

ARIZONA FAMILIES F.I.R.S.T. PROGRAM
Annual Evaluation Report
State Fiscal Year 2010

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Points of view represented in this report are those of the authors, and do not necessarily represent the official position or policies of either the ADES or the ADHS.

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Executive Summary

Now in its ninth year of operation, the Arizona Families F.I.R.S.T. program provides a statewide, locally coordinated, and efficacious effort to intervene at the intersection of child maltreatment and parent substance abuse. This year's annual evaluation report is restricted primarily to the first nine months of the state fiscal year, in order to provide more accurate and more detailed analysis. As a result of the AFF program, more than 2,500 families in SFY 2010 received substance abuse treatment and support services that are based on evidence-supported and best practices. As a result of the provision of these treatment and support services, participating parents who had drug tests were found to be drug free 92% of the time throughout their program participation. Further, for 85% of the child victims of maltreatment, no subsequent maltreatment was reported during the time period assessed by this report.

Increases in Timeliness, Availability, and Accessibility of Services. During SFY 2010, these families received outreach, assessment, engagement, and treatment services in a timely manner. On average, AFF providers made initial contact with families within 1.4 days upon receipt of a referral from CPS. These providers cut in half the average time it took for clients to accept AFF services, down to 5 days compared to last year's reported rate of 11 days. Consequently, a significant increase in the timeliness of services was observed this year. During SFY 2010, clients receiving services did so with funding provided exclusively by DES or in concert with services funded by the RBHAs. As such, the AFF program continues in its tradition of facilitating access to, and availability of, a full range of complimentary treatment and support services designed to reduce parental abuse of alcohol and drugs.

Recovery from Alcohol and Drug Problems. The results of drug tests conducted with AFF clients indicate that 92% of these tests were drug free, indicating no drug use. Therefore, the AFF program continues to result in the reduction and abstinence of parental alcohol and drug use.

Child Safety and Reduction of Child Abuse and Neglect. Nearly all families served by the AFF program had a substantiated or unsubstantiated report of child maltreatment before enrolling in the program. Most AFF clients (85%) had no subsequent report filed during this reporting period. As such, the AFF program continues to provide services that have a documented impact in reducing the exposure to neglect and abuse of children and reducing the risk of these events re-occurring in the future.

Permanency and Reunification. Nearly 900 children who had been placed in out of home care achieved permanency this year. The overwhelming majority of these children (n=811) were reunified with their parents due in part to parental receipt of AFF treatment and support services. The AFF program continues to promote safe and healthy families, particularly for those families impacted by parental substance abuse.

Achievement of Self-Sufficiency through Employment. Employment activity is reported only for those clients referred to the AFF program who were already enrolled in the Jobs program. During SFY 2010, only one individual was referred to an AFF provider from the Jobs program.

SECTION 1 INTRODUCTION

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together) was established as a community substance use disorder prevention and treatment program by Senate Bill 1280, which passed in the 2000 legislative session. Under the requirements of the Joint Substance Abuse Treatment fund that was established under the legislation, an annual evaluation of the Arizona Families F.I.R.S.T. (AFF) program is required. This evaluation of AFF examines the implementation and outcomes of community substance use disorder treatment services delivered by DES contracted providers and the Regional Behavioral Health Authorities (RBHA) network.

