to upload data to ASU in nine data tables using data file formats that would ensure cross-agency consistency and lead to better data integrity. These data uploads are supposed to occur on a monthly basis. ASU received the first data upload for SFY 2015 from one provider in September 2014 and, by November 2014, ASU was receiving data uploads from all three providers.

Upon receipt of a data upload, ASU evaluates the file structure of each table to ensure that it meets the specified standards. Both DCS and the contracted providers have been provided monthly reports on data upload activity and on the conformance of their files to data specifications (referred to as Data Upload Clearance Reports). These reports provide specific and actionable information that allow providers to correct errors in their data table formats. ASU issued its first data upload clearance reports in February 2015 and continued to issue these reports on a monthly basis throughout the balance of the SFY. In March 2015, one provider's

data uploads met file structure specifications; in April 2015, two providers met specifications; and as of June 2015, all three providers' data tables met specification standards.

ASU began focusing on data integrity as AFF providers met data file upload specifications. In May 2015, ASU began issuing detailed and actionable data integrity reports to the providers and to DCS. These monthly reports identify missing, out-of-range, and logically inconsistent data contained in specific fields in each of the nine submitted data tables. To ensure that the source of the data error or omission was being addressed, ASU requested that each provider deliver documentation identifying the corrections they had made in response to these reports. ASU also provided ongoing technical assistance to providers through scheduled phone calls to review the monthly integrity reports and to respond to any provider questions or concerns.

On an annual basis, ASU provides a roster of clients, as reported by the providers to the DCS, DHS, and DES. These three state agencies use matching algorithms to identify individuals referred to AFF providers who also appear in their respective data systems. Where matches occur, the state agency extracts an agreed-upon set of data elements and transmits it to ASU in a secured format. ASU personnel then integrate data from these four data sources (providers, DCS, DHS, DES) to create the interoperable data set that serves as the basis for this report.

Changes in the Analytic Approach

Due to the previously referenced changes in specifications governing service and data uploading, the data analytic approaches undertaken by ASU in the production of this report have changed. Consistent with the analysis contained in the SFY 2014 report, as reissued, this report captures a 12-month period (July 1, 2014 – June 30, 2015).

For SFY 2015, ASU extended the deadline for uploading data from June 30, 2015, to September 30, 2015, in order to provide additional time for providers to clean and upload data with better data integrity. For reporting of services provided only in the 2015 SFY (July 1, 2014 – June 30, 2015), ASU extended the data deadline further, to October 31, 2015.

Some data contained in this report, particularly those data associated with service utilization, will likely underrepresent the true extent or volume of services provided. This is due to data entry lags in the agencies that generate these data (e.g., treatment providers and DCS field offices) and to the data reconciliation processes in their organizational systems (e.g., RBHA–DHS; DCS central office). The extent of this under-representation is not known at this time.

For this SFY 2015 Annual Report, ASU introduces additional evaluation design elements that allow for an assessment of AFF program participation impact upon the legislatively mandated outcomes of child safety, permanency, and employment. These design elements include comparisons made between program completers and program drop-outs as well as a

longitudinal analyses of post-AFF program patterns of permanency and maltreatment recidivism.

New to this year's analyses, four cohorts of AFF program participants have been created using closure codes submitted by treatment providers at the time of case closure. These four cohorts consist of those individuals who were closed completed (e.g., completed treatment), discontinued AFF services before treatment completion, could not be located by treatment referral after AFF referral or refused AFF services, and other (dead and incarcerated). Exhibit 17 provides a breakdown of the number of AFF referrals that were closed by grouping along with the duration of AFF participation. Comparisons are made in the employment outcomes between those cases that were closed as completed and those that were discontinued. These results are presented in Exhibit 19.

The analysis of permanency and maltreatment recidivism outcomes reported in this year's report was conducted on the group of individuals referred in SFY 2014 who were subsequently closed in SFY 2014 or SFY 2015. The reason for this change in methodology is the long-held recognition by officials at DCS and by the ASU evaluation team that previous reports of the AFF program underestimated the true rate of reunification and maltreatment recurrence. These underestimations were due to calculating these events (permanency and maltreatment reoccurrence) within the same state fiscal year in which an individual had been referred to the AFF program. As such, an individual who might be referred to the AFF program in May would only have two months in which these events could occur. Research indicates that, on average, permanency varies by type of exit from foster care (reunification, adoption, guardianship, other relative care) and ranges from under 30 days to a year for reunification, and typically over two years for adoption.^{1,2,3} Maltreatment re-occurrence is less likely to be observed immediately following program participation than 6 to 12 months post program participation.⁴ Consequently, analysis of the impact of the AFF program upon permanency and maltreatment recurrence is reported for those cases that were referred in SFY 2014 only.

The SFY 2014 cohort was selected as the index cohort from which subsequent longitudinal analyses would be conducted based upon an assessment of the relative integrity of the data. Data integrity procedures implemented by the evaluation team during SFY 2015, along with the resubmission of data from the largest AFF contractor for the SFY 2014 Reissuance Report has provided enhancements in the quality and completeness of data.

¹ Carnochan, S., Rizik-Baer, D., & Austin, M. J. (2013). Preventing the recurrence of maltreatment. *Journal of Evidence-Based Social Work, 10*(3), 161-178.

² Akin, B. A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review, 33*(6), 999-1011.

³ McCombs-Thornton, K. L. (2011). *Fostering a permanent home: A mixed methods evaluation of the Zero to Three Court Teams for maltreated infants and toddlers initiative* (Doctoral dissertation). The University of North Carolina at Chapel Hill.

⁴ Fluke, J. D., Shusterman, G. R., Hollinshead, D. M., & Yuan, Y. Y. T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment, 13*(1), 76-88.

Comparisons between individuals' AFF closure status (completed, discontinued, unable to locate/refused services, and other) are made for the two outcomes, permanency and maltreatment. Ostensibly, these comparisons, like those provided for employment outcomes, seek to test the hypothesis that individuals who are successfully treated in the AFF program experience better outcomes; in this case, higher rates of reunification, and lower rates of maltreatment recurrence than other individuals who did not successfully complete AFF services, were found. Slight variations in the number of individuals and children reported in the reissuance of the SFY 2014 report and these analyses are detected due to ongoing data submissions by providers and the well documented issues related the CHILDS data system.

Data collected from SFY 2015 are not easily reconciled to prior years' data, including the 2014 Annual Report, due to the changes noted above. As a result, extreme caution should be taken in comparing indicators from this years' report and last years' report. With the exception of the number of referrals to AFF and the number of referred individuals, no other comparisons are made within this report to SFY 2014 indicators. Subsequent annual analysis will allow for more valid year-over-year comparisons.

