

Renewing Arizona Family Traditions

2002 Annual Report



Arizona Supreme Court
Administrative Office of the Courts
Juvenile Justice Services Division
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I. Introduction

The Renewing Arizona Family Traditions (RAFT) program has completed another fiscal year, 2002, responding to the needs of Arizona's youth and families by providing intensive, family-oriented services to court referred youth. In this, the third annual report for the RAFT program, the AOC reviews the successes as well as the opportunities for growth within the RAFT program.

Adolescents with serious behavioral issues are traditionally one of the most difficult populations to treat successfully. In response to this difficulty, approaches to working with such populations have evolved from removing adolescents from the home toward treating the youth and family within the family unit. This movement toward family preservation using a multisystems approach was first introduced to the Arizona Juvenile Courts by the Administrative Office of the Courts (AOC) in January of 1994 as the Renewing Arizona Family Traditions (RAFT) program. The RAFT concept is based on the Homebuilder's model, developed in 1974 by Doctors Jill Kinney and David Haapala to help families who were not successful in community-based programs. RAFT is an intensive in-home, therapeutic, case management and skills-oriented model of intervention. It is the RAFT providers' intent to deliver timely and intense interventions, which involve diffusing immediate crises, therapeutically engaging the family, developing goals with the family, teaching skills to family members, and providing case management, with the ultimate goal of eliminating or reducing the amount of court involvement with the juvenile.

RAFT is not a preventative program for low-risk offenders, but is intended to intervene in high risk situations with multi-need families. The child or adolescent may be at risk of being removed from the family or family violence may threaten the stability of the family. RAFT is designed to intervene and respond immediately in a wide variety of areas beyond the scope of many other intervention programs.

Therapists employed to deliver RAFT services are required to possess at least a masters degree with training and/or experience in counseling or social work. The program model uses a single therapist to deliver the intensive services. The RAFT program supports the philosophy that the most effective therapeutic work occurs when the therapist is involved in doing concrete tasks with the family rather than doing traditional "talk therapy".

Services follow the client (home, school, neighborhood) rather than the client and family coming to the service. RAFT preservationists are available 24 hours a day, seven days a week. Therapists work closely and intensively with the youth and family, often having daily contact when necessary. Perhaps most importantly for families in crisis, RAFT preservationists focus on immediate, maximum effort by the staff, youth and family to attain goals which de-escalate the crisis and create stability.

These differences between RAFT and traditional approaches have been identified as the very elements which attribute to the program's effectiveness. The responsiveness to the youth's and family's needs, the flexibility of services, the setting where services occur, and the length and intensity of services are noted as major contributors to the success of the RAFT model.

The RAFT program has evolved in response to several programmatic issues that have materialized since its

inception in 1994. The original model was a crisis oriented, short term (four to six weeks long), therapeutic program without case management. RAFT providers had difficulty identifying community-based, lower intensity follow-up services within the original four to six week time frame. Additionally, the availability of follow up services in rural areas remains a problem.

In response to these issues, the RAFT program was changed in February 1999 to include case management as well as therapeutic and skill development services. The RAFT model also changed from purely a short term crisis intervention orientation to a goal-based performance model. Referrals now include intensive family reunification and social reintegration services to juveniles transitioning from detention, shelter or out of home placement who are in need of stabilization and support.

The revised RAFT program has responded to other issues as well. Geographic coverage under the initial RAFT model was often limited, especially in rural areas. The number of families and clients which could be served was also highly limited. Under the revised model, the AOC has been able to expand both geographic coverage and the capacity of the service by giving the contracted providers the administrative authority to use therapists for services other than RAFT, as long as staff availability for RAFT services is maintained.

RAFT contracts are performance-based and the contractors are financially incentivized to produce positive outcomes through a stepped case rate reimbursement payment process. Contractors are paid in “increments” as they deliver the services to the clients and meet established performance goals. For example, the contracts pay a higher rate for an intake completed within 24 hours of referral than one that is completed within 7 days. The contractor who successfully discharges a client according to established criteria is paid a significant incentive. Conversely, the contractor does not receive an incentive for a client who is not successfully discharged. Finally, the contractor receives an additional significant incentive payment for clients who meet established outcome criteria 180 days post discharge. In this way, contractors are encouraged to develop treatment plans and deliver services in ways that promote long term success.

The AOC believes that evaluating its contract services helps improve the effectiveness of those services. This report will examine the RAFT program through a presentation of the data collected by the AOC through its contract providers and other sources. The data is recorded by provider agencies and their respective regions and includes, intake and discharge/outcome information. The data cited covers the period from July 2001 through June 2002.

The AOC relies on the provider agencies to collect and report the demographic data, discharge and outcome data, and numbers and type of service hours provided. The data collected and reported to the AOC by the providers has been affected by a variety of data collection issues. The AOC is in the process of addressing this data problem with the provider agencies with a goal of resolving this accuracy issue by the end of fiscal year 2003.

This fiscal year report contains less statistical information than previous reports due, in part, to the transition of cases from the original contract provider to three new providers in Maricopa County that occurred during the second quarter of this fiscal year. Client information from those transition cases is not readily available. Therefore, this year’s report contains only the client information that can be relied upon as being an accurate representation of the services delivered.