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

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

Exhibit 1
 Overview of the AFF Program Model

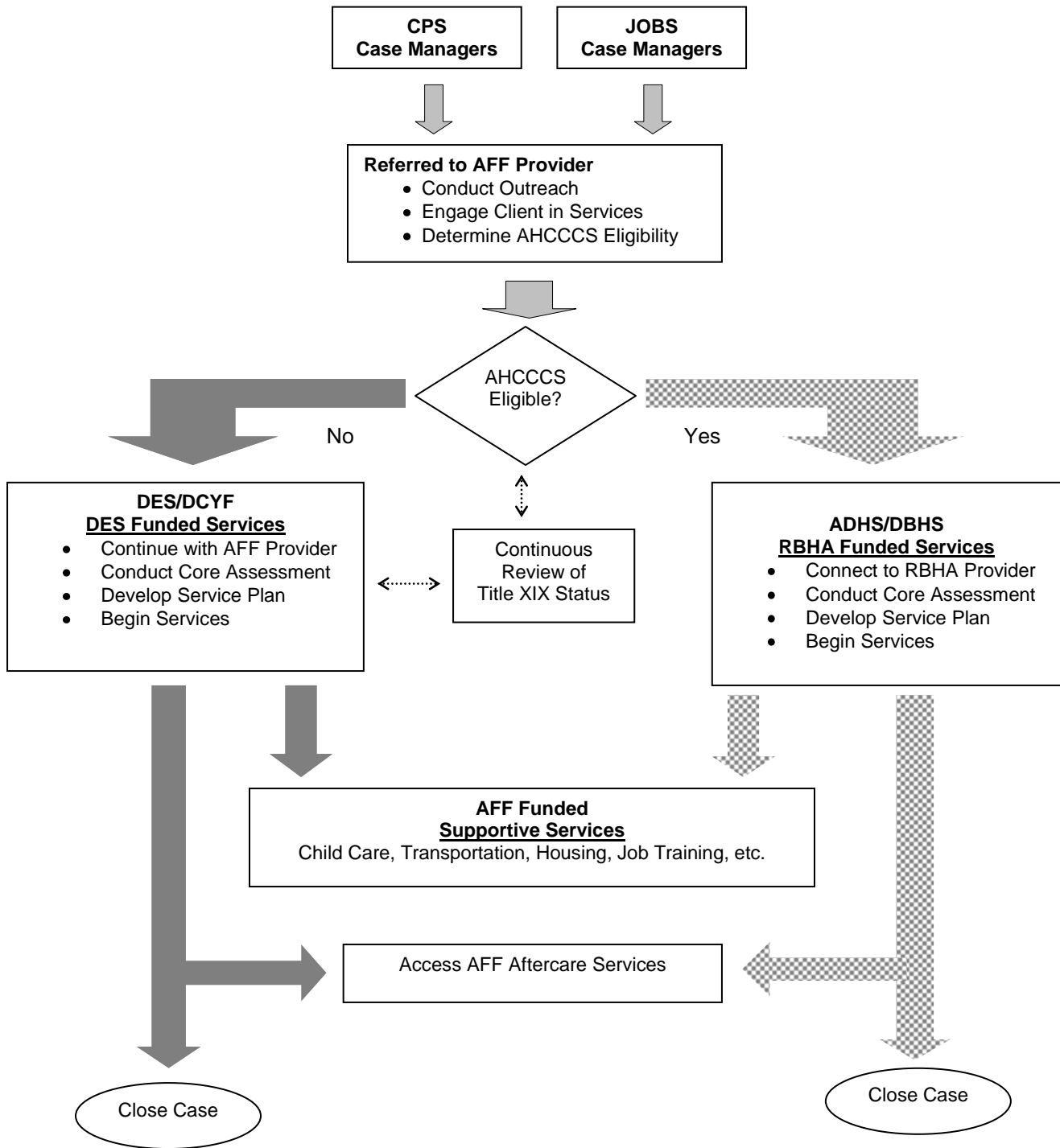


Exhibit 2 summarizes the county, DES provider agency, and associated RBHA within each of the six regional DES districts. DES-contracted agencies in *bold italics* also participate in the RBHA network as either a RBHA or a RBHA network provider.

Exhibit 2
List of DES Districts, Counties, DES Providers, and RBHAs

DES District	County	DES Provider Agency	Regional Behavioral Health Authority
I	Maricopa	<i>TERROS</i>	Magellan
II	Pima	<i>Community Partnership of Southern Arizona (CPSA)</i>	Community Partnership of Southern Arizona (CPSA)
III	Coconino	Arizona Partnership for Children (AzPaC-Coconino)	Northern Arizona Regional Behavioral Health Authority (NARBHA)
	Yavapai	Arizona Partnership for Children (AzPaC-Yavapai)	
	Apache and Navajo	Old Concho Community Assistance Center	
IV	Yuma	<i>Arizona Partnership for Children (AzPaC-Yuma)</i>	Cenpatico Behavioral Health of Arizona, Inc.
	La Paz	WestCare Arizona	Northern Arizona Regional Behavioral Health Authority (NARBHA)
	Mohave	WestCare Arizona	
V	Gila and Pinal	<i>Horizon Human Services</i>	Cenpatico Behavioral Health of Arizona, Inc.
VI	Cochise, Graham, Greenlee, and Santa Cruz	<i>Southern Arizona Behavioral Health Services (SEABHS)</i>	Community Partnership of Southern Arizona (CPSA)

