



ARIZONA FAMILIES F.I.R.S.T. PROGRAM
Annual Evaluation Report
State Fiscal Year 2012

Prepared for
Arizona Department of Economic Security
Division of Children, Youth and Families
Phoenix, Arizona

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Acknowledgements

This report was prepared by the Center for Applied Behavioral Health Policy (CABHP), College of Public Programs, Arizona State University, under contract number DES060718-001 with the Arizona Department of Economic Security, Division of Children, Youth and Families (ADES/DCYF), in partnership with the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) through the Joint Substance Abuse Treatment Fund.

Kavitha Elamparithi, Chris Fike, Pradeep Jayapal, Eshwari Mente, and Anuj Vatsa all contributed to this year's report.

The authors wish to thank the following staff of the ADES/DCYF and the ADHS/DBHS for their ongoing cooperation and assistance: Cathy Hasenberg, Tamara Boling, Mark Klym, Janice Mickens, and Jeanine Diaz of ADES; and Kelly Charboneau and Steve Lazere of ADHS.

Finally, the authors wish to express appreciation to the staff and directors of the contracted AFF provider agencies throughout the state. Their insights and recommendations of strategies for improving the utility and quality of the information contained in this report are appreciated. Most notably, their dedication to the families and children served through the AFF program is recognized and honored.

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.

Suggested citation:

Shafer, M.S., Fike, C., Elias, G., Rivera, R., & Ashley, A. (2012). Arizona Families F.I.R.S.T. Program: Annual Evaluation Report for the Period July 1, 2011 – March 31, 2012. Tempe, AZ. Arizona State University.

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Executive Summary

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together; AFF) was established in 2000 to address adverse conditions related to substance abuse among child welfare-involved families in which allegations of child maltreatment were determined to be associated with parental substance abuse. The AFF program provides to these families a variety of treatment and supportive services, which are designed to reduce or eliminate abuse of and dependence on alcohol and other substances. Interventions are provided through the Department of Economic Security, Division of Children, Youth and Families (DES/DCYF) contracted community providers in outpatient and residential settings, and/or through the Regional Behavioral Health Authority (RBHA) provider network under the supervision of the Department of Health Services, Division of Behavioral Health Services (DBHS).

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 that include transportation and housing, counseling, and aftercare 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 and movement forward. Similar to last year, 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; key findings for SFY 2012¹ are as follows:

Increases in Timeliness, Availability, and Accessibility of Services

- Overall, unique individuals referred to the AFF program for all four quarters of SFY 2012 increased by 22% compared to SFY 2011. During all four quarters of SFY 2012, 6,154 unique individuals were referred to the AFF program, constituting 6,868 total referrals, averaging 1,717 total referrals per quarter.
- Nearly all referrals to the AFF program (97%) received at least one recorded outreach attempt, and approximately two-thirds (66%) accepted services, representing a slight decrease from last year.
- During the *first three quarters* of SFY 2012, outreach occurred in a timely manner, averaging .66 business days, and AFF services were initiated, on average, within 11 days of referral.
- A total of 2,377 individuals were assessed during the *first three quarters* of SFY 2012, representing 75% of the 3,179 new individuals served by the AFF program during the *first three quarters*. Assessments were completed nearly equally by DES providers and RBHA providers, representing a shift from last year, when the majority of individuals (56%) were assessed by DES providers only.

¹ Throughout this report, reference will be made to SFY 2012; these references will be to the *first three quarters* of the SFY (i.e. for the period of July 1, 2011 – March 31, 2012), unless noted otherwise.

- The total individuals served increased by 52% during *first three quarters* of SFY 2012 (5,011) compared to the *first three quarters* of SFY 2011 (3,298).

Recovery from Alcohol and Drug Problems

- 92% of AFF individuals reported use of some substance in the 30 days immediately prior to their assessment, with marijuana (67%), alcohol (65%), and methamphetamine (51%) continuing to be the more commonly reported substances of use.
- Nearly 65% of all AFF individuals were referred for drug testing.
- On average, AFF individuals were tested 1.99 times per month during the reporting period of AFF program participation.
- Among known drug test results (18,517), 86% of tests were negative, indicating no drug use.

Child Safety and Reduction of Child Abuse and Neglect

- 83% of individuals referred to AFF services had at least one allegation of child maltreatment prior to enrolling in the program.
- Almost 90% of all AFF individuals had no subsequent maltreatment report filed during this report period.

Permanency for Children through Reunification

- Children in out of home placement were up by 48% compared to SFY 2011.
- Children in out of home placement at year's end were up 65% over SFY 2011.
- Utilization of adoption and guardianship was up modestly from SFY 2011, but remain infrequently applied as permanency options.

Achievement of Self-Sufficiency through Employment

- Thirteen individuals were referred to AFF from the JOBS program during the *first three quarters* of SFY 2012.
- 23% of individuals referred to the AFF program from were employed at the time of their AFF program closure.

SECTION 1 INTRODUCTION

Arizona Families F.I.R.S.T. 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 or is a barrier to maintaining employment. Individuals 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 with services provided in outpatient and residential settings and/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 services; concrete supportive services, such as transportation and housing; and an aftercare phase to support ongoing sobriety and recovery. 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, are incorporated into service delivery.