II. Changes in Provider Agencies and Geographic Services Responsibilities

On October 1, 2001, Arizona Baptist Children's Association decided to no longer provide RAFT services in Maricopa County only. In response a collaborative three provider approach to coverage in Maricopa County was formed consisting of Arizona's Children Association, Suicide Prevention Center (Empact), and Southwest Behavioral Health Services.

The changes to Maricopa county services necessitated a restructuring of the service regions. Now, instead of the state being divided into four geographic service regions, it had to be divided into five. The previous region IV which had consisted of Maricopa, Yuma and La Paz counties now became two regions. Maricopa was now region V and Yuma and La Paz counties were now region IV.

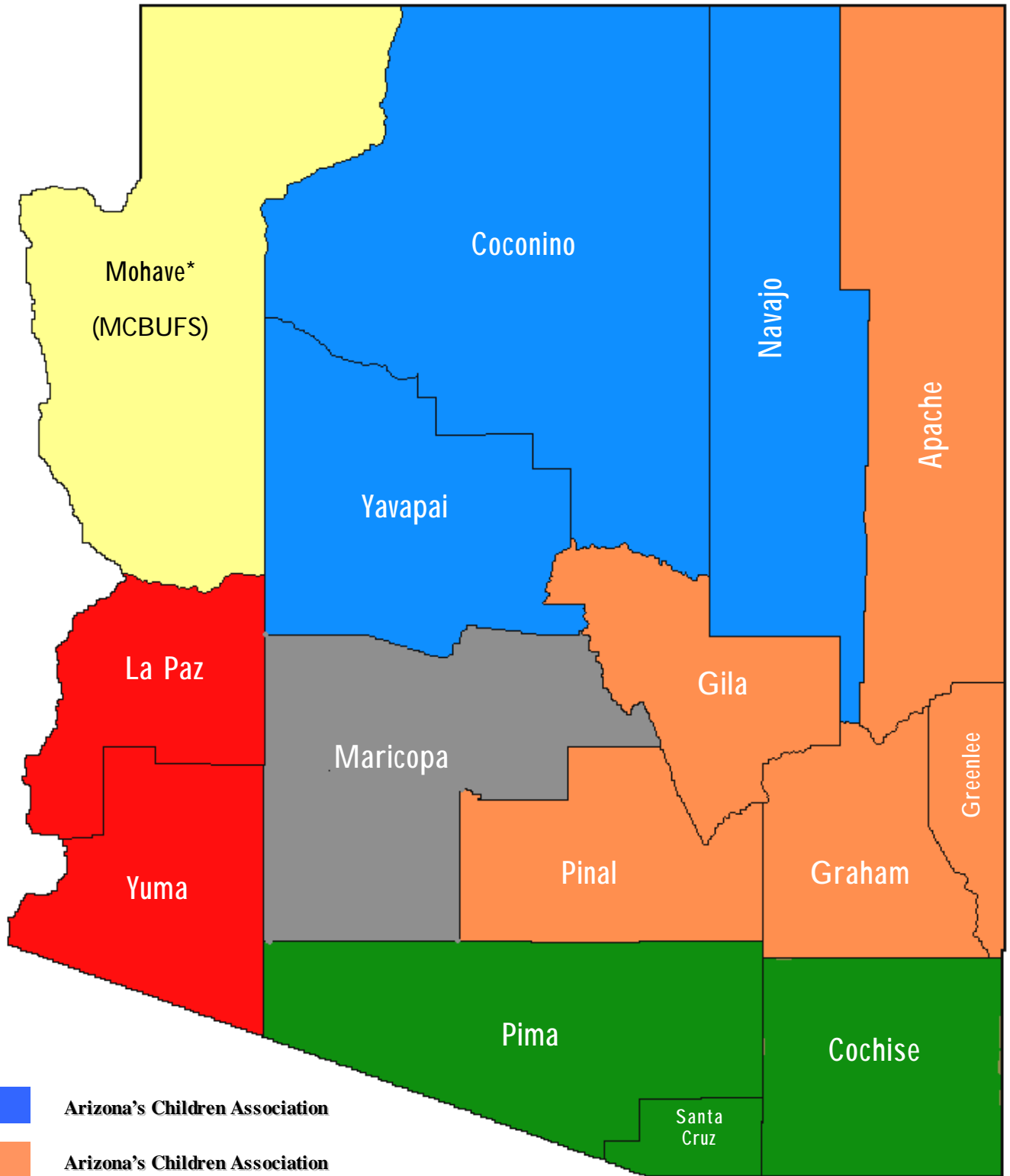
Arizona's Children Association provides RAFT services to four of the five regions, I, II, III, and V in Arizona. Region I is now a three county region consisting of Coconino, Navajo, and Yavapai counties. Region II is a five county region consisting of Apache, Gila, Greenlee, Graham, and Pinal counties. Region III consists of Pima, Cochise, and Santa Cruz counties. Region V is a newly created region which became effective in 2001 and contains the single county, Maricopa. Region V is served by Arizona's Children Association and two other providers.