SECTION 2

EVALUATION FRAMEWORK AND DATA SOURCES

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

- Service utilization data obtained directly from the nine DES providers;
- Enrollment and encounter data provided by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) for services provided through the local RBHA network;
- DES CHILDS data, which provides child welfare information including information of allegations of child maltreatment, child foster care placement, and reunification; and
- DES JAS/AZTEC data, which provides employment services information.

DES providers use a common data reporting format, revised by CABHP in November 2008. These data are either entered directly into the AFF web-based data entry portal or uploaded by the provider to the portal. The data entered through the AFF web-portal include information regarding outreach efforts, assessment information, drug testing results, and service provision, using a service matrix that emulates the categories of service utilized by DES for payment to their providers. Providers are required to submit service data through the AFF web-portal only for client services that are funded by DES.

For those client services that are funded through DBHS/RBHA, enrollment and service encounter data are provided by DBHS. These data are derived from the DBHS Client Information System (CIS). Using the service domain and levels structure and service definitions, as specified in the Arizona Department of Health Services' *Covered Behavioral Health Services Guide and Client Information System File Layouts and Specifications Manual*, a common services taxonomy is used to organize the services funded both by DBHS and DES.

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

This year, the Annual Report has been restricted primarily to the indicators of service performance that were reported for the period of July 1, 2009 – March 31, 2010. Restricting these analyses to 9 months, rather than 12, was a mutual agreement by DES and CABHP in recognition of the short time frame, during which the data are available for receipt and analysis by the evaluation team, and the deadline for submission of the report. The next two sections present data for all 12 months of SFY 2010; all subsequent sections will be restricted to data for the first 9 months of SFY 2010.

3.1 AFF Program Referrals

A total of 4,308 unique individuals were referred to AFF during *all four quarters* of SFY 2010, averaging 1,077 referrals per quarter. The total number of unduplicated individuals referred to the AFF program for SFY 2010 increased by 9.2% as compared to SFY 2009; reversing the sharp declines in referrals observed during the last two quarters of SFY 2009.

Exhibit 3			
Statewide AFF Referrals			
	SFY 2009	SFY 2010	% change
Jul-Sep	1256	878	-30.1%
Oct-Dec	1208	957	-20.8%
Jan-Mar	863	1238	43.5%
Apr-Jun	627	1308	108.6%
Total Referrals	3954	4381	10.8%
Unique Referrals	3944	4308	9.2%

3.2 Client Outreach and Engagement

Exhibit 4				
Disposition of Cases Referred to the AFF Program				
	SFY 2009		SFY 2010	
	n	%	n	%
# unique referrals	3944	99.7	4308	98.3
# individuals with record of outreach attempt	3616	91.5	3645	83.2
# of referred individuals accepting services ¹	2473	62.5	2373	54.2
# of referred individuals refusing services	30	0.8	36	0.8

Exhibit 4 provides a comparison of client outreach and referral patterns for *all four quarters* of SFY 2010 and all four quarters of SFY 2009. Approximately 83% of all individuals referred to the AFF program this year received outreach services, and slightly more than one half (54%) of all clients referred to AFF this year accepted services and became clients (i.e. they received treatment services).

All further analyses to be reported are in reference to the first 3 quarters of SFY 2010.

¹ Not all clients had a record of accepting or refusing services; therefore, these data do not sum to 100 percent.

3.3 Annual Case Processing

The average duration from referral to first contact during the *first three quarters* of SFY 2010² was 1.4 days, which is shorter than last year (mean=2 days). Slightly more than three quarters (76.4%) of all referred individuals received an outreach contact from their AFF provider within one day of their referral. The average number of days from referral to client acceptance of AFF services was 5 days, which has improved significantly from SFY 2009 (mean=10.7 days). On average, clients were referred to the RBHAs within 15.4 days, slightly quicker than last year (mean=17 days).