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

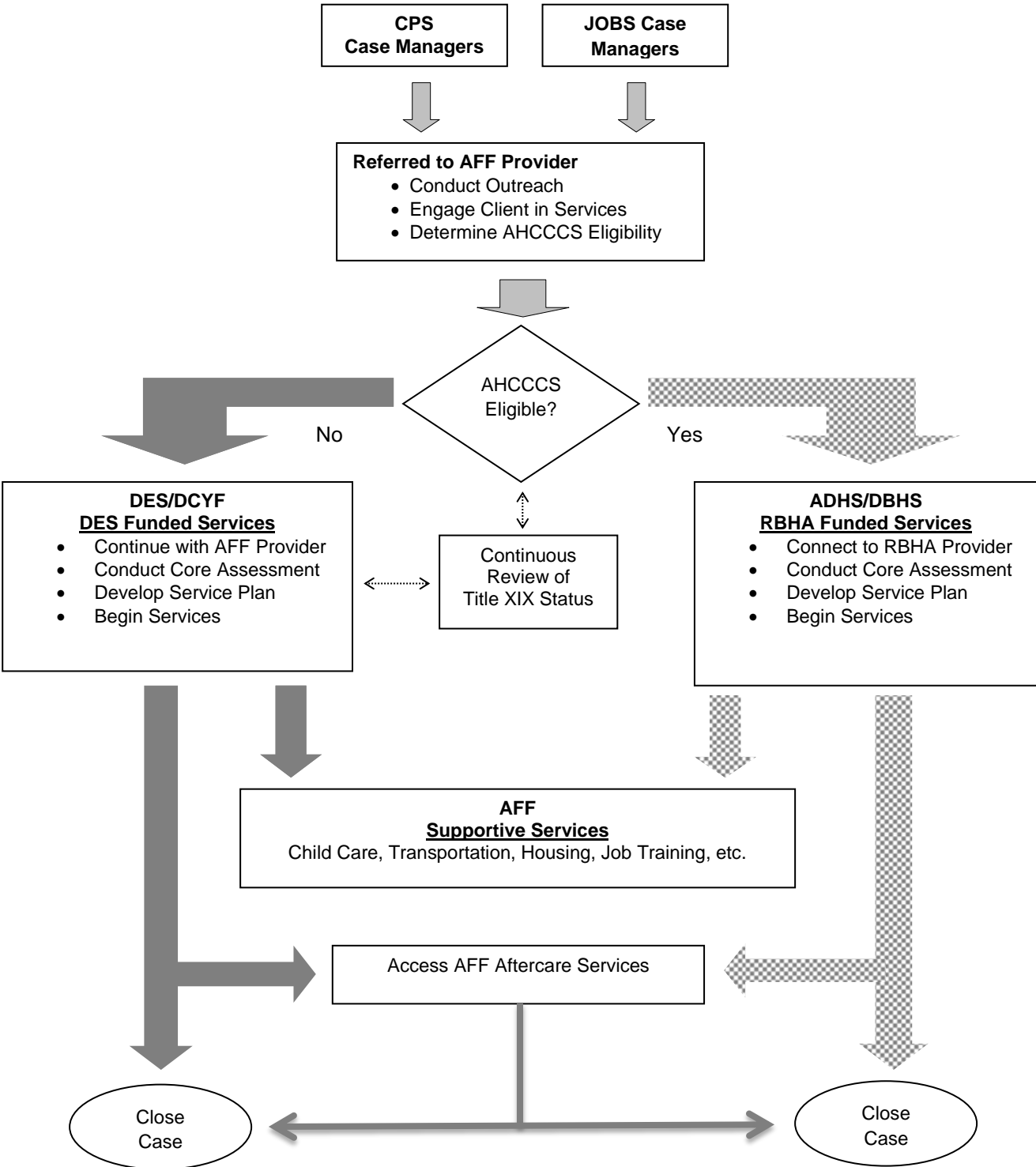


Figure 1
Overview of the AFF Program Model

Exhibit 1 summarizes the county, DES provider agency, and associated RBHA within each of the five DES regions. DES-contracted agencies in *bold italics* also participate in the RBHA network as either a RBHA or a RBHA network provider.

Exhibit 1
List of DES Regions, Counties, DES Providers, and RBHAs
SFY 2012

DES Regions	County	DES Provider Agency	Regional Behavioral Health Authority
Central & Southwest	Maricopa	<i>TERROS</i>	Magellan
Pima	Pima	<i>Community Partnership of Southern Arizona (CPSA)</i>	Community Partnership of Southern Arizona (CPSA)
Northern	Coconino	Arizona Partnership for Children (AzPaC-Coconino)	Northern Arizona Regional Behavioral Health Authority (NARBHA)
	Yavapai	Arizona Partnership for Children (AzPaC-Yavapai)	
	Mohave	WestCare Arizona	
	Apache and Navajo	Old Concho Community Assistance Center	
Southwest	Yuma	<i>Arizona Partnership for Children (AzPaC-Yuma)</i>	Cenpatico Behavioral Health of Arizona, Inc.
	La Paz	WestCare Arizona	
Southeast & Central	Gila and Pinal	<i>Horizon Human Services²</i>	Cenpatico Behavioral Health of Arizona, Inc.
Southeast	Cochise, Graham, Greenlee, and Santa Cruz	<i>Southern Arizona Behavioral Health Services (SEABHS)</i>	Cenpatico Behavioral Health of Arizona, Inc.