Region IV consists of Yuma and LaPaz counties and is served by **Arizona Baptist Children's Association**.

Providers serving Region V, Maricopa County, are divided for coverage of the Region by Metropolitan Phoenix telephone area codes. Code 623 is covered by **Arizona's Children Association**, code 602 is covered by **Southwest Behavioral Health Services**, and code 480 is covered by **Suicide Prevention Center, Inc. (Empact)**.

Mohave County Probation uses a modified home based counseling program for their service model instead of RAFT. This model is entitled Mohave County Building Up Families Services (**MCBUFS**). This program was not active in fiscal year 2001 due to provider staff issues.

The map on the following page shows each region and the agency which provides services to that region.



- REGION I** **Arizona's Children Association**
- REGION II** **Arizona's Children Association**
- REGION III** **Arizona's Children Association**
- REGION IV** **Arizona Baptist Children's Services**
- REGION V** **Arizona's Children Association, Suicide Prevention Center (EMPACT), Southwest Behavioral Health**

*Mohave County MCBUFS Inactive in Fiscal Year '01

II. Service Descriptions

RAFT providers throughout the state offer a wide variety of services to meet the needs of the youth and families with whom they work. The ultimate goal of RAFT services is to reduce recidivism. This goal is achieved using a variety of techniques and interventions which fall into three main categories of service: Case Management, Psycho-educational and Therapeutic. A description of each is provided below.

Case Management Services

RAFT therapists take an active role in securing community and faith-based supports for their clients and families. These services include locating assistance for families in paying bills, identifying interim housing, or applying for temporary financial assistance.

School support is another important aspect of case management services. The therapist works with school administrators, teachers and school counselors to put plans in place to support youth in school. When formal schooling is not an option, alternative education may be recommended for the client. It may also be an option for the client's parent(s) who are interested in pursuing their education.

If mental health issues are identified for the client or family, RAFT therapists assist in accessing needed services through the Regional Behavioral Health Authority (RBHA). The RAFT therapist is responsible for coordinating RAFT services with other mental or behavioral health treatment services delivered through the RBHA.

Clients and families frequently require general health care. When such needs are identified, the therapist works with the family to obtain medical coverage for youth, siblings and parents through plans such as AHCCCS or KidsCare.

RAFT therapists work with families to take advantage of community-based resources such as Joint Training Partnership Act, and with support programs such as the Boys and Girls Clubs. As one RAFT therapist expressed, "You have to be imaginative and do whatever it takes to meet the child's needs".

Psycho-educational Services

RAFT therapists provide a great deal of issue-related education to their clients. For example, therapists may work with parents to help them understand the dynamics of their child's substance abuse. They may strive to help the family break dysfunctional patterns by providing all of the family members with information about their role in these patterns and by encouraging new ways of relating to one another.

Developing parenting skills is often an area of need for the parents with whom RAFT providers work. RAFT providers may address this need by intervening directly to de-escalate situations between parents and youth, modeling and coaching preferred behaviors or even referring parents to parenting skills classes. RAFT therapists teach parents to provide structure, set boundaries, develop and enforce rules, and deliver appropriate discipline.

Therapeutic Services

RAFT therapists typically need to deliver intensive services, working individually with clients, or with youth and family members together. Often, therapists have to work hard just to rebuild family unity prior to beginning any client specific interventions. According to a RAFT therapist, "Parents get so tired of their child's disruptive behavior, they may feel ready to give up. We work to help parents get back in control". Therapists may have to work separately with the parent and child until they are ready to be brought together.

RAFT therapists occasionally find that parents and other family members are very motivated to support changes in the youth, but have difficulties making changes themselves. In most cases, this can be overcome and improvement in both the client and family occur, but sometimes a RAFT therapist must assist the youth in developing other support systems in addition to the immediate family.

In addition to the variety of case management, psycho-educational and therapeutic services, RAFT therapists may assume the role of mentor with the individual youth they counsel. They may meet with the youth once or twice a week in this revised role to talk about school, sports, or friends. The RAFT therapist typically serves in this mentoring role to help transition the youth and family to other, more long-term community based support systems.

IV. Direct and Indirect Hours

RAFT service hours are classified as either direct or indirect. Direct hours include therapeutic sessions with the youth and family, skill development with the youth and family, crisis intervention, and case management activities requiring direct involvement with the client. Indirect hours include such activities as advocating for the client with his/her school and other community providers, accessing community resources for the client, accessing economic and social support systems on the client's behalf, and progress note and report writing.

V. RAFT Emergency Funds

Emergency fund monies are available for providing emergency services to referred client families. RAFT emergency fund use is not to exceed \$400 per family. Each provider must develop a written policy and procedure for their RAFT emergency fund, and all disbursements or use of emergency funds must be in accordance with AOC approved policy and procedure. RAFT emergency funds are required to be kept in a separate account and available for AOC review. The following are highlights of the provider agencies' emergency fund policies.

Emergency Fund Policy and Use:

< **Arizona Baptist Children's Services**

Emergency funds are available for RAFT clients in crisis requiring financial assistance to mitigate the crisis. Emergency funds are available for rent, utilities, food, clothing, transportation, repairs, and certain medical expenses.