3.0 Individuals and Services Received

3.1 Patterns and Characteristics of Referrals for Services

A total of 8,562 new referrals (representing 7,388 unique individuals) for AFF services were reported in SFY 2015, representing a 34% increase in referrals from the 6,419⁵ that were received in SFY 2014. An additional 3,626 referrals (representing 3,624 unique individuals), originally received in SFY 2014, were carried over into SFY 2015, bringing the total number of referrals for AFF services that were processed in SFY 2015 to 12,188. These new and continuing referrals represent 10,330 unique individuals, since an individual can be referred more than once within a fiscal year. The number of unique individuals referred in SFY 2015 was 34% greater than the 7,692 individuals that were referred in SFY 2014. The rate of referrals remained relatively constant throughout the SFY, fluctuating between 2,039 and 2,382 processed each quarter. During this fiscal year, a total of 7,486 referrals were closed, representing a 63% increase over the 4,606 referrals that had been closed in SFY 2014.

Exhibit 4. AFF Referrals, SFY 2015

		SFY Totals		SFY Carry-forward	Quarter 4		Quarter 3		Quarter 2		Quarter 1	
		N	%		N	%	N	%	N	%	N	%
2015	New Referrals	8562	64.6		2382	35.4	2091	34.4	2050	35.1	2039	36.0
	Continuing Referrals	3626		4702	4354	64.6	3980	65.6	3786	64.9	3626	64.0
	All Referrals	12188	100.0		6736		6071		5836		5665	
	Closed Referrals	7486	56.4		2034	30.2	1718	28.3	1856	31.8	1879	33.2
	New and Continuing Unique Individuals	10330			6458	62.5	5849	56.6	5596	54.2	5443	52.7
2014	New Referrals	6419	73.1		1831	33.1	1637	33.1	1446	33.8	1505	38.9
	Continuing Referrals	2359	26.9	4172	3704	66.9	3304	66.9	2832	66.2	2359	61.1
	All Referrals	8778			5535		4941		4278		3864	
	Closed Referrals	4606	52.5		1363	24.6	1237	25.0	974	22.8	1032	26.7
	New and Continuing Unique Individuals	7692			5399	70.2	4754	61.8	4185	54.4	3726	48.4

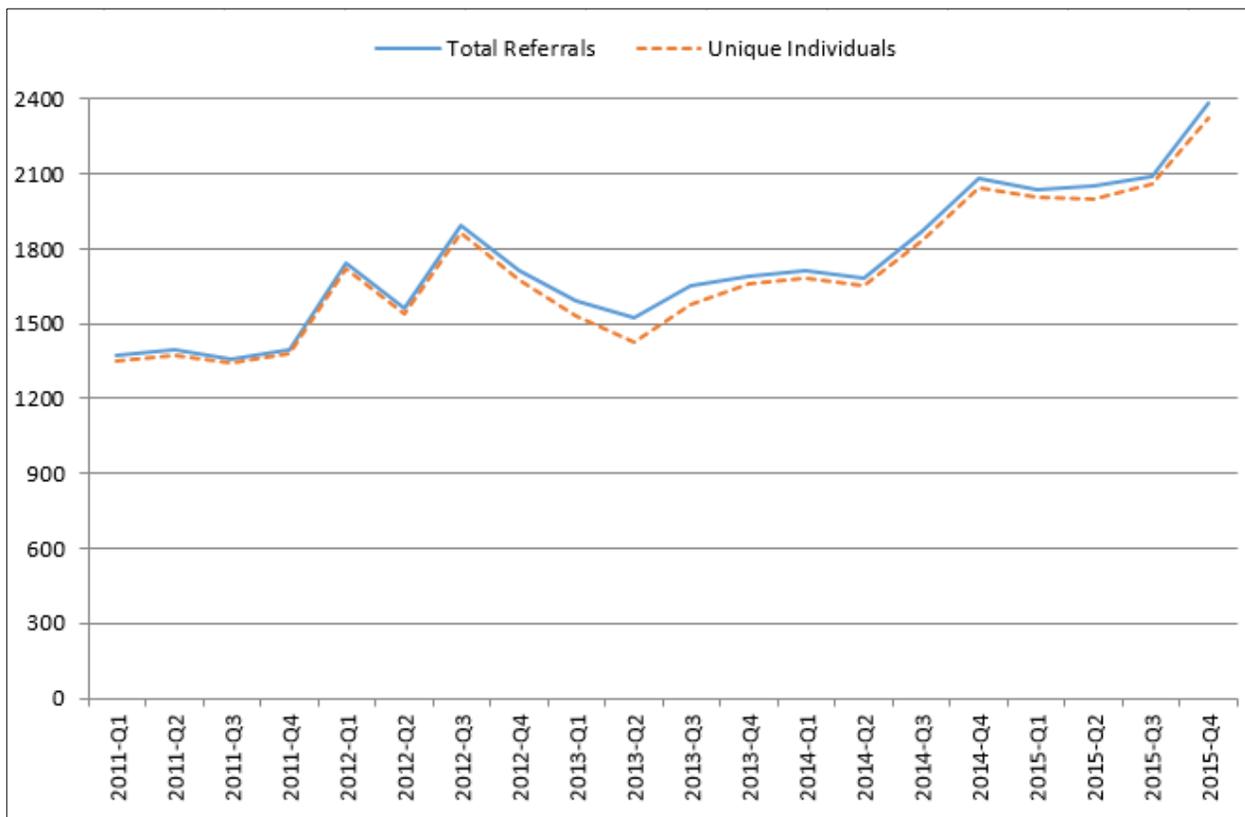
⁵ The SFY 2014 AFF Annual Report Reissuance reported 7,272 referrals. AFF service contractors provide new data uploads to ASU that overwrite previous data uploads. ASU re-queries the AFF service contractor data to ensure that we are using the most accurate information. The discrepancy between SFY 2014 Report (7,272) and the current report of SFY 2014 referrals (6,419) is due to changes in AFF service contractor reporting.

Exhibit 4. AFF Referrals, SFY 2015 – Statewide (Continued)

Note.

1. “New Referrals” indicates referrals that were received and processed in the quarter or SFY, as indicated. The percentage of new referrals reflects the number of new referrals out of all referrals (new and carryforward) processed in the same time period
2. “Continuing Referrals” indicates referrals that had been received in a preceding quarter and had not been closed in that quarter. Since referrals may be carried forward over multiple quarters, the quarterly tallies of continuing referrals cannot be summed across all four quarters for an SFY total
3. “Closed Referrals” indicates referrals for which a discharge/closure report had been filed in the specified quarter. The percentage of closed referrals reflects the number of closed referrals out of all referrals (new and continuing) processed in the same period
4. “New and Continuing Individuals” refers to the number of persons for whom one or more referral-related activities had been processed in a specified time period
5. “SFY Carryforward Referrals” indicates non-closed referrals at the end of the fourth quarter that will be carried forward into the first quarter of the subsequent fiscal year
6. “SFY 2014 Carryforward Referrals” (n = 4,172) was reduced by 546 referrals for carryforward into SFY 2015, Quarter 1 (n=3,626). These referrals had been reported by the providers as carryforward into SFY 2014 and had been processed in 2013 or earlier. Due to significant issues in the data integrity associated with the longstanding open referrals and the lack of associated reported service activity, they were dropped from subsequent analyses

Exhibit 5. AFF Total Referrals and Unique Individuals by Quarter, SFY 2011 – SFY 2015



Just over one half (52.6%) of the individuals referred to the AFF program in SFY 2015 were 30 years of age or younger. Two thirds (62.5%) were female, and among those for whom the information was reported, the majority were single and had never been married (83%), white (26%), and non-Hispanic. Among those individuals for whom information was reported, nearly 20% (19.9%) had no higher than a high school diploma/GED level of education, and 31.6% were employed full- or part-time at the time of their referral for AFF services.