² Horizon Human Services terminated their contract with DES and ceased serving AFF clients on February 29, 2012. DES reports that CPS clients with substance abuse issues were referred to the local RBHA and other unspecified community based services.

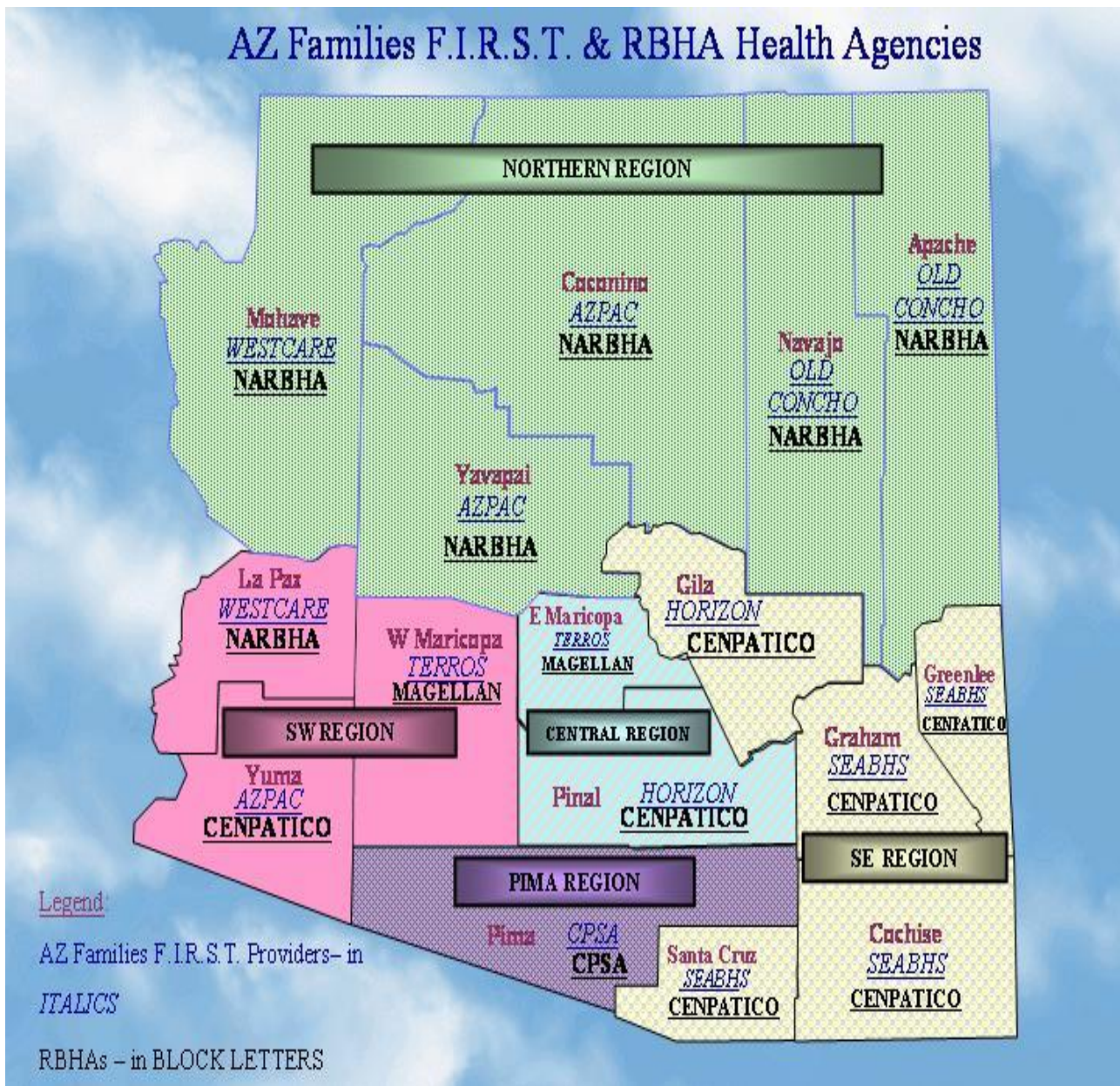


Figure 2
AFF Providers and RBHA Agencies by County

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 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 DES-contracted 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; and
- DES JAS/AZTEC data, which provides employment services information.

DES providers use a common data reporting format, deployed by the Arizona State University, Center for Applied Behavioral Health Policy (CABHP) in November 2008. These data are either entered directly into the AFF data entry web-portal or uploaded by the provider to the web-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 as required by contract. 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)³.

Two additional data sets used for this evaluation include: the DES CHILDS (Children's Information Library and Data Source) information system, which provides child welfare data on allegations of child maltreatment, and the DES JAS/AZTEC (JOBS Automated System/Arizona Technical Eligibility Computer System) information system, which provides employment services data.

³ DBHS encounters data are entered into the CIS within 210 days of service provision. Consequently, DBHS data shown may not fully contain all services provided in these time frames.