Exhibit 5 Duration from AFF Referral to Selected Events (Number of Unique Client Referrals; N = 3,035)				
	First Outreach Contact	Individual Accepting AFF Services	Referral Sent to RBHA	Individual Refusing AFF Services
<i>n</i>	2731 (90%)	1833(60.4%)	1061 (35%)	28 (0.9%)
Median # Days	1	2	13	6
Mean # Days	1.4	5.0	15.4	6.6
SD	2.4	8.6	15.2	6.0
Minimum # Days	0	0	0	0
Maximum # Days	25	57	58	19

3.4 DES Provider Assessments and DBHS Enrollments

A total of 2,032³ individuals (67% of all individuals referred to AFF) were assessed during the first three quarters of SFY 2010. Assessments were conducted by a contracted DES provider and/or a RBHA contracted provider, depending on the referred individual's eligibility status for RBHA services. Assessment data were compiled from two sources: DES provider data and RBHA enrollment data. As depicted in Exhibit 6, a significant proportion of individuals were assessed by DES providers and less commonly by a RBHA provider.

Exhibit 6 Assessments Statewide			
SFY 2010			
	<i>n</i>	<i>%</i>	
Total Assessments	2032	100.0	
DES only	880	43.3	
DES & RBHA ⁴	569	28.0	
RBHA only	583	28.7	

² Throughout this report, reference will be made to SFY2010. These references will be to the first three quarters of the SFY, unless noted otherwise.

³ This figure includes individuals who had been referred to the AFF program in SFY 2009, but not assessed until SFY 2010 (n=368), along with clients who were referred and assessed during SFY 2010 (n=1,664).

⁴ This figure may not accurately represent two separate assessments; there are many different reasons for duplicate assessments, including the same assessment being erroneously entered twice.

3.5 Substance Use Among Individuals at Time of AFF Assessment

Individuals who are assessed complete a self-report of their substance use patterns during the immediately preceding 30-day period. As part of the assessment, clients are asked to report all substances used, and to identify substances that are used most frequently. Exhibit 7 provides a summary of primary substance use and all substance use reported by these clients at the time of their initial assessment. The majority of individuals reported alcohol (33.9%) and methamphetamine (33.1%) as the primary substance used. Of the individuals reporting any substance use (and not just primary), alcohol (47.7%), marijuana (41.4%) and methamphetamine (38.8%) were the more frequently reported substances used.

Exhibit 7					
Substances Used by AFF Clients					
30 Days Prior to Enrollment					
Total Assessed Clients: 2,032					
	Primary Substance Use Reports		All Substance Use Reports		
	n	%	n	%	
Clients Reporting Use	1807	88.9	1888	92.9	
Alcohol	689	33.9	970	47.7	
Methamphetamine	673	33.1	788	38.8	
Marijuana	459	22.6	841	41.4	
Cocaine/Crack	131	6.4	217	10.7	
Other Narcotics	89	4.4	123	6.1	
Heroin/Opioids	48	2.4	60	3.0	
Other Drugs	19	0.9	29	1.4	
Hallucinogens	27	1.3	40	2.0	
Benzodiazepines	31	1.5	43	2.1	
Other Sedatives	28	1.4	42	2.1	
Other Stimulants	15	0.7	20	1.0	
Inhalants	3	0.1	5	0.2	

3.6 Clients Treated by Funding Source

During the first three quarters of the SFY 2010 reporting period, a total of 2,760 individuals received AFF services in SFY 2010. Approximately 30% (n=781) of the clients had been served in SFY 2009 and continued to receive services during the current reporting period. As evidenced in Exhibit 8, nearly equitable proportions of clients received AFF treatment services funded exclusively by DES or by a RBHA, or with a combination of DES and RBHA funding.

Exhibit 8			
SFY 2010 Clients Served and Funding Source			
Total Clients Served in SFY 2010: 2,760			
	SFY 2010		
	n	%	
New and Continuing Clients			
SFY 2010 New AFF Clients	1979	71.7	
SFY 2009 Continuing AFF Clients	781	28.3	
Service Funding Source			
DES only Funded Clients	1067	38.6	
Shared Funding Clients	750	27.2	
RBHA only Funded Clients	943	34.2	

3.7 Service Access by Service Domain

Exhibit 9 provides a summary of the number of clients who were provided at least one unit of service in one or more service domains during the first three quarters of SFY 2010. Support services and treatment services were the more commonly provided services, regardless of the source of funding for these services.