Exhibit 6. AFF Demographics for Individuals, SFY 2015

	Total (N=10,330)			Total (N=10,330)	
	N	%		N	%
Age (years)			Hispanic/Latino Ethnicity		
< 18	23	0.2	Yes	700	6.8
18-24	2137	20.7	No	9625	93.2
25-30	3271	31.7	Unknown	0	0.0
31-35	2368	22.9	Total	10325	100.0
36-45	2001	19.4	Language		
46-55	465	4.5	English	9683	96.8
> 55	64	0.6	Spanish	218	2.2
Total	10329	100.0	Other	103	1.0
Gender			Total	10004	100.0
Female	6452	62.5	Education		
Male	3876	37.5	Less than High School/GED	2042	0.4
Total	10328	100.0	High School Graduate or GED	2056	19.9
Marital Status			Vocational/Technical School	180	1.7
Single, Never Married	3747	83.0	Some College, No Degree	1222	11.9
Divorced/Separated	685	15.2	College – AA/BA Degree	245	2.4
Widowed/Living Alone	39	0.9	Graduate or Post Graduate degree	24	0.2
Married	31	0.7	Unknown	4547	44.1
Domestic Partner/Cohabitation	12	0.3	Total	10316	100.0
Total	4514	100.0	Employment Status		
Race			Competitively Employed Full-Time	1272	20.8
White	2018	26.0	Competitively Employed Part-Time	661	10.8
Black	221	2.9	Unemployed	2425	39.6
American Indian	162	2.1	Other	311	5.1
Native Hawaiian	15	0.2	Unknown	1452	23.7
Asian	7	0.1	Total	6121	100.0
Other	77	1.0			
Unknown	5399	69.6			
Total	7756				

Note.

1. An individual may have two referrals, one which was closed and a separate referral that was not
2. Categories may not equal 10,330 (N) due to individuals with missing data or without an assessment
3. Age was calculated using the date of birth and the date of first referral
4. Race categories are not mutually exclusive. More than one category may have been selected per individual assessed, and the overall sum may exceed 100%

At the time of referral to AFF, 81.4% of the 7,388 unique individuals referred in SFY had a substantiated or unsubstantiated allegation of child maltreatment. An additional 17.5% had a proposed maltreatment allegation, while 9.2% of the individuals referred to AFF in SFY 2014 had no recorded allegation of child maltreatment.

Exhibit 7. Maltreatment Allegations for Unique Individuals with New Referrals, SFY 2015

	N	%
Unique Individuals with New Referrals	7,388	
Most Serious Level of Maltreatment Allegation		
Substantiated	3906	52.8
Unsubstantiated	1376	18.6
Proposed	1296	17.5
Other	126	1.7
No Report	684	9.2
<u>Note.</u>		
1. In instances of multiple reports, the report closest to the date of AFF referral was used		
2. In instances when multiple allegation findings are reported, the most serious was selected		

3.2 Outreach and Engagement in Services

Nearly all new referrals to the AFF program (98.8%) received some form of outreach by the AFF treatment provider in their community, and the majority of these (92.4% of all new referrals) reportedly received an outreach attempt within one day or less.

Exhibit 8. Outreach, SFY 2015

	N	%
New Referrals	8562	100.0
With outreach attempt	8459	98.8
With a first outreach attempt within one (1) business day from referral	7912	92.4
With a first outreach attempt greater than one (>1) business day from referral	537	6.3
<u>Note.</u>		
1. Unit of analysis is referrals		
2. Denominator used to calculate percentages is total new referrals		
3. There were 10 referrals for which reported outreach date preceded referral date		
4. New referrals indicate referrals that occurred in SFY 2015		

Once outreach has occurred, providers attempt to engage the client into services, as reflected by the client signing a release of information (ROI). This authorizes the treatment provider to gain access to clinical records of the client and to share their treatment information with DCS. In SFY 2015, just over one half (50.9%) of all referrals to the AFF program were reported to have provided a release of information and to have agreed to participate in AFF services. On average, this release of information was obtained three weeks (21 days median) after the provider had received the referral from DCS.

Exhibit 9. AFF Acceptance of Services, SFY 2015

	N	%
New Referrals	8562	100.0
With acceptance of services (with a signed ROI)	4358	50.9
Without acceptance of services (no signed ROI)	4204	49.1
Median working days from referral to ROI		21
<u>Note.</u>		
1. Unit of analysis is referrals		
2. Denominator used to calculate percentages is total new referrals		
3. Median working days from referral to release of information (ROI) is business days		

3.3 Patterns of Substance Abuse among Individuals Referred for Services

Once an individual agrees to participate in AFF services, one of the next steps that the AFF provider will take before developing a treatment plan is to conduct a comprehensive psychosocial assessment, including an assessment of substance abuse patterns. AFF program policies allow AFF treatment providers to make use of substance abuse assessments by other providers or systems, so long as those assessments occurred within the six month period immediately preceding the referral for AFF services. Slightly more than one-half (59.7%, n=4,409) of all individuals who were referred for AFF services in SFY 2015 were assessed for substance abuse. The majority of these assessments were paid for by RBHA (60.9%), with 29.5% paid for by DCS.

**Exhibit 10. Unique Individuals with Substance Abuse Assessment
and Funding Source, SFY 2015**

	N	%
New Unique Individuals with Referrals in SFY 2015	7388	
Unique Individuals without an Assessment	2979	40.3
Unique Individuals with an Assessment	4409	59.7
Assessment Funding Source		
DCS <i>only</i> Funded Assessments	1297	29.5
Individuals with Assessments Funded by <i>both</i> DCS and RBHA	375	8.5
RBHA <i>only</i> Funded Assessments	2679	60.9
Private Insurance	27	0.6
Tribal	10	0.2
Medicare	9	0.2
Veteran	1	0.0
Total	4398	100.0
<u>Note.</u>		
1. Unit of analysis is new unique individuals. The 7,388 new unique individuals identified in this exhibit represent the 8,562 new referrals reported in Exhibit 8		
2. Two data sources were used (a) AFF assessment data and (b) DHS demographic data		
3. Among 4,409 unique individuals who had a recorded assessment, 11 were not included because their funding source code was zero (1) or blank (10)		

Assessment of substance abuse identifies an individual's primary, secondary, and tertiary substances of abuse. Differentiating these patterns is helpful in developing a treatment plan. In SFY 2015, patterns of substance abuse were reported for a total of 3,753 individuals (85.1% of those unique individuals with a reported assessment) despite the fact that 4,409 were reported to have been assessed. Among these individuals, marijuana (52.7%), methamphetamine (47.6%), and alcohol (38%) continued to be the most commonly reported substances of abuse among individuals referred for AFF services. A comparison of primary, secondary, and tertiary patterns of substance abuse did not reveal any significant variations. Slightly more than one in five individuals (21.5%) referred to the AFF program identified heroin/opiates (13%) or other opiates/sedatives (8.7%) as their primary substance of abuse.