2.1 Changes in Analytic Approach

In consultation with DES representatives, a number of changes and enhancements have been made to the analytic approaches employed in this report. SFY 2011 data have been updated since the issuance of the SFY 2011 annual report as provider reporting and data reconciliation occurs for a number of months following initial data submission. For this reason, comparisons to SFY 2011 Annual report may not correspond.

2.1.1 Referrals Used for Analysis. Previous annual reports counted only the first valid referral (received within the fiscal year) and excluded subsequent referrals (i.e. re-referrals) that occurred within six months of the original referral (182 days). In this year's report, total referrals (including re-referrals) are being counted for analyses, regardless of their proximity to one another. This change impacts referral counts and the items in Exhibit 2. This change will also affect other counts throughout the report, including outreach attempts, assessments, services, and closures.

2.1.2 Calendar Days vs. Business Days. In the SFY 2011 report, Exhibit 5 used business days for First Outreach Contact data. All other data in this exhibit were reported in calendar days. This year, all cycle time measures reported in Exhibit 4 (formerly Exhibit 5) are calculated using business days.

2.1.3 Assessments. DBHS encounters data are entered into the CIS within 210 days of service provision. Consequently, DBHS data shown may not fully contain all services provided in these time frames. In previous annual reports, an assessment had to be reported before any reported corresponding services would be counted. In this year's report, all reported services were counted, regardless whether an assessment was also reported. This change will impact (increase) the number of individuals served and the count of services received. This change will not impact Exhibit 5 (assessments), where actual assessments are reported.

2.1.4 Services for Continuing Individuals. In previous annual reports, only those services provided to individuals referred during the report year were counted. In this year's report, services for continuing individuals (those individuals who began services in SFY 2011 and have continued AFF services in SFY 2012) are counted, in addition to those services for individuals referred in SFY 2012. This change will impact (increase) the number of individuals served and the count of services received.

2.1.5 Level of Care Determination. Previously, Level of Care (LOC) was reported for individuals receiving AFF services funded by DES only. In this year's report, LOC determinations are reported for all individuals, regardless of service funding source (DES v. ADHS).

2.1.6 Drug Testing Information. Drug testing information has been enhanced to identify all testing that was requested and reported and the associated results of this testing.

2.1.7 Terminology Changes. A terminology change has been made this year. In this year's report, "total referrals" is used to refer to all referrals and "unique individuals" is used to refer to all individuals referred to and/or served in the AFF program. A unique individual can have multiple referrals, services, drug-test referrals, etc.

SECTION 3 AFF INDIVIDUALS AND SERVICES RECEIVED

Sections 3.1 and 3.2 present data for all 12 months of SFY 2012; all subsequent sections will be restricted to data for the *first three quarters* of SFY 2012.

3.1 AFF Program Referrals

As depicted in Exhibit 2, 6,868 total referrals (representing 6,154 unique individuals) were referred to the AFF program during all four quarters of SFY 2012, averaging approximately 1,717 total referrals per quarter. The number of total referrals to the AFF program increased by nearly 25% for SFY 2012 as compared to SFY 2011, while the number of unique individuals increased by 22%. Figure 3 displays the number of total referrals by quarter from SFY 2009 through SFY 2012.

Exhibit 2 AFF Total Referrals & Unique Individuals SFY 2012					
	SFY 2011 (Reported ⁴)	SFY 2011 (Updated ⁵)	SFY 2012	# Change	% Change ⁶
July –Sep (Q1)	1,264	1,373	1,742	369	26.88
Oct-Dec (Q2)	1,282	1,395	1,557	162	11.61
Jan-March (Q3)	1,217	1,356	1,884	528	38.94
Apr-June (Q4)	1,296	1,394	1,685	291	20.88
Total Referrals	5,059	5,518	6,868	1,350	24.47
Unique Individuals	4,954	5,031	6,154	1,123	22.32

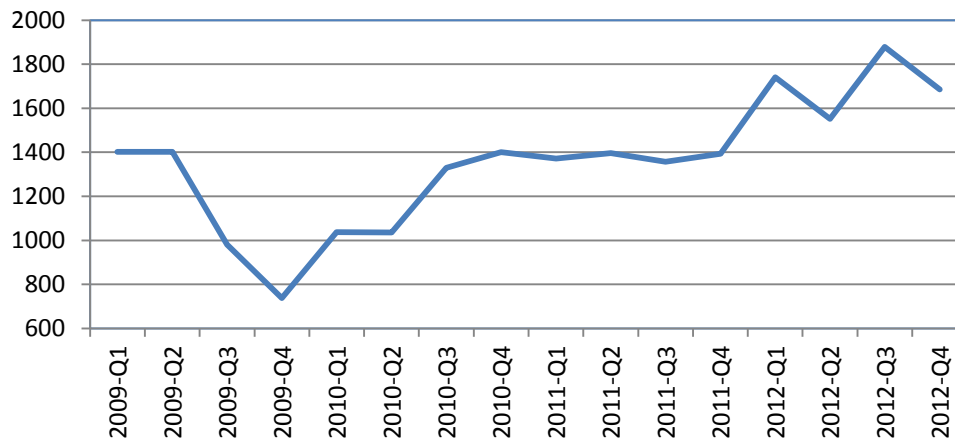


Figure 3
AFF Total Referrals, by Quarter, SFY 2009 – SFY 2012

⁴ These numbers were reported in the SFY 2011 AFF Annual Evaluation.