From July 2001 through June 2002, Arizona Baptist Children's Services served their youth and families with \$2,000 in emergency funds.

< **Arizona's Children Association**

Emergency funds are for stabilizing a family during crisis, and are to be used only if they will reduce the stress and tension a family is experiencing due to lack of resources. A petty cash box is maintained for RAFT preservationists, who may utilize up to \$50 for immediate emergency needs without authorization from their supervisor. Should the family require additional emergency funds, the monies used from the petty cash fund will be subtracted from the \$400 available for the family's use. The agency budgets \$100 per family, recognizing many families will be served through RAFT where no emergency funds are needed. RAFT emergency funds are available for assistance with rent, utilities, medical treatment, safety and essential comfort of living environment, food, transportation, and clothing.

From July 2001 through June 2002, Arizona's Children Association provided \$3,350 in emergency funds to youth and their families.

VII. Intakes

RAFT providers must accept youth who meet the following intake criteria:

- A. Incurribility/ Delinquency: Youth who present with incorrigible or delinquent behaviors which threaten the stability and unity of the family, and whose family is willing to learn how to improve parenting skills and positively impact their youth's behaviors.
- B. Substance Abuse: The youth and perhaps other family members present with substance abuse problems, but are willing to invest efforts into education, treatment and other skill development and improvement.
- C. Family Violence: Documented evidence exists that physical violence has existed in the family with a high likelihood that renewed or escalated violence will occur. Family members must express a commitment to learn new ways of expressing anger in non-violent ways.
- D. Behavioral Health: The youth or family member presents with a serious behavioral health problem negatively impacting family stability, but which may be addressed through a combination of medication, treatment and skill development.
- E. Sexual Behavior: The youth is engaging in promiscuous sexual behaviors in or outside of the home and/or the family's sexual boundaries are contributing to inappropriate sexual behaviors.

RAFT providers may deny or terminate services according to the following criteria:

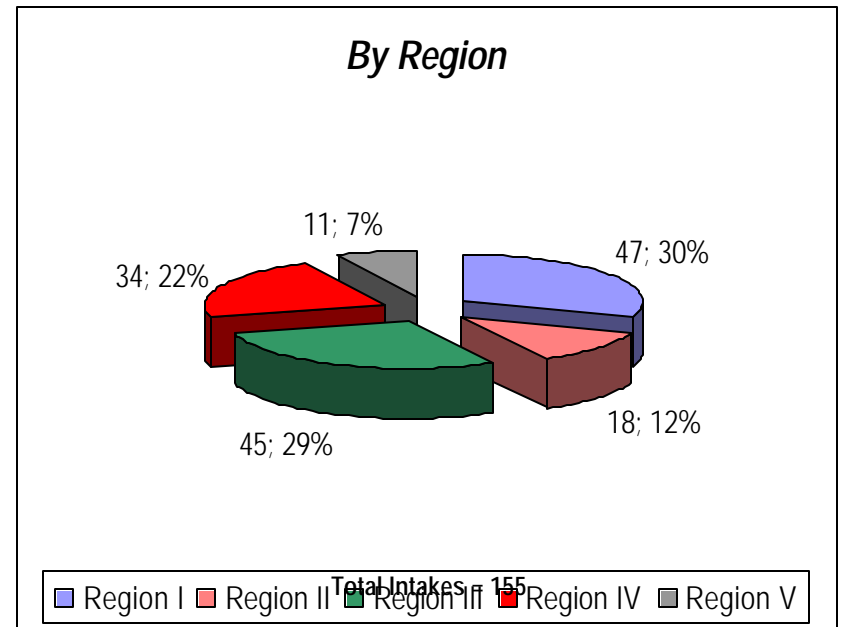
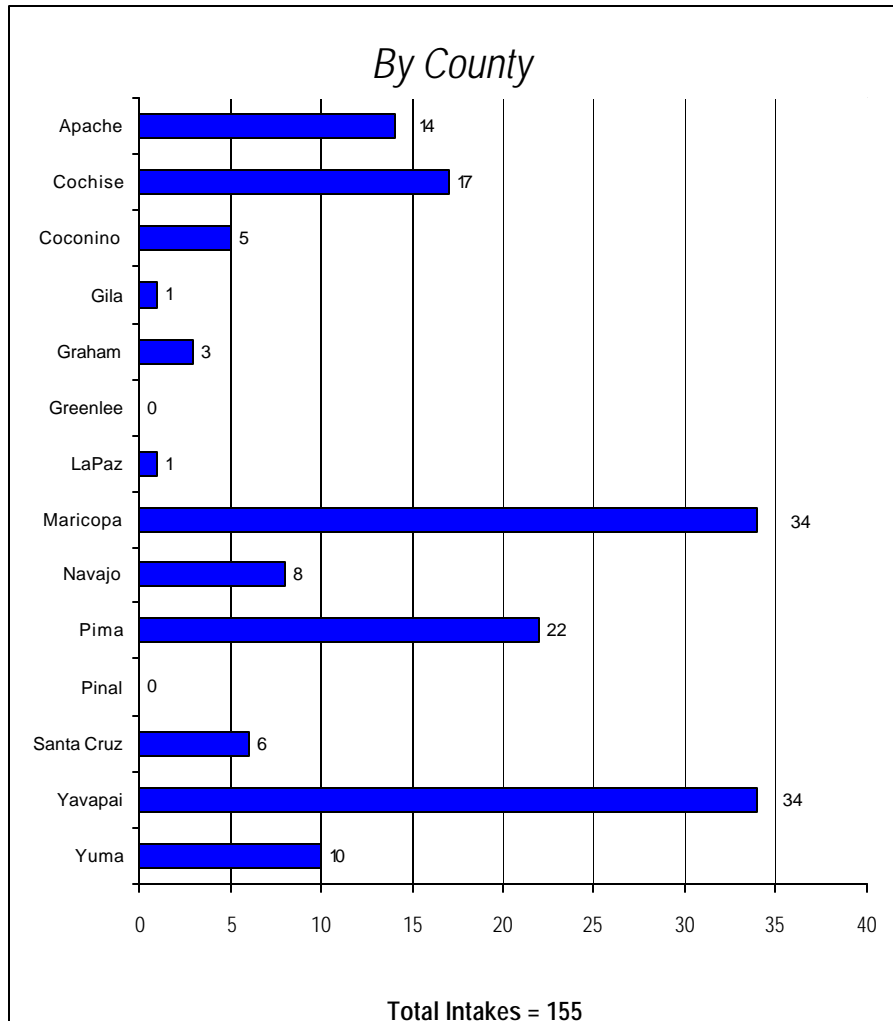
- A. The family's location is unknown.
- B. The therapist cannot gain access to or contact the family after multiple documented attempts.
- C. The youth or family presents a risk which is highly dangerous or life threatening.
- D. The youth or family adamantly refuses services and will not cooperate.