Exhibit 11. AFF Patterns of Self-Reported Substance Abuse, SFY 2015

Type of Substance Use	All Substances		Primary		Secondary		Tertiary	
	N	%	N	%	N	%	N	%
Alcohol	1425	38.0	1372	36.6	310	12.8	330	13.6
Benzodiazepines	67	1.8	59	1.6	4	0.2	8	0.3
Cocaine/Crack	455	12.1	427	11.4	71	2.9	89	3.7
Hallucinogens	49	1.3	33	0.9	6	0.2	22	0.9
Heroin/Opiates	506	13.5	489	13.0	209	8.6	216	8.9
Inhalants	10	0.3	6	0.2	1	0.0	5	0.2
Marijuana/Hashish	1977	52.7	1915	51.1	673	27.7	674	27.9
Methamphetamine/Stimulants	1785	47.6	1746	46.6	757	31.2	752	31.1
None	364	9.7	364	9.7	364	15.0	364	15.0
Other Drugs	143	3.8	143	3.8	10	0.4	10	0.4
Other Opiates/Synthetics	326	8.7	317	8.5	80	3.3	80	3.3
Other Sedatives/Tranquilizers	7	0.2	7	0.2	1	0.0	1	0.0
Other Stimulants	18	0.5	18	0.5	5	0.2	5	0.2
Subtotal of Individuals w/SA Record	3753	85.1	3750	99.9	2430	64.7	2419	64.5
Missing Substance Abuse Records	656	14.9						
Total Individuals Assessed	4409							
Individuals Reporting Substance Use in Preceding 30 days	3389	90.3						
<p><u>Note.</u></p> <ol style="list-style-type: none"> 1. Unit of analysis is unique individuals 2. The denominator used to calculate column percentages for substances ("Total," "Primary," "Secondary," "Tertiary") is the subtotal of unique individuals with a substance abuse record 3. The denominator used to calculate row percentages for the subtotal of unique individuals with a substance abuse record ("Primary," "Secondary," "Tertiary") is the subtotal of individuals with a substance abuse record ("All Substances") 4. The denominator used to calculate "Individuals Reporting Substance Use in Preceding 30 days" is the "Subtotal of Individuals w/SA Record" minus individuals reporting "None" 								

3.4 Patterns of Service Delivery

In SFY 2015, 7,721 new and continuing unique individuals received AFF services. Among these unique individuals who received AFF services, two thirds (63.2%) had been referred to the program during SFY 2015, while an additional 2,238 individuals (29%) had been referred in SFY 2014 but continued to receive services for some period of time during the current fiscal year. A small proportion (7.8%) of individuals with reported AFF services in SFY 2015 had been closed and then re-referred for AFF services during this year.

Exhibit 12. Total Unique Individuals Referred and Served, SFY 2015

	N	%
New and Continuing Referrals	12188	
New and Continuing Referrals with Service(s)	9004	73.9
New and Continuing Unique Individuals Referred	10330	100.0
New Individuals	6706	64.9
Both New and Continuing	682	6.6
Continuing Individuals	2942	28.5
New and Continuing Unique Individuals Served	7721	100.0
New Individuals Served	4877	63.2
Both New and Continuing	606	7.8
Continuing Individuals Served	2238	29.0
<u>Note.</u> "Both New and Continuing" refers to referrals, or to unique individuals who had more than one active referral to the AFF program during the SFY, separated by one or more closures		

Services provided to AFF clients were jointly funded by both DCS and RBHA for nearly one half (45%) of all clients, with 32.8% of AFF clients receiving all of their services funded solely by RBHA, and 22.2% of AFF clients receiving all of their services funded exclusively by DCS. Slightly more than three quarters (77.8%) of AFF clients had some services funded by RBHA (exclusively or shared) and 67.2% had some services funded by DCS (exclusively or shared).

Exhibit 13. Total Unique Individuals Served and Funding Source, SFY 2015

	N	%
New and Continuing Unique Individuals Served by Funding Source	7665	100.0
DCS <i>only</i> Funded Individuals	1704	22.2
Individuals Funded by <i>both</i> DCS and RBHA	3447	45.0
RBHA <i>only</i> Funded Individuals	2514	32.8
New and Continuing Unique Individuals Funded by DCS and RBHA		
DCS-Funded Individuals	5151	67.2
RBHA-Funded Individuals	5961	77.8
<u>Note.</u> Two providers failed to provide accurate funding information on 56 individuals with reported services. This accounts for the variance between the 7,665 "New and Continuing Individuals Served by Funding Source" and the 7,721 "New and Continuing Individuals Served" from Exhibit 12		

Among those individuals with AFF services that were funded by DCS (n=5,151), "Other" represented the most commonly reported AFF Service (96.4%) and the most commonly reported substance abuse treatment service (98.9%). Among those AFF treatment services that were reported by category, mental health services (33.7%) and basic life need services (27.6%) were the more commonly reported service categories. For those AFF substance abuse

treatment services that were reported by category, individual counseling (31%) and group counseling (19%) were the more commonly reported DCS-funded services. Family counseling (2.6%) and couples counseling (0%) were rarely reported.

Exhibit 14. Individuals Receiving DCS-Funded Services, SFY 2015

	N	%
DCS-Funded Individuals	5151	
AFF Services		
Mental Health Services	1735	33.7
Basic Life Needs	1421	27.6
Medical Services	15	0.3
Crisis Services	3	0.1
Parenting	12	0.2
Domestic Violence	0	0.0
Job Readiness/Employment	18	0.3
Other	4967	96.4
Substance Abuse Treatment Services	N	%
Individual Counseling	1595	31.0
Group Counseling	981	19.0
Family Counseling	132	2.6
Couples Counseling	0.0	0.0
Substance Abuse Awareness	543	10.5
Other	5094	98.9
Note.		
1. These data do not capture RBHA-funded services or other services that clients may have been accessing		
2. One provider failed to include in their data submissions flags to indicate funding source. For this one provider, all services were attributed to DCS funding		

Among those individuals with AFF services funded by RBHA (n=5,961), the more commonly reported services were support (95.4%) and treatment (87.1%). Approximately one third of individuals with RBHA-funded AFF services received medical services that could have included medication-assisted treatment for their substance abuse. A small proportion of RBHA-funded AFF clients received inpatient (6.7%) or residential treatment (7.1%) services.

