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AUDITOR GENERAL

STATE OF ARIZONA  
OFFICE OF THE  
**AUDITOR GENERAL**

WILLIAM THOMSON  
DEPUTY AUDITOR GENERAL

August 14, 2002

The Honorable Roberta L. Voss, Chair  
Joint Legislative Audit Committee

The Honorable Ken Bennett, Vice Chair  
Joint Legislative Audit Committee

Dear Representative Voss and Senator Bennett:

Our Office has recently completed a 6-month followup of the AZ Department of Health Services—Perinatal Substance Abuse Pilot Program regarding the implementation status of the seven audit recommendations (including sub-parts of the recommendations) presented in the evaluation report released in November 2001 (Auditor General Report No. 01-31). As the attached grid indicates:

- 6 of the 7 recommendations have been implemented; and
- 1 recommendation is no longer applicable.

This pilot program was eliminated June 30, 2002. Unless otherwise directed by the JLAC, this report concludes our follow-up work on the November 2001 evaluation.

Sincerely,

Debbie Davenport  
Auditor General

Attachment

cc: Ms. Catherine R. Eden, Director  
Department of Health Services

JLAC Members

Senate Health Members

House Health Members

Mr. Jason Bezozo  
Senate Committee Analyst

Mr. Pete Wertheim  
House Committee Analyst

Ms. Nadine Sapien  
Senate Research Analyst

Ms. Tami Stowe  
House Research Analyst

**DEPARTMENT OF HEALTH SERVICES**  
**Perinatal Substance Abuse Pilot Program**  
**6-Month Follow-Up Report to**  
**Auditor General Report No. 01-31**

**FINDING I: Program Needs to Improve Integration of Services**

<b>Recommendation</b>	<b>Status of Implementing Recommendation</b>	<b>Explanation for Recommendations That Have Not Been Implemented</b>
1. The pilot program should develop methods to share client information with collaborators and revise the memorandums of agreement accordingly.	<b>Implemented at 6 months</b>	
2. If the pilot program continues to discuss client cases during the monthly meetings, program staff should ensure that collaborators develop action plans for client care with timelines and provide follow-up presentations at future meetings.	<b>No Longer Applicable</b>	The program concluded that “collaborator meetings were not an appropriate revenue to conduct formal conjoint case planning.” Thus, this recommendation is no longer applicable.
3. The pilot program should continue to recruit Advisory Board members. The Board should meet on a regular basis to address barriers to service integration and should use client and provider information to make recommendations for program improvement.	<b>Implemented at 6 months</b>	

**DEPARTMENT OF HEALTH SERVICES**  
**Perinatal Substance Abuse Pilot Program**  
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**FINDING II: Program’s Impact Cannot Be Assessed**

<b>Recommendation</b>	<b>Status of Implementing Recommendation <sup>1</sup></b>	<b>Explanation for Recommendations That Have Not Been Implemented</b>
1. When referrals are updated by the program coordinator or collaborators, they should indicate whether or not a client received a service.	<b>Implemented at 6 months</b>	
2. The pilot program should monitor client drug usage through regular urine analysis testing, and establish policies and procedures for obtaining this information from CPS, the courts, or substance abuse treatment centers.	<b>Implemented at 6 months</b>	
3. The pilot program should ensure that 3-month follow-up interviews are completed for all clients. The follow-up data should be promptly shared so that collaborators can track client progress.	<b>Implemented at 6 months</b>	
4. The pilot program should develop procedures for working with community organizations to recruit more women to participate in the program and earlier in their pregnancies.	<b>Implemented at 6 months</b>	

<sup>1</sup> Program ends on June 30, 2002, and will not be refunded. Therefore the OAG is not auditing the information it provided by DHS in response to the follow up.