Once the RAFT provider receives the referral from the juvenile court, the AOC prefers that the provider make face-to-face contact with the client and completes a written assessment of the family within 24 hours of receipt of the referral. If the referral is designated by the county probation department as a crisis referral, the intake and assessment must be completed within 24 hours of the provider's receipt of the referral. For all referrals, if face-to-face contact within 24 hours is not possible, telephone contact is required and must be documented. If the referral is not designated as a crisis referral, the provider then has seven days to make face-to-face contact with the youth and family and complete the initial assessment form.

The graph that follows on page 11 reflects RAFT intakes broken down by county and region for fiscal year end 2002.

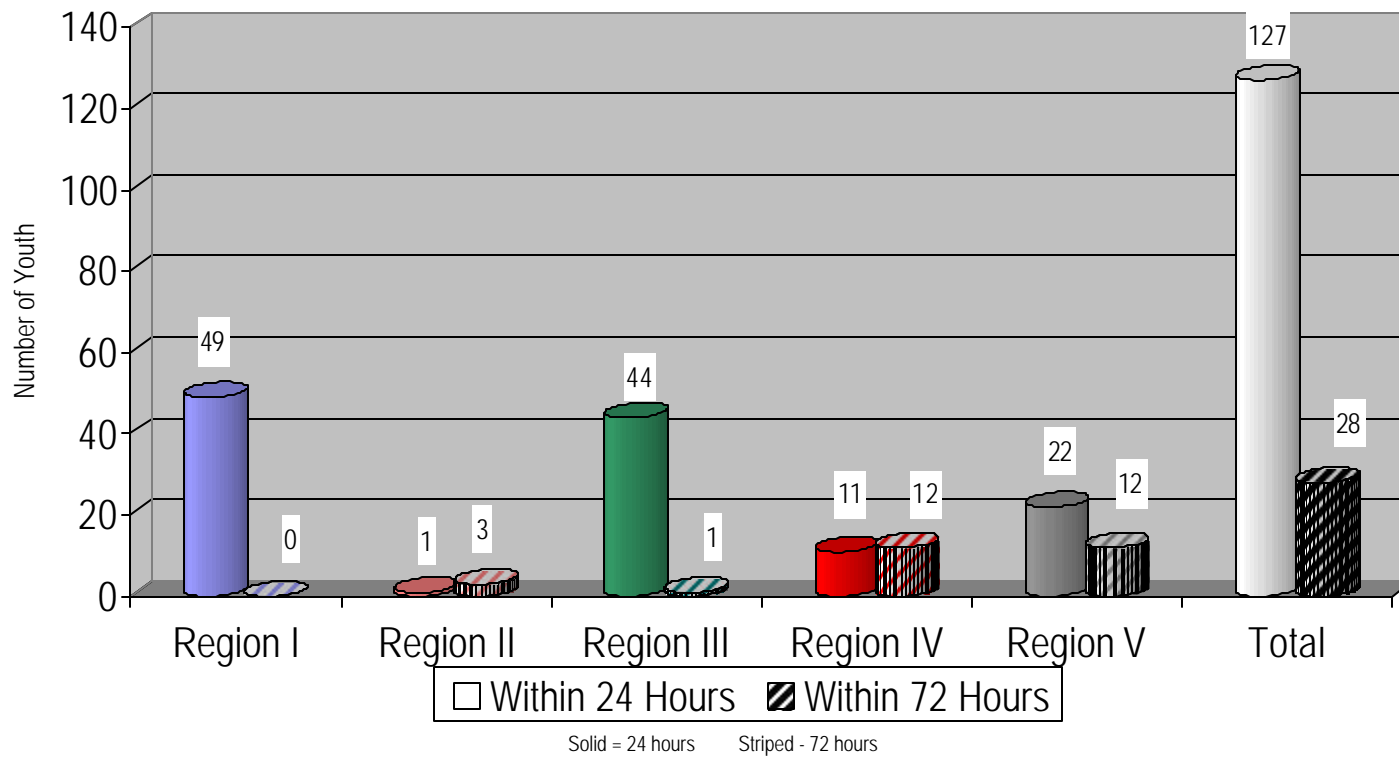
The graph that follows on page 12 reflects client intake time frames.