Exhibit 15. Individuals Receiving DHS-Funded Services, SFY 2015

	N	%
DHS-Funded Individuals	5961	
Service Domain		
Treatment Services	5191	87.1
Rehabilitation Services	1808	30.3
Medical Services	2013	33.8
Support Services	5684	95.4
Crisis Intervention Services	905	15.2
In-patient Services	398	6.7
Residential Services	426	7.1
Behavioral Health Day Programs	47	0.8
Note.		
1. These data do not capture other services funded by DCS or other systems to which clients may have had access		
2. Two percent of all DHS encounters, representing 1,410 unique individuals, had no associated encounter code. These encounters were not included in these analyses		

AFF program policies require AFF providers to report levels of care for AFF clients throughout the course of their treatment. In SFY 2015, nearly two-thirds (61.7%) of all clients with AFF services at least one reported level of care assignment during their AFF treatment. Outpatient (77.4%) and intensive outpatient (31.5%) were the more commonly reported levels of care among those individuals for whom level of care was reported. Aftercare/recovery maintenance was infrequently reported (16.3%).

Exhibit 16. Level of Care, SFY 2015

	N	%
New and Continuing Unique Individuals Served	7721	100.0
New and Continuing Unique Individuals with at Least One Level of Care Identified	4760	61.7
Outpatient	3685	77.4
Intensive Outpatient	1499	31.5
Residential – Adult	29	0.6
Residential – Child	0	0.0
Recovery Maintenance/Aftercare	778	16.3
New and Continuing Individuals with No Level of Care Identified	2961	38.3
<p><u>Note.</u></p> <ol style="list-style-type: none"> 1. LOC categories are not mutually exclusive. Individuals can be assigned to multiple levels of care throughout their AFF program experience 2. Individuals assigned to the “No Level of Care Identified” had no record of LOC assignment at any time during their AFF program experience 		

3.5 Patterns of Program Closure and Length of Service

A total of 7,486 closures were reported by AFF providers from the 12,188 new and continuing referrals for AFF services that were processed in SFY 2015. The median duration of AFF program participation among all reported closures was 98 days (mean=143.4, SD=126.4). Closure categories are grouped into four primary categories: “unable to locate/refused services”; “discontinued services after AFF services had begun”; “completed AFF services”; and “other.” The category of “unable to locate/refused services” represented the single largest category of reported closures, accounting for 4,954 (67%) of all reported closures. These closures occurred soon after a DCS employee had made a referral for services, during the period that the provider was attempting outreach, engagement, and assessment activities. “Discontinued” represents the most commonly reported closure reason among referrals that had been engaged in AFF treatment services, representing 1,622 referrals or 21.7% of all reported closures. The median duration of AFF program participation among these referrals was nearly six months (median=176, mean=203). Completion of AFF treatment services was reported for just 864 of the 7,486 reported closures, representing 11.54% of all reported closures. The median duration of AFF participation among these referrals was 335 days (mean=312.8). An additional 31 closures (.41%) were reported as completed AFF services following aftercare/recovery maintenance. Program participation for these referrals was of comparable duration to the previous group, with a reported median of 306 days.

Exhibit 17. AFF Closures and Length of AFF Participation, SFY 2015

		N	%	Median	Mean	Standard Deviation
	Total New and Continuing Referrals	12188		Length of Participation in Days		
	Closures	7486		98	143.4	126.4
Completed	Completed AFF At The Conclusion Of SA Treatment	864	11.5	335	312.8	147.8
	Completed AFF At The Conclusion Of Recovery Maintenance	31	0.4	306	297.1	86.3
Dis-Continued	Client Discontinued W/O Completing Services (Excluding Unable To Locate)	1622	21.7	176	203.1	114.7
Unable to Locate/Refused	Unable To Locate For Initial Outreach	1721	23.0	47	63.9	58.9
	Unable To Locate For Intake	1499	20.0	82	101.6	72.3
	Unable To Locate (Post-Intake)	332	4.4	166.5	192.5	116.6
	No SA Problem	647	8.6	76	96.7	76.9
	Client Refused Service At Initial Referral Or Assessment	515	6.9	53	77.9	88.6
Other	Incarcerated	155	2.1	92	138.0	126.0
	Move Out Of Area	85	1.1	130	142.6	106.1
	Death	15	0.2	130	146.5	170.9

Note.

1. Unit of analysis is referrals
2. AFF participation is measured from the date of referral to the date of closure
3. Five referrals had closures dates before their referral data and were excluded from analysis

4.0 Program Outcomes

4.1 Patterns and Results of Drug Testing

Slightly more than one half (51%) of all new and continuing individuals were referred at least once for a drug test. Among these 5,270 individuals, a total of 64,238 drug test referrals were reported. The monthly rate of drug referrals was calculated for those individuals who had 30 days or more of AFF service participation (n=3,365). Among these individuals, the average number of drug test referrals per month of AFF participation was 2.8 (SD=2.5) with a median rate of 2.02 drug test referrals per month. Nearly four fifths (79.1%) of drug test referrals resulted in a test result, while one fifth (20.7%) of the drug test referrals clients failed to appear for the test. Less than 1 in 6 (14.1%) test results detected the presence of drugs, while nearly 85% (84.9%) of all usable test results did not detect the presence of any illicit substances.

Exhibit 18. Patterns and Results of Drug Testing, SFY 2015

	N	%
New and Continuing Unique Individuals Served	7721	100.0
Individuals with Drug Test Referrals	5081	65.8
Individuals without Drug Test Referrals	2640	34.2
Total Number of Drug Test Referrals	64238	
Client Failed to Appear for Test	13322	20.7
Client Refused	36	0.1
Drug Test Cancelled for Reasons Beyond Client Control	47	0.1
Drug Test Referrals with Results	50833	79.1
Total Number of Drug Test Results	50833	
Positive Test Results	7152	14.1
Negative Test Results	43172	84.9
Awaiting Results	427	0.1
Altered Specimen/Sample	10	0.0
Test Indicates Allowable Substance	72	0.0
<p><u>Note.</u></p> <p>1. Drug referrals per month were computed for 3,365 unique individuals who had 30 days or more of AFF service participation</p> <p>2. The average frequency of drug test referrals was 2.8 (SD=2.5) with a median 2.02 per month of AFF participation</p>		

4.2 Employment

Comparative analysis of employment status at the time of AFF referral and at the time of AFF program closure was conducted for 2,229 referrals (29.8% of all recorded AFF closures) that were closed in the current state fiscal year and for which employment status information was available at intake and at closure. Closed referrals were not included for 5,257 cases (70.2% of all recorded AFF closures) because employment status information was not included by the provider in the intake and/or closure record.

Referrals that would subsequently close as Completed AFF Services demonstrated higher rates of full- and part-time employment at intake, and correspondingly lower unemployment rates, than referrals that would subsequently close as Discontinued AFF Services. Furthermore, referrals closed as Completed AFF Services demonstrated greater gains in employment at closure, relative to intake, along with corresponding reduction in unemployment, in comparison to Discontinued AFF Services closed referrals. However, both Completed and Discontinued referrals demonstrated gains in full-time employment with corresponding reductions in unemployment at closure relative to intake.