⁵ These numbers represented data that have been updated since the completion of the AFF Annual Evaluation SFY 2011 which accounts for any lag in data entry from AFF providers and incorporates the new approach (See Section 2.1.1)

⁶ SFY 2012 serves as the source, based on change from SFY 2011 Updated.

3.2 Client Outreach and Engagement

Exhibit 3 provides a comparison of client outreach and engagement patterns across *all four quarters* of SFY 2012 and all four quarters of SFY 2011. Despite the significant increase in the number of unique individuals referred to the AFF program (up 22% from SFY 2011), AFF providers were able to maintain their patterns of performance in engaging individuals into treatment. Nearly every referral was contacted by an AFF provider (97% of total referrals), and the rate of referred individuals agreeing to accept AFF services continues to be the norm (65% of total referrals).

Exhibit 3				
Disposition of Total Referrals to the Program				
SFY 2012				
	SFY 2011 ⁷ (All four quarter data)		SFY 2012 (All four quarter data)	
Total Referrals	5,518		6,868	
	<i>n</i>	%	<i>n</i>	%
Total referrals with record of outreach attempt	5,392	97.72	6,633	96.58
Total referrals accepting services	3,698	67.02	4,485	65.30
Total referrals closed (pre-service)	1,164	21.09	1,364	19.83

All subsequent analyses to be reported are in reference to the first three quarters of SFY 2012.

⁷ These numbers represent updated SFY 2011 data.

3.3 Annual Case Processing

As evidenced in Exhibit 4, the average duration from referral to first outreach attempt, during the *first three quarters* of SFY 2012⁸, was less than one business day. The average number of days from referral to acceptance of AFF services was 11 days.⁹ On average, referrals were sent to the RBHAs within 8 days, and the average duration from referral to first AFF service was 11 days. The average number of days from referral to AFF pre-service closure this year was 35 days.

Exhibit 4					
AFF Referral to Selected Events - Duration in Business Days					
(Number of Total Referrals ¹⁰ ; <i>n</i> = 5,183)					
SFY 2012; Q1-Q3					
	First Outreach Attempt	Accepting AFF Services	Sent to RBHA	First AFF Service	Pre-Service Closure
<i>n</i> ¹¹	5,036	3,435	2,156	3,335	826
% ¹²	97.13	66.27	41.59	64.34	15.93
Median # Days	1.00	9.00	6.00	8.00	34.00
Mean # Days	0.66	11.28	8.24	10.57	35.03
Standard Deviation	0.75	8.95	7.82	9.17	16.53
Minimum # Days	0	0	0	0	0
Maximum # Days	6	42	34	41	82

⁸ Throughout this report, reference will be made to SFY 2012; these references will be to the *first three quarters* of the SFY, unless noted otherwise.

⁹ Client acceptance of AFF services has traditionally been reported using the contractor’s interpretation of when a client accepted services. To ensure consistency, starting in SFY 2011, and continuing in SFY 2012, acceptance of AFF services was to be reported using the date a client signed the Release of Information.

¹⁰ Referrals are the unit of analysis.

¹¹ Number of records having event date on or after the date of referral to the AFF program; data falling outside of 2 SDs from the mean were considered outliers, and therefore not included in the analyses.

¹² Percent calculated out of 5,183 total referrals.

3.4 DES Provider Assessments and DBHS Enrollments

Nearly 50% ($n = 2,377$ ¹³) of all individuals referred to AFF were assessed during the *first three quarters* of SFY 2012. 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. As summarized in Exhibit 5, approximately 46% of the individuals were assessed by RBHA providers only (472 in SFY 2011; 1,090 in SFY 2012) representing more than a 131% increase from last year. Correspondingly, fewer individuals (1,272 in SFY 2011; 1,117 in SFY 2012) were assessed by DES providers only (47%), a 12% decrease from last year.

Exhibit 5		
Total Individuals Assessed		
SFY 2012; Q1-Q3		
	<i>n</i>	%
DES only	1,117	46.99
DES & RBHA	170	7.15
RBHA only	1,090	45.86
Totals	2,377	100.00

¹³ This figure includes individuals who had been referred to the AFF program in SFY 2011, but not assessed until SFY 2012, along with clients who were referred and assessed during SFY 2012.

3.5 Substance Use Among Individuals at Time of AFF Assessment

Exhibit 6 provides a summary of primary substance use and all substances individuals reported using just prior to their initial assessment. As part of the assessment, individuals are asked to self-report all substances used, and to identify substances that were used most frequently in the preceding 30 day period. Similar to last year, 92% of individuals reported substances of use (not just primary use) to be: marijuana (67%), alcohol (65%), and methamphetamine (51%). Among those individuals reporting *primary* substance use, marijuana (34%), methamphetamine (31%), and alcohol (23%) continue to be the more commonly reported primary substances used. Also of note, reports of heroin/opioid use (8%) and primary use (4%) increased overall compared to SFY 2011.