Exhibit 9
Statewide Patterns of Service Access

Service Domain	DES only funded services n = 1,067		DES & RBHA funded services n = 750		RBHA only funded services n = 943	
	#	%	#	%	#	%
Treatment Services	937	87.8	706	94.1	827	87.7
Rehabilitation Services	114	10.7	132	17.6	231	24.5
Medical Services	241	22.6	232	30.9	274	29.1
Support Services	970	90.9	745	99.3	867	91.9
Crisis Intervention	0	0	50	6.7	128	13.6
Inpatient Services	0	0	3	0.4	14	1.5
Residential Services	12	1.1	32	4.3	71	7.5
Behavioral Health Day Programs	0	0	27	3.6	34	3.6

3.8 Service Closure and Treatment Duration

During the first three quarters of SFY 2010, 1,847 client cases (representing 67% of all clients served) were closed by the DES provider, the RBHA provider, or both (for those clients accessing services from both systems simultaneously). Of these, 1,259 client cases were closed by a DES/AFF provider.

As reflected in Exhibit 10, clients who completed their treatment program represented the majority (48%) of the AFF clients who were closed by their DES/AFF provider. Among those clients closed by their AFF provider and identified as completing their service plan, the average length of treatment (LOT) was 127 days, with a median LOT of 90 days.

Exhibit 10		
Statewide Patterns of DES/AFF Closure and Length of Treatment		
Clients who received services and were subsequently closed		
n = 1,259		
Closure Reason	#	%
Clients Completing Service Plan	609	48.37
Client Discontinued Participation	182	14.46
Client Refused Services	4	0.32
Provider Terminated Services	1	0.07
All Other Reasons for Closure ⁵	463	36.78
Length of Treatment ⁶	Mean (SD)	Median
Clients Completing Service Plan	127 (119)	90
Clients Discontinuing Participation	123 (104)	98
Client Refused Services	31 (40)	21
Provider Terminated Services	30	30
All Other Reasons for Closure	127 (85)	104

⁵ Other reasons for closure are unclear at this time; they are currently under investigation.

⁶ Length of treatment (LOT) is defined as the number of days between the first treatment service date following assessment and the last treatment service date prior to closure by the DES/AFF Provider. LOT is not calculated when the first and last service dates are the same.

SECTION 4

AFF PROGRAM OUTCOMES

This section highlights the outcomes achieved by families who have participated in the AFF program in the following key dimensions that were articulated in the enabling legislation of the AFF program: child safety, family stability and permanency, recovery from alcohol and drug abuse, and self-sufficiency as reflected in employment.

4.1 Child Safety: Recurrence of Child Maltreatment

Of the 2,760 clients in the AFF program, 2,532 (92%) had at least one allegation of child maltreatment immediately prior to their referral to the AFF program. Among those clients with a maltreatment allegation at intake, the majority of the allegations were for neglect (64%), with physical (29%) and sexual abuse (7%) less frequently identified. These findings are consistent with other studies that have reported that substance abusing caregivers tend to be linked with neglect referrals rather than with sexual or physical abuse referrals.

Exhibit 11

Summary of Pre- and Post-Referral Report Findings⁷

Pre-Referral Finding	Totals		Post-Referral Finding							
	#	%	Substantiated		Unsubstantiated		Pending/Other		No Report	
	#	%	#	%	#	%	#	%	#	%
Substantiated	612	22.2	7	1.1	62	10.1	21	3.4	522	85.3
Unsubstantiated	1596	57.8	20	1.3	227	14.2	59	3.7	1290	80.8
Pending/Other	324	11.7	0	0.0	6	1.9	9	2.9	309	95.4
No Report	228	8.3	1	0.4	11	4.8	3	1.3	213	93.4
Total	2760	100	28	1.0	306	11.1	92	3.3	2334	84.6

Of the families with a maltreatment report (substantiated or unsubstantiated) at the time of their referral to the AFF program, 14% had a recurrence⁸ (as indicated by a substantiated or unsubstantiated report at post-referral). Using a conservative definition of recurrence, subsequent substantiated report following an initial substantiated report, a rate of 1% was observed, compared to last year's 0.5%. Caution should be taken when reviewing these findings, since the short duration between pre- and post-referral only allows for a minimally adequate follow up window in which to monitor recurrence (e.g. 6 months).