Exhibit 19. Employment Outcomes, SFY 2015

	Completed AFF Services N = 799				Discontinued AFF Services N = 1430			
	Intake		Closure		Intake		Closure	
	N	%	N	%	N	%	N	%
Employed, Full-time	202	25.3	293	36.7*	244	17.1	311	21.7*
Employed, Part-time	119	14.9	126	15.8	165	11.5	156	10.9
Subtotal	321	40.2	419	52.4*	409	28.6	467	32.7*
Unemployed	300	37.5	203	25.4*	800	55.9	749	52.4
Other	40	5.0	47	5.9	75	5.2	77	5.4
Unknown	138	17.3	130	16.3	146	10.2	137	9.6
Total	799		799		1430		1430	

Note.

1. Unit of analysis is new and continuing individuals
2. "Intake" indicates employment status at assessment and "Closure" indicates employment status at closure
3. The employment category "Other" inside each closure group collectively refers to individuals who fall in one of the following employment categories: volunteer, unpaid rehabilitation, homememaker, student, retired, disabled, inmate of institution, and transitional employment placement

* Status at "Closure" significantly different than status at "Intake," $p < .001$

4.3 Longitudinal Analysis of Permanency

A total of 6,383 children, associated with 2,828 parents who were served and were closed in the AFF program in SFY 2014, were placed in out-of-home-care. Of these, 54% were associated with parents who could not be located or had refused AFF services.

Among the 3,066 children who achieved permanency at follow up, those whose parents had successfully completed their AFF program were significantly more likely to experience reunification (84.8%) than children whose parents had discontinued (52.6%), could not be located or refused AFF services (45.1%), or other (41.9%). Children whose parents were closed as “other” (included cases of death and imprisonment) experienced the highest rate of guardianship (22.3%), while children whose parents successfully completed the AFF program experienced the lowest rate of adoption (9.5%). However, these results should be interpreted with caution since adoption may take upwards of two years and program participation may not be the only requirement for reunification.

Exhibit 20. Permanency and Reunification, SFY 2014 Cohort

	Total Adults		Total Children		Permanency		Still in Care		Other	
	N	%	N	%	N	%	N	%	N	%
Completed	458	16.2	1,067	16.7	699	65.5*	351	32.9*	17	1.6
Discontinued	709	25.1	1,621	25.4	648	40.0	944	58.2	29	1.8
Unable to Locate/Refused	1,556	55.0	3,448	54.0	1,607	46.6	1,760	51.0	81	2.3
Other	105	3.7	247	3.9	112	45.3	131	53.0	4	1.6
Total	2,828	100.0	6,383	100.0	3,066	48.0	3,186	49.9	131	2.1

	Total Children		Permanency Outcome					
			Reunification		Guardianship		Adoption	
	N	%	N	%	N	%	N	%
Completed	699	22.8	593	84.8*	39	5.5**	67	9.5*
Discontinued	648	21.1	341	52.6	61	9.4	246	37.9
Unable to Locate/Refused	1,607	52.4	726	45.1	116	7.2	765	47.6
Other	112	3.7	47	41.9	25	22.3	40	35.7
Total	3,066	100.0	1,707	55.6	241	7.8	1,118	36.4

Note.

1. In cases of multiple referrals for the same individual, the most recent referral in SFY 2014 was used
2. In cases of multiple removals for the same child, the most recent removal in SFY 2014 was used

* “Completed” significantly different than “Discontinued,” “Unable to Locate/Refused,” and “Other,” $p < .01$

** "Completed" significantly different than "Other," $p < .01$

4.4 Longitudinal Analysis of Maltreatment Recidivism

A total of 5,075 new and continuing SFY 2014 referrals for which usable maltreatment allegation data were provided were observed in SFY 2015. Slightly more than two thirds (67.8%) were associated with at least one substantiated allegation of maltreatment at the time of their referral to the AFF program. An additional 18.9% of all referrals in SFY 2014 were associated with at least one allegation of unsubstantiated maltreatment at the time of AFF referral.

Rates of substantiated allegations at the time of AFF referral between the four closure groups were as follows: completed (67.9%), discontinued (70.0%), could not locate (66.5%), and other (71.8%). A statistical comparison of the rates of No Report at follow-up with substantiated reports at the time of AFF referral demonstrates that for all groups (completed, discontinued, refused/could not be located, other) the maltreatment recurrence is significantly reduced. The percentages of substantiated allegation cases at AFF referral that went on to have no follow-up allegation were 91.9% (completed), 81.1% (discontinued), 87.7% (could not locate), and 90.9% (other closures), demonstrating that high rates of No Report are associated with program referrals, regardless of whether treatment was completed.

Exhibit 21. Maltreatment Recurrence, SFY 2014 Cohort Longitudinal Analysis

	Pre-Referral Allegation Findings			Post-Referral Allegation Findings									
				Subst.		Unsubst.		Proposed		Other		No Report	
	N	%	N	%	N	%	N	%	N	%	N	%	
Completed*	Subst.	587	67.9	26	4.4	75	12.8	14	2.4	12	2.0	460	78.4
	Unsubst.	167	19.3	4	2.4	33	19.8	4	2.4	9	5.4	117	70.1
	Proposed	22	2.5	0	0.0	2	9.1	1	4.5	1	4.5	18	81.8
	Other	2	0.2	0	0.0	0	0.0	0	0.0	0	0.0	2	100.0
	No Report	86	9.9	2	2.3	3	3.5	1	1.2	1	1.2	79	91.9
	Total	864	100	32	3.7	113	13.1	20	2.3	23	2.7	676	78.2
Discontinued*	Subst.	875	70.1	70	8.0	70	8.0	40	4.6	19	2.2	676	77.3
	Unsubst.	222	17.7	20	9.0	36	16.2	10	4.5	12	5.4	144	64.9
	Proposed	42	3.3	3	7.1	3	7.1	1	2.4	1	2.4	34	81.0
	Other	3	0.2	0	0.0	0	0.0	0	0.0	1	33.3	2	66.7
	No Report	106	8.4	4	3.8	10	9.4	5	4.7	1	0.9	86	81.1
	Total	1,248	100	97	7.8	119	9.5	56	4.5	34	2.7	942	75.5
Unable to Locate/Refused*	Subst.	1,848	66.5	125	6.8	154	8.3	63	3.4	54	2.9	1,452	78.6
	Unsubst.	540	19.4	42	7.8	89	16.5	20	3.7	27	5.0	362	67.0
	Proposed	99	3.5	8	8.1	3	3.0	1	1.0	2	2.0	85	85.9
	Other	12	0.4	0	0.0	0	0.0	0	0.0	5	41.7	7	58.3
	No Report	276	9.9	8	2.9	17	6.2	6	2.2	3	1.1	242	87.7
	Total	2,775	100.0	183	6.6	263	9.5	90	3.2	91	3.3	2,148	77.4
Other*	Subst.	135	71.8	7	5.2	5	3.7	1	0.7	2	1.5	120	88.9
	Unsubst.	34	18.0	3	8.8	5	14.7	0	0.0	1	2.9	25	73.5
	Proposed	8	4.2	1	12.5	2	25.0	0	0.0	1	12.5	4	50.0
	Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	No Report	11	5.8	0	0.0	0	0.0	0	0.0	1	9.1	10	90.9
	Total	188	100	11	5.9	12	6.4	1	0.5	5	2.7	159	84.6
Total*	Subst.	3,445	67.8	228	6.6	304	8.8	118	3.4	87	2.5	2,708	78.6
	Unsubst.	963	18.9	69	7.2	163	16.9	34	3.5	49	5.1	648	67.3
	Proposed	171	3.3	12	7.0	10	5.8	3	1.8	5	2.9	141	82.5
	Other	17	0.3	0	0.0	0	0.0	0	0.0	6	35.3	11	64.7
	No Report	479	9.4	14	2.9	30	6.3	12	2.5	6	1.3	417	87.1
	Total	5,075	100	323	6.4	507	10.0	167	3.3	153	3.0	3,925	77.3

Note.