Exhibit 6				
Substances Used by AFF Individuals 30 Days Prior to Enrollment (Total Assessed Individuals: 2,377) SFY 2012; Q1-Q3				
	All Substance Use Reports ¹⁴		Primary Substance Use Reports ¹⁵	
	<i>n</i>	%	<i>n</i>	%
Individuals Reporting Use ¹⁶	2,176	91.50	1,931	88.70
Marijuana	1,287	66.65	651	33.71
Alcohol	1,262	65.35	441	22.84
Methamphetamine	980	50.75	592	30.66
Cocaine/Crack	301	15.59	67	3.47
Other Narcotics	162	8.39	57	2.95
Heroin/Opioids	154	7.98	82	4.25
Hallucinogens	68	3.52	6	0.31
Benzodiazepines	62	3.21	6	0.31
Other Drugs	47	2.43	15	0.78
Other Sedatives	32	1.66	6	0.31
Other Stimulants	23	1.19	8	0.41
Inhalants	5	0.26	0	0.00

¹⁴ All substances are not mutually exclusive; therefore they do not sum to 100%.

¹⁵ Primary substances are mutually exclusive; therefore they sum to 100%.

¹⁶ The order of substances has been changed in this year's report to reflect the highest count to lowest count of all substance use reports.

3.6 Individuals Served by Funding Source

A total of 5,011 individuals received AFF services during the *first three quarters* of SFY 2012. As depicted in Exhibit 7, approximately 37% ($n = 1,832$) of the individuals served were continuing individuals from SFY 2011. The percentage of individuals receiving services funded by DES only decreased slightly this year (32%) compared to last (34%). The percentage of individuals receiving AFF services through a combination of DES and RBHA funding decreased as well approximately 13% this year (41%) as compared to last (54%). This shift in service funding was coupled by a significantly higher percentage of individuals receiving AFF services funded solely by a RBHA in SFY 2012 (27%) compared SFY 2011 (12%). This growth in leverage of RBHA funding for services may reflect a greater utilization of the Substance Abuse Prevention and Treatment (SAPT) Block Grant¹⁷ by the RBHAs. SAPT Block Grants are provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) to ADHS/DBHS which in turn allocates these funds to the RBHAs. These grants provide funding for the prevention and treatment of individuals dealing with substance abuse. SAPT Block Grants require service to specific populations, including pregnant women who use drugs by injection, pregnant women who use substances, other persons who use drugs by injection, and substance using women with dependent children and their families. Information about SAPT fund source utilization for AFF individuals was not available for this evaluation.

Exhibit 7		
Total Individuals Served and Funding Source		
SFY 2012; Q1-Q3		
	<i>n</i>	%
New and Continuing AFF Individuals	5,011	100.00
New Individuals (SFY 2012)	3,179	63.44
Continuing Individuals (SFY 2011)	1,832	36.56
# of Individual by Service Funding Source		
DES only Funded Individuals	1,582	31.57
Shared Funding Individuals	2,075	41.41
RBHA only Funded Individuals ¹⁸	1,354	27.02
Total	5,011	100.00
DES Funded Individuals	3,657	
DBHS Funded Individuals	3,429	

¹⁷ Arizona Department of Health Services, Division of Behavioral Health Services, 2011; <http://www.azdhs.gov/bhs/pdf/SAPTFAQs.pdf>

¹⁸ This includes SAPT funding utilized by the RBHAs.

3.7 Service Access by Service Type and Domain

In SFY 2011, changes were implemented in the way DES-funded services data were collected, shifting from a focus on service domains to levels of care (i.e. intensity of service). Levels of care are determined at the time a client is assessed, with a specific set of services provided to a client based on the designated level of care. Level of care and/or types of services associated with a client may change over time based on the client's needs. RBHA-funded services data continue to be classified by service domains. Consequently, for this year's report, summaries for DES- and RBHA-funded services are displayed separately to better reflect services provided. Exhibit 8 summarizes the number of individuals who received AFF services funded by DES during the *first three quarters* of SFY 2012. As evidenced in Exhibit 8, supportive services and counseling were the more commonly provided types of services, as they were last year.

Exhibit 8		
Individuals Receiving DES-Funded Services ¹⁹		
SFY 2012; Q1-Q3		
DES-Funded Service	Unique Individuals <i>n</i> = 3,657	
	<i>n</i>	%
Medication	4	0.11
Medication Monitoring	8	0.22
Psychiatric Evaluation	22	0.60
Counseling		
Family	16	0.44
Group	1,060	28.99
Individual	997	27.26
Supportive Service		
Case Management	2,082	56.93
Child Care	3	0.08
Clothing Assistance	40	1.09
Food Assistance	32	0.88
Housing/Rent	31	0.85
Parenting Skills	3	0.08
Re-engagement	114	3.12
Transportation	919	25.13
Utilities Assistance	32	0.88
Other	665	18.18
Drug Test	2,529	69.16

¹⁹ Unique client(s) is the unit of analysis; type of service is not mutually exclusive. Differences may exist between services provided and reported for evaluation due to reporting procedures, timing, and data accuracy.

Exhibit 9 provides a summary of the number of RBHA-funded individuals who were provided at least one unit of service in one or more service domains during the *first three quarters* of SFY 2012. Similar to last year, support service (55%) and treatment service (53%) remain the most commonly provided services for RBHA funded individuals.

