ARIZONA OFFICE OF THE AUDITOR GENERAL

Perinatal Substance Abuse Pilot Program
(Report Highlights)

November 2001

The Perinatal Substance Abuse Pilot Program (program) was created by the Legislature in 1998. Its purpose is to develop an integrated services model for delivering medical, behavioral health, and social services to pregnant or postpartum women who are substance abusers or are at risk for substance abuse. In its first 2 years of operation, the program received a total of $194,500 in funding. It served a total of 67 women between November 1999 and May 2001 at its only site, located in Tucson. The program terminates in June 2002.

Our Conclusions:

Although the program has increased communication among medical, behavioral health, and social services providers, the program must find ways to increase the sharing and coordination of case information among providers to effectively integrate services. Although the program had planned to use a common information system to achieve information sharing, this strategy has not worked and other methods will now be needed. Further, because the program did not collect the necessary data, auditors cannot report on outcomes related to drug use and the general health and well-being of clients and their infants.

Integrated Services Model

Studies show that pregnant, substance-abusing women need a combination of medical, behavioral health, and social services. Under an integrated services model, a woman should be able to simultaneously access the different services that she needs. For example, a woman seeking services at a medical clinic would not only receive medical care, but also would be assessed and referred for needed behavioral health and social services. The agencies involved in the woman's care should then share information in order to coordinate services.

The program envisioned that this sharing would occur by having the participating agencies use a common database to record and access information about the clients, all referrals for services, and whether the client received the services.

Program Eligibility Requirements

- Pregnant or up to 1 year postpartum;
- Enrolled in or eligible for AHCCCS; and
- Using drugs or at risk of using; or
- At risk of losing child custody due to drug use.

A typical client is:

- A 29-year-old Hispanic woman in her third trimester of pregnancy;
- Unmarried with two children;
- Unemployed;
- Not a high school graduate; and
- Using multiple drugs.

Program Can Improve Integration of Services

Although the program has achieved some integration of services, it needs to develop more extensive sharing of client information among its providers if it is to achieve integration as originally envisioned.

Steps taken towards integration—The program has accomplished several steps needed to help integrate services. Specifically, it has:

- Enlisted 32 service providers—8 under formal agreements and 24 informally—to participate in the program.
- Conducted monthly meetings, with an average of 7 providers attending, to provide information on community resources.
- Conducted a "gaps analysis" of needed community services.
- Increased providers' awareness of community services.

Integration can be improved—Although the program has increased providers' awareness of community resources, services can be better integrated. The program originally anticipated that providers would integrate and manage client care by using a common information system. Providers would share information through the database about clients' needs, the services they had been referred to, and whether clients received services.

However, this strategy has not worked because:

- 24 of the 32 providers only participate informally and have not signed the necessary agreements to use the information system.
- The 8 providers that signed formal agreements to participate in the program do not consistently use the information system. Some find it takes too much work, some are concerned about confidentiality, and some do not have the needed computers.

Use other ways to share information—Because providers are not using the database, the program needs to find other ways for providers to share information and coordinate client care. Some things the program can do are:

- Work with providers to increase reporting of clients' needs and receipt of services to the program so that it can share the information with other providers.
- Use the monthly provider meetings to share client information and to encourage co-management of cases, if the meetings are continued.
- Expand the membership of the program's advisory board and use the board to help address interagency barriers to integration.

The program should:

- ✓ Develop additional methods for sharing client information.
- ✓ If continued, use monthly provider meetings to develop action plans for clients and to provide followup at future meetings.
- ✓ Continue to recruit advisory board members and use the board to address barriers to service integration.

The Program's Impact Cannot Be Assessed

The law creating the program requires a report on the outcomes of the program, including whether clients have achieved a drug-free status and whether there has been an improvement in the health and well-being of the clients and their infants. However, the data needed to make such a report is not available. Further, too few clients entered the program in each trimester of pregnancy to assess the program's effect on birth outcomes.

Data on services received not available—Although the program has data showing that the average client received six referrals for services, sufficient information is not available to show how many, and which services, a client actually received.

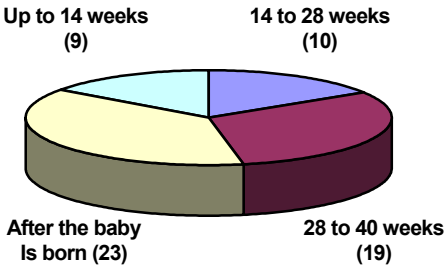
Drug use not monitored—Drug use and relapse rates cannot be reported because the program did not monitor drug use. The program decided to rely on self-reported drug use by the clients—a less reliable method than urine analysis for monitoring drug use. However, the program did not follow up to see that the self-reports were completed. A review of client files showed that none of the clients had received the proper number of follow-up assessments.

Health needs not monitored—The program also did not update information on the women's general health and well-being during their time in the program. Only 16 percent of the required follow-up interviews were conducted.

Data too limited on birth outcomes—Data was also too limited to reliably assess the program's impact on birth outcomes. Specifically, auditors found:

- Too few women entered the program at each stage of pregnancy.
- Birth outcome data was not available for all infants.

Stage of Pregnancy Women Entered the Program



Auditors also noted that although research suggests that the baby benefits no matter when the mother stops using drugs, research also states that positive birth outcomes are more likely to occur if a woman begins care in her first trimester. However, only nine women entered the program in the first trimester.

The program should:

- ✓ Ensure that for each referral, it is noted whether the client did or did not receive services.
- ✓ Monitor drug use through urine analysis testing.
- ✓ Ensure that quarterly client health and well-being followups are conducted.
- ✓ Work with community organizations to recruit more women earlier in their pregnancies.

To Obtain More Information

- A copy of the full report can be obtained by calling (602) 553-0333 or by visiting our Web site at:

  www.auditorgen.state.az.us

- The contact person for this report is ***Carol Cullen.***