1. *Subst.* = Substantiated; *Unsubst.* = Unsubstantiated
2. Most recent 2014 referral (that is closed) for each client chosen as the base referral
3. Most recent allegation prior to or on the same day as the referral (1) is chosen as the pre-referral allegation; closest allegation to the referral date occurring before the referral date
4. Earliest allegation after the referral date (1) is chosen as the post-referral allegation; closest allegation report to the referral date after the referral date
5. In situations when maltreatment reports had multiple allegation findings the most serious allegation was selected

* Post-referral percent of referrals with No Report allegation is significantly different than pre-referral percent of referrals with No Report allegation, $p < .001$

5.0 Key Findings and Program Implications

This report summarizes the key processes and outcomes of the Arizona Families F.I.R.S.T. program during SFY 2015 (July 1, 2014 – June 30, 2015). 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; and
3. Increasing the availability, timeliness and accessibility of substance abuse treatment to promote recovery from alcohol and drug problems.

The evaluation of the AFF program and the preparation of this report are conducted independently by the Arizona State University Center for Applied Behavioral Health Policy. The content of this report, and the conclusions contained herein, represent the opinions of ASU and do not necessarily reflect the opinions of, or endorsement by, DCS.

A number of changes in programmatic requirements and associated reporting requirements were implemented this year, limiting the validity of comparisons between performance and outcomes this year and preceding years. Readers are cautioned in making such comparisons except where noted in this report. Additionally, this year's report introduces for the first time a longitudinal analysis of the impact of the AFF program upon family reunification and child safety (maltreatment recurrence). In the following sections, the key findings are summarized for each of the legislatively mandated outcomes and service processes, followed by program implications of these findings.

5.1 Child Permanency and Reunification

Beginning with this year's report, child permanency, reunification, and safety were analyzed among those families that had concluded their AFF services in SFY 2014. The movement to this longitudinal analysis of these two outcomes was in response to the recognition among DCS officials and ASU researchers, along with peer-reviewed research, that estimation of permanency and maltreatment recurrence within the same year of program participation underestimated the true rates of these events.

Forty-nine percent (49%) of the children associated with parents who had received AFF services in SFY were still in care at the conclusion of SFY 2015. Forty-eight percent (48%) of

the children associated with parents who had received AFF services during SFY 2014 had achieved permanency by the conclusion of SFY 2015. Children whose parents had completed their AFF program in SFY 2014 were significantly more likely to achieve permanency than those whose parents had discontinued their AFF services. Conversely, children who were still in care at the conclusion of 2015 were more likely to be associated with parents who had discontinued their participation in AFF services than with parents who had completed their program.

Fifty-five percent (55.6%) of those children who had achieved permanency were reunified with their families, while 36.4% of children who achieved permanency were adopted. Children whose parents had completed the AFF program were significantly more likely to experience reunification than children whose parents had discontinued AFF program (84.8% vs. 52.6%). Likewise, children whose parents had discontinued their AFF program were significantly more likely to be adopted than children whose parents had completed the AFF program (37.9% vs. 9.5%)

These findings provide clear and compelling evidence of the effectiveness of the AFF program in achieving the legislative goal of improving 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. Furthermore, these findings suggest that the AFF program produces reunification results that are superior to the DCS program in general or to nationwide trends. According to a recently released report from the Arizona Auditor General Office,⁶ the overall rate of reunification within Arizona was about 33%, in comparison to 40% nationally. The observed finding that among families that complete the AFF program, permanency occurs for 65.5% of the children, with family reunification occurring in 84.8% of the cases, provide compelling evidence of the impact of the AFF program.

5.2 Child Safety

Among the 5,075 referrals that were reported for SFY 2014, approximately 90% had one or more allegation of child maltreatment at the time of their referral to the AFF program. Sixty-eight percent (67.8%) of the referrals had at least one substantiated allegation at the time of referral, with an additional 18.9% having at least one unsubstantiated allegation at the time of referral. At the conclusion of SFY 2015, 22.7% of these referrals had been accused of a subsequent act of child maltreatment. Parents who had at least one unsubstantiated claim of maltreatment at the time of AFF referral had the highest rates of re-allegation (32.7%), while parents with an proposed allegation at AFF referral had the lowest rate of re-allegation (17.5%).

Parental completion or discontinuation of AFF program participation in SFY 2014 provide weak evidence of affecting the likelihood of maltreatment re-allegation. Parents who completed their AFF program participation in SFY 2014 had a re-allegation rate of 21.8%, in comparison to a re-

⁶ Arizona Office of the Auditor General. (2015). Arizona Department of Child Safety Independent Review: Supplemental Report: Background Data.

allegation rate of 24.5% for parents who had discontinued their AFF participation in SFY 2014. While promising, this distinction is statistically insignificant. Although the tests suggest that in the short window of one year following up from referral, the rate of maltreatment re-allegation is not affected by successful AFF program completion, a longer time-frame is really needed to assess the true impact of maltreatment re-allegation from program completion. Overall, these findings provide promising evidence of the effectiveness of referral, offering parents an opportunity to reflect on the impact of their substance abuse as it relates to child maltreatment allegation. Some recent research on screening and brief interventions in substance abuse suggests that such brief intervention can be very effective.⁷ At least for the time frame of one year, the referral to the program appears to support the legislative goal of improving child safety. With a longer cohort analysis, the actual impact of program completion can be more readily determined. However, in the interim, providers who can utilize brief intervention techniques at outreach and engagement may be providing a significant intervention to reduce child maltreatment re-allegation.

5.3 Parental Substance Abuse

At the time of AFF referral, 85.1% of parents were assessed for substance abuse in SFY 2015. Unfortunately, 14.9% of all referrals had no record of substance abuse assessment at the time of their referral. Nonetheless, among those parents who had a recorded substance abuse assessment, cannabis (52.7%), methamphetamine (47.9%), and alcohol (38%) were the more commonly reported substances of abuse. Consistent with national trends, AFF clients self-reported the use of heroin and other opiates at an alarming and increasing rate (22.2%).