Exhibit 9 Individuals Receiving RBHA-Funded Services ²⁰ SFY 2012; Q1-Q3		
RBHA-Funded Services	Unique Individuals <i>n</i> = 3,429	
Service Domain	<i>n</i>	%
Treatment Service	1,828	53.31
Rehabilitation Service	451	13.15
Medical Service	487	14.20
Support Service	1,895	55.26
Crisis Intervention Service	126	4.72
Inpatient Service	19	0.55
Residential Service	65	1.90
Behavioral Health Day Program	13	0.38

Exhibit 10 summarizes the levels of care that AFF individuals were assigned throughout their AFF service period. These data are reflective of only those AFF individuals who were assigned one or more level of care. An additional 1,193 AFF individuals (24% of all individuals with services) were never assigned a level of care. Many of these individuals may have been RBHA only funded with services provided by a community agency other than the designated AFF provider. Similar to last year, outpatient (42%) services was the predominant level of care assignment with residential treatment continuing to be assigned in only rare instances (less than 1%).

Exhibit 10 Levels of Care ²¹ SFY 2012; Q1-Q3		
	Unique Individuals <i>n</i> = 5,011 ²²	
Levels of Care ²³	<i>n</i>	%
Education	908	18.12
Outpatient	2,094	41.79
Outpatient – Intensive	1,006	20.08
Residential – Adult	28	0.56
Residential – Child	0	0.00
Aftercare	344	6.86

²⁰ These data reflects RBHA and SAPT-funded treatment.

²¹ Unique client(s) is the unit of analysis; level of care is not mutually exclusive.

²² From all funding sources, not just DES

²³ RBHA clients are included in this count.

3.8 Service Closure and Services Duration

During the *first three quarters* of SFY 2012, 3,258 cases were closed by AFF providers (see Exhibit 11), representing a significant increase compared to SFY 2011 (1,700). The rate of individuals completing their service plans this year (27%) decreased by nearly 12% compared to SFY 2011 (39%).

Exhibit 11 Patterns of AFF Closure and Length of Service ²⁴ SFY 2012; Q1-Q3					
	<i>n</i>	%	Median	Mean	Standard Deviation
Closure Reason					
Individuals Completing	882	27.06	161	177.30	118.73
Discontinued Participation	1,145	35.15	101	125.99	100.30
Refused Services	421	12.91	37	74.06	93.92
Unable to Locate	409	12.55	19	53.89	85.29
No Substance Abuse	245	7.51	2	16.55	28.66
Incarcerated	82	2.51	97	110.62	99.33
Moved Out of Area	69	2.12	42	84.38	106.81
Death	5	0.15	152	224.80	218.06
Total	3,258	100.00	-	-	-

²⁴ Length of service is calculated using calendar days, and is based on closures in the current year.

SECTION 4

AFF PROGRAM OUTCOMES

This section highlights the outcomes achieved by individuals who have participated in the AFF program. Outcomes are assessed in the following legislatively-specified domains: 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

As evidenced in Exhibit 12, among the 5,011 individuals that received AFF services, 4,175 (83%) had at least one allegation of child maltreatment prior to their referral to the AFF program. Of these pre-referral maltreatment allegations, 58% were substantiated and 21% were unsubstantiated.

Exhibit 12 Pre-AFF and Post-AFF Referral Report Findings SFY 2012; Q1-Q3												
Pre-Referral Allegation Finding			Post-Referral Allegation Findings									
	Total		Substantiated		Proposed		Unsubstantiated		None ²⁵		No Report ²⁵	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Substantiated	2,887	57.61	117	4.05	19	0.66	120	4.16	28	0.97	2,603	90.16
Proposed	174	3.47	2	1.15	3	1.72	4	2.30	13	7.47	152	87.36
Unsubstantiated	1,052	20.99	58	5.51	7	0.67	113	10.74	5	0.48	869	82.61
None ²⁵	62	1.24	0	0.00	0	0.00	0	0.00	0	0.00	62	100.00
No Report ²⁶	836	16.68	26	3.11	1	0.12	16	1.91	4	0.48	789	94.38
Total	5,011	100.00	203	4.05	30	0.60	253	5.05	50	1.00	4,475	89.30

Of the individuals with a maltreatment report at the time of their referral to the AFF program, those with substantiated findings showed a recurrence rate of under 10%, while those with unsubstantiated findings at AFF referral demonstrated a slightly higher rate of recurrence (17%). Overall, regardless of maltreatment allegation status at the time of AFF referral, 89% of all AFF individuals had no subsequent filing of an allegation of child maltreatment.

²⁵ No allegation findings in DES CHILDS, allegations may be pending.

²⁶ No allegation report data found in DES CHILDS.

4.2 Permanency Achieved by Children of Parents in AFF

As depicted in Exhibit 13, a total of 3,982 children associated with AFF individuals in the *first three quarters* of SFY 2012, were in CPS out of home placement at some point during the reporting period. Compared to SFY 2011, 48% more children were reported in out of home placement in SFY 2012. More than 77% of these children were still in out of home placements at the end of the reporting period, compared to 69% at SFY 2011 year end. The rate of permanency (22%) was down slightly this year compared to last, but among these children, both guardianship and adoption were up. About 22% of the AFF individuals' children who were placed in out of home care achieved permanency, down 4% from last year. Both guardianships (3% SFY 2012 compared to 2% SFY 2011) and adoptions (6 in SFY 2012 compared to 1 in SFY 2011) showed modest improvements this year. The number of days in out of home placement ranged from a median of 180 days for reunifications to 400 days for adoption.