RAFT 2002 Annual Report Total Intakes



Region I = Coconino, Navajo, Yavapai
 Region II = Apache, Gila, Greenlee, Graham, Pinal
 Region III = Cochise, Pima, Santa Cruz
 Region IV = LaPaz, Yuma
 Region V = Maricopa

RAFT 2002 Annual Report By Region - Time from Referral to First Meeting



VIII. Discharge and Outcome Criteria

The AOC contracts with each of the RAFT provider agencies using an incentivized case rate. The provider is paid an incentivized rate for intake, a set rate for acceptance of a case, an incentive for successful discharge, and a final incentive payment for a successful outcome 180 days after discharge.

A successful discharge in the RAFT program is measured by **all** of the following criteria having been met:

- A. The problem behaviors for which the client was referred have been eliminated or diminished and the family is stable as may be evidenced by documented achievement of service plan goals.
- B. The youth remains in the home or has been successfully transitioned from an out of home environment to the home or other relevant environment.
- C. The youth is actively attending school and achieving passing grades or is actively pursuing alternative education and/or is employed or seeking employment.
- D. The youth is compliant with the terms of probation

The target performance goals of RAFT are that 80 per cent of RAFT referrals accepted into service will be successfully discharged, and 80 per cent of RAFT clients will have remained in home during the six month period following discharge.

Successful outcome is measured by all of the following criteria having been met:

- A. The client remains in the home with no removal for out of home placement.
- B. The client has not been transferred to detention on a new charge or had a probation violation for longer than 72 hours, had no runaway for longer than 7 days, had no commitment to the Department of Juvenile Corrections, was not transferred to adult court and placed on probation or was not sentenced to the Department of Corrections.
- C. The client is meeting the terms of probation and has not received any new referrals excluding status offenses.
- D. The client is attending school and achieving passing grades, or, if not in school, is actively pursuing alternative education and/or is employed.

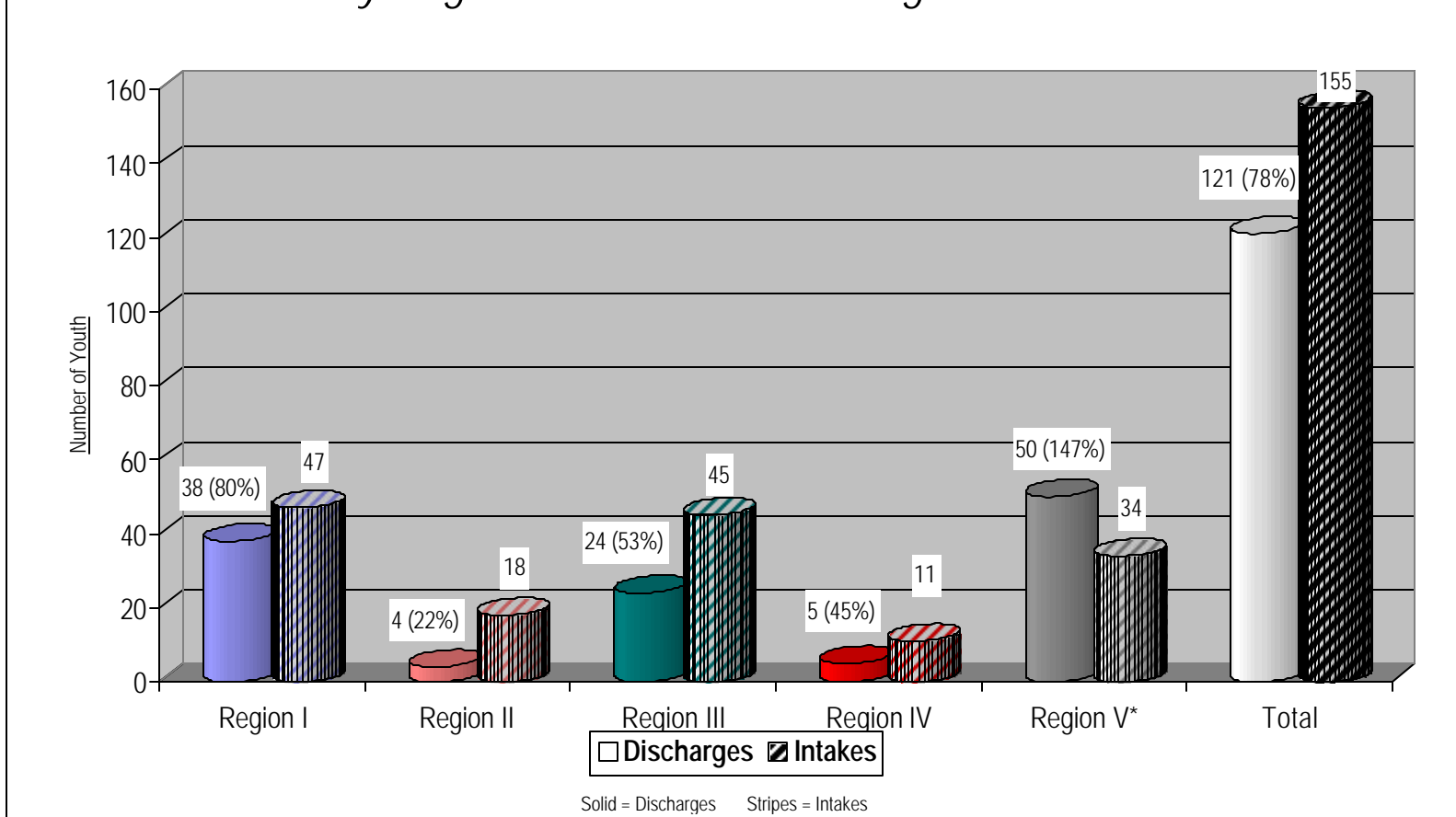
Clients who are not successfully discharged due to their lack of compliance with one or more of the program's discharge criteria may still be tracked to determine whether they meet the criteria for a successful