⁷ Pre-referral findings were extracted from the last CPS report initiated prior to the client's referral to the AFF program. Post-referral findings were extracted from the first CPS report following the client's referral to the AFF program.

⁸ This figure was calculated by summing all substantiated and unsubstantiated post-referral findings that had an initial substantiated or unsubstantiated pre-referral finding (n=316) and dividing this by the sum of the total substantiated and unsubstantiated pre-referral findings (n=2208).

4.2 Permanency Achieved by Children of Parents in AFF

A total of 3,303 children, whose parents (1,585) were AFF clients in the *first three quarters* of SFY 2010, were in CPS out of home placement at some point during the reporting period. As depicted in Exhibit 12, 72% (2,371) of these children were still in out of home placements at the end of the reporting period. By comparison, in SFY 2009, 60% of children of parents in AFF were still in care at year's end. More than one quarter of the total number of children in care at any point during the year (27%) achieved permanency during the first three quarters of SFY 2010. As documented in Exhibit 12, reunification occurred, on average, within 210 days.

Exhibit 12 Permanency Achieved by Children of Parents in AFF				
	n	%		
Total Children	3,303	100.0		
Still in Care	2,371	71.8	Days in Out of Home Care Among Children Achieving Permanency	
Other	37	1.1		
Achieved Permanency	895	27.1	Median Days	Average Days
Reunification	811	90.6	187	210
Guardianship	58	6.5	404	425
Adoption	10	1.1	791	811
Relatives	8	0.9	14	37
Aged Out	8	0.9	313	343

4.3 Recovery from Substance Abuse

Drug tests are conducted on AFF clients throughout their participation in the AFF program. These tests provide a good means for monitoring parental abstinence from substance use and can be used

Exhibit 13 Statewide Summary of AFF Client Drug Test Data Reported by DES/AFF Providers			
	n	%	Average # of tests per month (SD)
Total Clients	2760	100	
Clients with a record of at least one drug test in SFY 2010	1791	64.9	1.5 (2.2)
Drug Free Ratio	N/A ⁹	91.6	

therapeutically to celebrate parental sobriety, as well as to detect and provide an opportunity for intervention when parental relapse occurs. According to AFF guidelines, all AFF clients are supposed to be tested for drug use at least twice per month for each month of AFF program participation. Beginning in November 2009, AFF providers were required to report drug test results regardless of whether these tests were conducted by the AFF provider directly, or conducted by a collateral agency or system providing treatment or supervision to the AFF client.

⁹ Since the drug free ratio represents the number of negative drug tests divided by the number of all drug tests, it is only applicable to present information as a percent, and not as a number.

Drug test results were reported for 1,791 clients (65%), representing a significant improvement from the 51.4% of clients reported in last year's report.¹⁰ AFF clients with reported drug tests were tested, on average, 1.5 times per month. This performance level is higher than in SFY 2009, when 1.24 drug tests per month were observed among those AFF clients with reported drug tests. Nearly all (91.6%) reported drug tests were negative, reflecting no drug use.

4.4 Employment Outcomes For Jobs-Referred AFF Clients

During the first three quarters of SFY 2010, only one individual was referred to an AFF provider from the Jobs program. This client's case was closed by their provider 70 days later; employment status for this individual is unknown. Five additional individuals, who were referred to AFF providers in SFY 2009, continued to receive AFF services during SFY 2010. Two of these individuals were subsequently closed with their employment status listed as employed. Three additional clients referred in SFY 2009 remained open in SFY 2010.

¹⁰ Drug test data for 347 clients (12.6%) were excluded from this year's analyses, since they occurred outside the specified SFY 2010 timeframe.

SECTION 5 SUMMARY

This report summarizes the key processes and outcomes of the Arizona Families F.I.R.S.T. program, now in its ninth year of operation. The continued commitment of the legislature to critically examine the processes and outcomes of this innovative program has afforded the opportunity to study the development and operations of a program unique in its scope and focus. The performance of the AFF program, in relation to each of the five goals articulated by the legislature, was addressed by utilizing information from a variety of sources, including administrative data and service utilization records.