Exhibit 13				
Permanency Achieved by Children of Parents in AFF				
SFY 2012; Q1-Q3				
	<i>n</i>	%		
Total Children	3,982	100.00		
Still in Care ²⁷	3,073	77.17		
Other ²⁸	45	1.13		
Achieved Permanency ²⁹	864	21.70		
Days in Out of Home Care Among Children Achieving Permanency				
	<i>n</i>	%	Median Days	Mean Days
Achieved Permanency	864	100.00	-	-
Reunification	829	95.95	180.93	166
Guardianship	29	3.36	276.97	240
Adoption	6	0.69	400.17	397

²⁷ Removals 07/01/2010 - 03/31/2012, No placement as of 03/31/2012

²⁸ Removals 07/01/2010 - 03/31/2012, Discharge by 03/31/2012

²⁹ Removals 07/01/2010 - 03/31/2012, Permanency by 03/31/2012

4.3 Recovery from Substance Abuse

According to AFF program guidelines, DES-contracted providers are required to verify that AFF individuals are tested for drug use at least twice per month during each month of AFF program participation. In SFY 2012 there were 5,011 unique individuals who received AFF services; of those, nearly 65% had been referred for drug testing at least once, and 34% were referred at least twice a month throughout their entire AFF program participation. On average, those AFF individuals who were referred for drug testing were tested 1.99 times per month, approximating the AFF program guideline. For these individuals with known drug test results (18,517), 86% were negative, indicating no drug use, while 65% yielded negative drug test results 100% of the time.

Exhibit 14		
AFF Drug Test Data Reported by DES/AFF Providers SFY2012; Q1-Q3		
Unique AFF Individuals with Services	<i>n</i>	%
With Referrals for Drug Tests	3,233	64.52
Without Referrals for Drug Tests	1,778	35.48
Total Unique Individuals	5,011	100.00
With at least two (2) drug tests referrals per month of service	1,097	33.93
	Mean	Standard Deviation
Drug test referrals per month ³⁰	1.99	1.61
Drug Test Referral Outcomes	<i>n</i>	%
Negative	15,947	75.16
Positive	2,570	12.11
Pending	2,327	10.97
Cancelled	20	0.09
Refused/Altered	352	1.66
Total	21,216	100.00

4.4 Employment Outcomes for Jobs-Referred AFF Individuals

During the *first three quarters* of SFY 2012, 13 individuals were referred to AFF directly from the JOBS program. In addition to these 13 individuals, approximately 408 individuals were concurrently enrolled in the JOBS program at the time of their referral to the AFF program. Three of the 13 individuals referred to the AFF program from JOBS were employed, eight unemployed, and the employment status of one individual was unknown at the time of their AFF program closure. One individual referred from the JOBS program was continuing to receive AFF services at the time of this report.

³⁰ Referrals that had no positive or refused drug referrals.

SECTION 5 SUMMARY

This report summarizes the key processes and outcomes of the Arizona Families F.I.R.S.T. program, now in its 12th year of operation. The continued commitment of the legislature to 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.

Increases in Timeliness, Availability, and Accessibility of Services

In SFY 2012, 6,868 total referrals, representing 6,154 unique individuals, were made to the AFF program statewide. This represents a 25% increase in total referrals compared to SFY 2011. For the individuals referred and their families, the AFF program continues to provide services in a manner consistent with the program design. During SFY 2012, AFF participants received outreach, assessment, engagement, and treatment services in a timely manner. AFF providers made efforts to contact referred individuals within one business day. AFF services were accepted by participants, on average, within 11 days of referral to AFF, a decrease from SFY 2011 where providers were reporting approximately two weeks from referral to service acceptance.

Those individuals who are engaged in AFF 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. During the *first three quarters* of SFY 2012, nearly 46% of AFF individuals received AFF services with funding solely provided by a RBHA, up significantly from 12% reported in 2011. This growth in RBHA funding, including potential utilization of SAPT funds that prioritize funding to women, reflects a promising trend in leveraging additional local resources to meet the needs of AFF individuals.

Recovery from Alcohol and Drug Problems

Consistent with previous years, the overwhelming majority of AFF individuals assessed in SFY 2012 self-reported use of marijuana, alcohol, and methamphetamine. The results of drug screens conducted with AFF individuals to detect continued drug use indicate that almost 65% of AFF individuals were drug free throughout their AFF participation. Individuals receiving AFF services were drug tested, on average, 1.99 times per month of AFF program participation.

Child Safety and Reduction of Child Abuse and Neglect

Most individuals (83%) served by the AFF program had at least one allegation of child maltreatment prior to enrolling in the program. Nearly 90% of all AFF individuals had no subsequent maltreatment report filed during this report period.

Permanency for Children through Reunification

The number of children and the proportion of AFF individuals with children in out of home care grew significantly in SFY 2012. Among children that achieved permanency, guardianships and adoptions were observed to be more frequently applied in SFY 2012 compared to previous years.

Achievement of Self-Sufficiency through Employment

Employment activity is reported only for those individuals referred to the AFF program who were referred for AFF services by the JOBS program. Among these individuals, 23% were employed at the time of their AFF program closure.