outcome. The provider agencies may then report and bill the AOC for a successful outcome if the client meets the successful outcome criteria six months after discharge, even if the discharge was unsuccessful.

The graph on page 15 reflects successful discharge information by region.

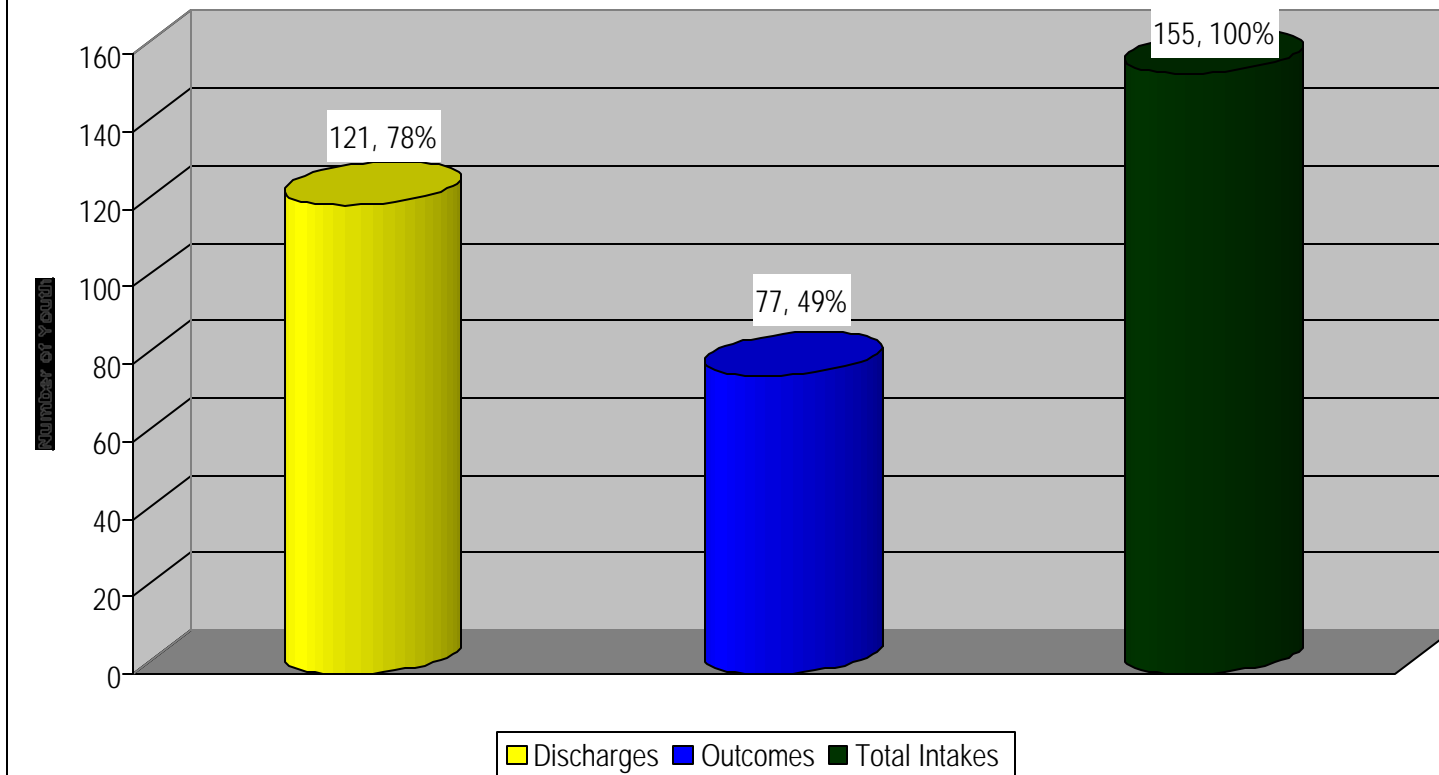
The graph on page 16 reflects successful discharges/outcomes for fiscal year ending 2002.