A constant focus of attention for this evaluation is the relative integrity and accuracy of the information utilized in this report. Due to the short time frame from the evaluation team's receipt of these data and the deadline for report transmittal, validation of data remains an area of continuing concern. The performance indicators analyzed in this report are as accurate as the information provided to the evaluation team, largely absent of any independent verification. Limitations associated with this information include missing data (most notably for referrals, assessments, and drug testing), unreliable data (e.g. information that has been entered incorrectly), and unmatchable data (e.g. to DES or DBHS records). To complicate issues, some providers use varying data and service definitions. Strong efforts were made this year to improve data integrity and validation procedures in future reports. To improve processes in the upcoming years, emphasis will be placed on complete and accurate data entry and data matching; this will be accomplished, in part, by using automated web-based reports to improve quality control, and by using automated data validation checks. In spite of these limitations, this evaluation provides a consistent analysis of the performance and outcomes of this highly innovative program.

Increases in Timeliness, Availability, and Accessibility of Services

In the first three quarters of SFY 2010, 2,760 individuals were served by the AFF program statewide. These individuals and their families continue to be characterized by mothers, slightly more than half of whom reported they were single and had never been married. Slightly more than one fourth of these clients identify themselves to be Latina(o). Nearly three quarters of the clients were unemployed and slightly less than half reported their highest educational level to be a high school diploma or equivalent. Nearly all of these individuals were under investigation for child maltreatment. Most individuals self-reported at the time of their assessment that they abused alcohol or other illicit substances, with alcohol, marijuana, and methamphetamine continuing to be the more commonly reported substances.

For these families, the AFF program continues to provide services in a manner consistent with which the program was designed. During SFY 2010, these families received outreach, assessment, engagement, and treatment services in a timely manner. On average, AFF providers made initial contact with families within 1.4 days upon receipt of a referral from CPS. These providers also cut in half the average time it took for clients to accept AFF services, down to 5 days compared to last year's reported rate of 11 days.

Those families who are engaged in treatment services typically find themselves receiving services from their local DES provider and/or a RBHA contracted treatment provider in their community, depending upon their program eligibility. The proportion of individuals referred to AFF providers in SFY 2010 that were subsequently referred to the local RBHA (35%) remained constant with last year's (SFY 2009) observed rate of 37% of all referrals. During the first three quarters of SFY 2010, 61% of those AFF clients that received AFF services did so with funding provided in part, or in whole, from a RBHA.

Recovery from Alcohol and Drug Problems

The results of reported drug tests conducted with AFF clients to detect continued substance use indicate that 92% of these tests were drug free, indicating no drug use. AFF clients with reported drug tests were tested on average 1.5 times per month, which is slightly below the DES specified policy that requires clients to be tested at least twice per service month. However, this performance level has improved from last year, when 1.24 drug tests per month were observed.

Child Safety and Reduction of Child Abuse and Neglect

Among those families served in the AFF program, the rates of recurrence of child maltreatment following AFF program enrollment continues, as in past years, to be exceedingly low. Most families served by the AFF program had a substantiated or unsubstantiated report of child maltreatment before enrolling in the program. A majority of the reported maltreatment investigations were for charges of neglect, with physical or sexual abuse accounting for 36% of all maltreatment allegations at the time clients were referred to the AFF program. Most AFF clients (85%) had no subsequent report filed during this reporting period. Among those families with a substantiated report at the time of their referral to the AFF program, only 1% had a subsequent filing of a substantiated report during the first three quarters of the state fiscal year.

Permanency for Children through Reunification

At the end of this year's reporting period, 72% of children whose parents were AFF clients remained in CPS out of home placements. More than one quarter of the total number of children in care (27%) achieved permanency during the first three quarters of SFY 2010. The majority of these children (91%) were reunified with their parents; reunification occurred, on average, within 210 days.

Achievement of Self-Sufficiency through Employment

Employment activity is reported only for those clients referred to the AFF program who were already enrolled in the Jobs program. During the first three quarters of SFY 2010, only one individual was referred to an AFF provider from the Jobs program. This client's case was closed by their provider 70 days later; employment status for this individual is unknown. Due to the low number of AFF clients referred by the Jobs program, no determination can be made regarding the AFF program's performance on this goal.