Drug testing is an integral element in the AFF program model, and AFF providers are expected to refer individuals for drug testing and to report the results of these tests on a routine basis. In SFY 2015, AFF providers reported referring 51% of their clients for drug tests. Unfortunately, 49% of all new and continuing individuals served in SFY 2015 had no reported drug test referral. A total of 64,238 drug test referrals were reported in SFY 2015, representing 5,270 new and continuing AFF clients. Clients failed to appear for their drug tests in 20.1% of the situations, with 79.1% of all drug test referrals resulting in usable drug test results. The overwhelming majority of these tests (84.9%) failed to detect any drug use, suggesting abstinence. In just 14.1% of the drug tests was drug use detected; provider reporting specifications do not allow for an analysis of the detected drugs.

Assessment of parents' drug use at the time of their referral, along with the results of their drug tests conducted during their AFF program participation, provide strong evidence of the effectiveness of the AFF program in achieving the legislative goal of promoting recovery from alcohol and drug problems. Nearly all (99.1%) individuals who were assessed for substance abuse at the time of their AFF referral reported problems with alcohol or drugs. Eight-five

⁷ McCambridge, J., Witton, J., & Elbourne, D. R. (2014). Systematic review of the Hawthorne effect: new concepts are needed to study research participation effects. *Journal of clinical epidemiology*, 67(3), 267-277

percent (85%) of all drug tests conducted during an individual's participation in the AFF program indicated no drug use. These results provide strong and compelling evidence of the effectiveness of the AFF program in achieving the legislative goal of promoting recovery by reducing drug and alcohol use during AFF program participation. Unfortunately, the lack of any follow-up assessment of participants following AFF participation limited the ability to evaluate the impact of the AFF program in promoting long-term recovery in a manner comparable to that reported for permanency and child safety.

5.4 Parental Employment

At the time of referral to the AFF program, 31.6% of parents reported being employed, with 20.8% reporting full-time employment and 10.8% reporting part-time employment. An additional 39.6% reported being unemployed at the time of AFF referral. Unfortunately, unemployment status was not reported to ASU for 23.7% of the referrals. Individuals who completed AFF services were more likely to report employment at the time of their AFF closure than clients who discontinued AFF services (52.5% vs. 32.6%). Conversely, individuals who discontinued AFF services were more likely to report being unemployed at the time of their AFF closure than individuals who had completed the AFF program (52.4% vs. 25.4%).

Interestingly, individuals who completed the AFF program reported higher rates of employment at the time of their AFF referral when compared to those individuals who discontinued AFF services (40.2% vs. 28.6%). Nonetheless, the gains in employment status among those completing the AFF program were still significantly greater than the gains in employment among those discontinuing the AFF program, after controlling for the differential rates of employment at intake. These results provide strong and compelling evidence of the effectiveness of the AFF program in achieving the legislative goal of promoting self-sufficiency through employment. Unfortunately, limitations in the data from the TANF and Jobs programs do not allow for an adequate assessment of the effectiveness of the AFF program in providing services to persons receiving TANF.

5.5 Availability, Timeliness, and Accessibility of Substance Abuse Treatment Services

The number of referrals to the AFF program in SFY 2015 was 8,562 and represented a 34% increase over SFY 2014. This rise in rate of referrals parallels a number of other indicators in the DCS program, including the rate of out-of-home removals from 2009 – 2013 of 36%.⁸ AFF providers reported providing timely outreach to these referrals, with 92.4% of referrals reportedly receiving outreach within one day or less. However, just over one-half (50.9%) of all referrals resulted in the client providing a release of information, signifying their acceptance of AFF services. On average, this release of information wasn't obtained until 21 days after the referral had been received by the treatment provider. Among those individuals who did not provide a

⁸ Arizona Office of the Auditor General. (2015). Arizona Department of Child Safety Independent Review: Supplemental Report: Background Data.

release and information, and for whom the provider subsequently filed a closure report, the inability of the provider to locate the client for initial outreach (23%) or for intake (20%) were frequent occurrences. Client refusal to accept services was infrequently cited by the AFF provider as a reason for case closure (6.9%). AFF services were provided in SFY 2015 to 4,877 new individuals (out of 6706 new individuals who had been referred).

As such, these results provide promising evidence of the effectiveness of the AFF program in meeting the legislative goal of Increasing the availability, timeliness, and accessibility of substance abuse treatment. On the one hand, more individuals were referred to the AFF program than in previous years, and providers reported outreaching to these referrals quite rapidly. On the other hand, just over one-half of the referrals resulted in a client accepting AFF services and this acceptance did not occur until three weeks following referral. Among those referrals that did not result in a client accepting AFF services, the inability of the provider to locate the client was a predominant reason, suggesting problems in the referral information that is received by the AFF provider from DCS.

5.6 Conclusions, Implications, and Next Steps

Evidence contained within this report reflects positively upon AFF in achieving the legislatively mandated goals for the program. However, a number of trends underscore areas for continuing improvement in program services and program reporting. These are highlighted below.

Transforming Referrals to Clients: More than two-fifths (43%) of all case closures were attributed to the failure of the AFF provider to locate the client. Similarly, the rate of AFF referrals resulting in a client providing a release of information and formally accepting AFF services was just 50.9%. These two data trends suggest a certain degree of inefficiency in the referral processes from DCS to the AFF providers, and/or the providers' effectiveness in successfully engaging referred individuals into treatment. DCS may wish to consider implementing process improvement strategies to improve the referral information from DCS and/or AFF providers, to successfully engage these individuals, and secure client acceptance of services.

Improving Client Success: Just over 10% of all case closures reported in SFY 2015 were classified as "Completed," indicating that the client had successfully completed their AFF treatment program. In contrast, the rate of closures classified as "Discontinued," indicating that the client had either dropped out or had been terminated from services, was 21.7% of all case closures. This low rate of successful program completion limits the potential impact of the AFF program, particularly in light of the positive impact that AFF program completion has upon permanency and parental employment. DCS may wish to consider implementing process improvement strategies to improve the ability of AFF providers to retain clients and to ensure their successful completion of the AFF program.

Improving AFF Provider Documentation: During SFY 2015, ASU independently implemented a series of enhancements to the data collection processes in an effort to enhance the accuracy of the information submitted to ASU from the AFF providers. These enhancements, which were not part of ASU's contracted scope of work, made significant improvements in the quality of data that it received from the providers. Nonetheless, there remain significant areas for improvement in these processes, as evidenced by a number of suspicious patterns in the data provided to ASU. For example, it is not clear if 49.1% of all referrals did not accept services or if AFF providers simply failed to report these occurrence. While only 4,358 referrals were reported to have accepted services, 4,788 new individuals were reported to have received services, suggesting some inconsistency in provider reporting.

AFF providers are expected to report DCS-funded services in eight AFF service categories and six substance abuse treatment categories. In both instances however, the category "other" is used for nearly 100% of the clients (96.4% for AFF services and 98.9% for substance abuse services), more than three times the rates of any other category. Similarly, AFF providers are supposed to report clients' levels of care throughout their AFF program participation. However, more than one half of all clients that received AFF services in SFY 2015 had no reported level of care.

In the upcoming year, and in coordination with DCS, ASU will continue to enhance its data validation procedures and to implement specific process improvement measures to increase the quality and information submitted by the AFF providers, thereby enhancing DCS' ability to more accurately report on the key service delivery and service outcome indicators of this important and effective program.