RAFT 2002 Annual Report By Region - Successful Discharges / Intakes

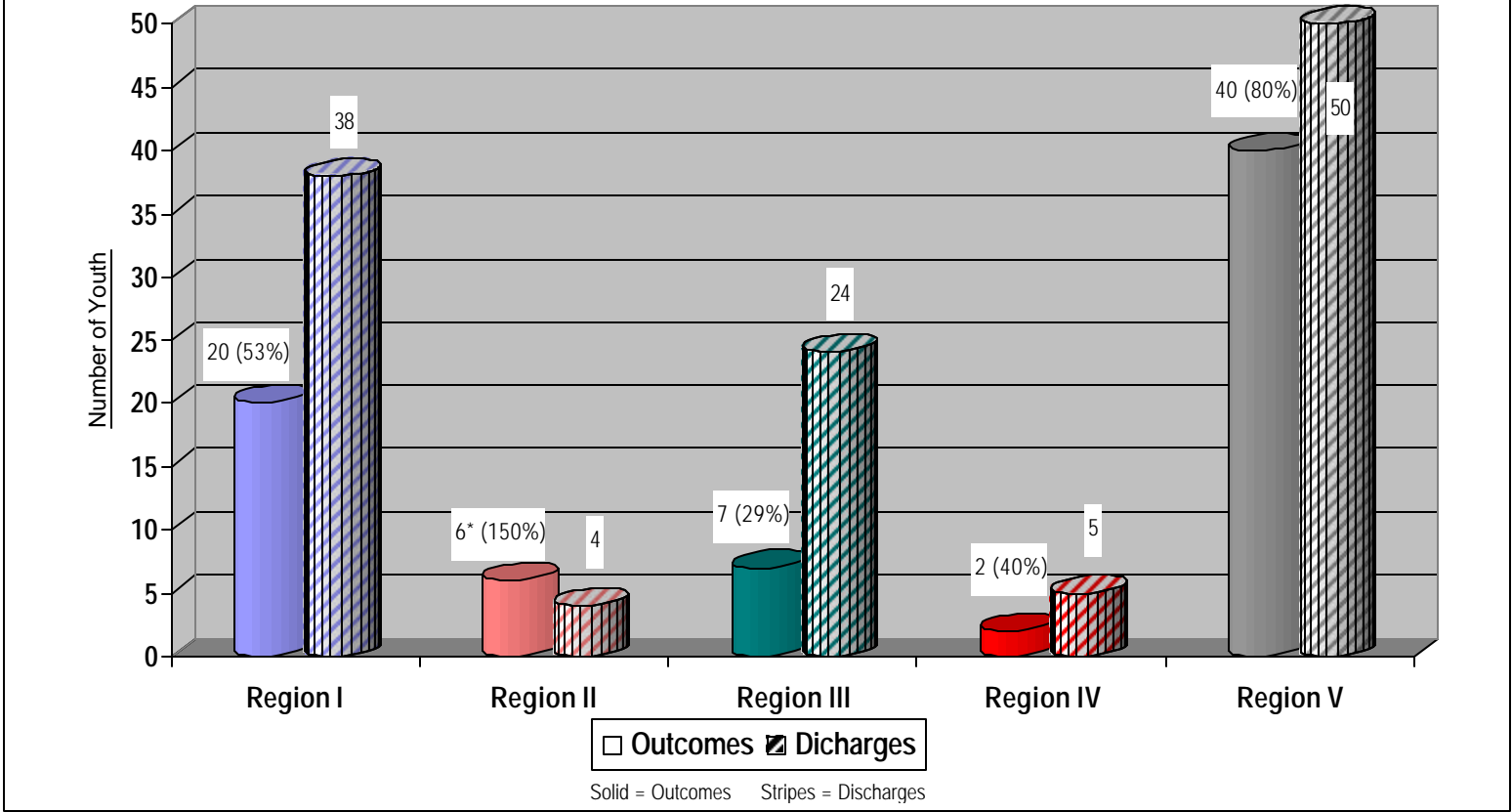


*Footnote: The number of discharges includes cases transitional from Arizona Baptist Children's Services.

*RAFT 2002 Annual Report
Successful Discharges & Outcomes vs. Intakes (All Counties)*



RAFT 2002 Annual Report
Successful Outcomes to Discharges - By Region



* Cases in the outcome phase of service, six months post discharge, often overlap the reporting period and may cause this anomaly.