

**Implementation
Oversight Committee on
Perinatal Substance
Abuse**

Annual Report

December 31, 1999

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I. EXECUTIVE SUMMARY

STATE DOCUMENTS

As required by Laws 1998, Chapter 176, the Implementation Oversight Committee on Perinatal Substance Abuse has monitored the development of the Integrated Services Pilot program. The Pilot program, which was authorized by the Arizona State Legislature, provides for the testing of a collaborative approach to improve the coordination and delivery of services to eligible substance abusing women. The Office of the Auditor General will evaluate the impact and effectiveness of the Pilot program and report its findings by November 1, 2001.

The Committee's findings and recommendations regarding the Integrated Services Pilot program are:

- A. The Committee supports the work of the ISA Partner Agencies, the Community Partnership of Southern Arizona (CPSA), and El Rio Health Center in implementation of the Integrated Services Pilot. The Committee further supports exploration and expansion of alternative models of integration for substance abusing pregnant and parenting women and their families. This type of integration is critical to the success of women's recovery and their ability to improve not only their own health but the health and well-being of their children as well.
- B. The Committee supports exploration of models of integrated care addressing the needs of women in the criminal justice system. At least one area of integration that the Committee believes should be further explored is involvement with Drug Court and Family Court models.
- C. The Committee supports development of private funding, to be matched by the Arizona State Legislature, to test at least one additional model of integrated care. The Integrated Services Pilot implemented in Pima County through this process tests one (medical system based entry) of the three models recommended in the Community-Based Integrated Model for Pregnant and Parenting Substance Abusing Women.... The Implementation Oversight Committee on Perinatal Substance Abuse encourages the testing of at least one of the other two models (behavioral service based entry or social service system based entry). The Committee further supports the development of private funding, with a match from the Arizona State Legislature, to implement this additional pilot program. Implementation of an additional model would allow the state to identify, through the evaluation process, differences and benefits in the different doors of entry into the system.

II. PURPOSE AND BACKGROUND

Laws 1998, Chapter 176, Section 1 (S.B. 1160) established the Implementation Oversight Committee on Perinatal Substance Abuse and requires it to submit an annual report on or before December 31 of each year, to the Governor, President of the Senate, Speaker of

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the House of Representatives, Secretary of State and Director of the Arizona Department of Library, Archives and Public Records.

The purpose of the report is to provide "the committee's recommendations and observations on the implementation and operation of the integrated service models for substance abusing pregnant and parenting women."

The Arizona Department of Health Services is required to "work with the committee to coordinate plans for the implementation of the recommendations of the Advisory Council on Perinatal Substance Abuse".

The Committee has a statutory termination date of December 31, 2000.

III. MEMBERSHIP

The Committee is comprised of 21 members appointed by the Arizona State Legislature, the Office of the Governor, the Arizona School Board's Association, the Chief Justice of the Supreme Court, the Arizona Prosecuting Attorneys' Advisory Council, and the Directors or designees of the Arizona Department of Health Services, the Arizona Department of Economic Security, and the Arizona Health Care Cost Containment System.

The 1999 members of the Committee are:

- Dr. Theresa Bertsch, Northern Arizona Regional Behavioral Health Authority
- The Honorable Robert Brutinel, Yavapai County Superior Court
- Georgia Butler, Phoenix Area Indian Health Services
- Kathryn Butler, Arizona Department of Health Services, Office of Women's and Children's Health
- Marilee Dal Pra, Governor's Division for Children
- Anne Decker, Arizona School Boards Association Member
- Christina Dye, Arizona Department of Health Services, Behavioral Health Services
- Senator Tom Freestone, Arizona State Senate
- Representative Susan Gerard, Arizona House of Representatives
- Dr. Patricia Graham, Maricopa Medical Center (co-chairperson)
- Dyanne Greer, Maricopa County Attorney's Office
- Nancy Hansen, Arizona Department of Economic Security, Administration for Children, Youth and Families
- Senator Mary Hartley, Arizona State Senate

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- Dr. Len Jasinski, Arizona Health Care Cost Containment System
- Morissa Miller, Yavapai County Health Department, WIC Program
- Representative Marion Pickens, Arizona House of Representatives
- Melissa Selbst, March of Dimes
- Brenda Smith, CODAC Behavioral Health Services
- Dr. Susan Stephens-Groff, Health Choice Arizona
- Staffed by: Arizona Department of Health Services, Division of Behavioral Health Services, Bureau of Substance Abuse

IV. INTEGRATED SERVICE PILOT PROGRAM FOR SUBSTANCE ABUSING PREGNANT AND PARENTING WOMEN

BACKGROUND

On December 31, 1995, the Advisory Council on Perinatal Substance Abuse, the predecessor to the current Implementation Oversight Committee on Perinatal Substance Abuse, produced the Report from the Advisory Council on Perinatal Substance Abuse. The 1995 Report provided recommendations for the State of Arizona to develop a coordinated statewide strategy for addressing substance abuse by women during or after pregnancy in the areas of identification, prevention, case management, and treatment.

The 1995 Report identified:

- 5 key strategies for identification of the target population
- 3 barriers and solutions for prevention
- 26 recommendations for improvements in the quality of prevention efforts
- 14 recommendations and strategies for case management improvements
- 8 barriers and solutions to treatment
- 16 recommendations for treatment service improvements

Given the breadth of the Committee's work, the Committee also established 14 Priority Areas to be addressed more immediately.

The 14 Priority Areas became the work of the successor committees to the Advisory Council on Perinatal Substance Abuse. Included in the Priority Areas were the following recommendations:

- ⇒ "The State of Arizona should facilitate the co-location of services and use co-location strategies to ensure innovative ways to expand and improve services."

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⇒ "The State of Arizona should provide additional funding to encourage the development of more providers to establish a comprehensive treatment system."

In 1997, the successor committee to the Advisory Council on Perinatal Substance Abuse met with representatives of several different types of programs serving other populations in Arizona that use co-location and collaborative strategies for improving services to special populations. The committee recognized several factors regarding service delivery to substance abusing pregnant and parenting women, including:

- Although pregnant women who are eligible for publicly funded medical and substance abuse services receive these services on a priority basis in Arizona, the needs of the population are broader than any single service system (medical, behavioral or social service);
- The condition of substance abuse itself creates certain barriers for the woman relating to confidence, self-esteem, fear of reprisals and ability to negotiate multiple service systems;
- Every system has a case management component that can result in the woman who does access all of the systems to have multiple case managers and multiple case plans -- which can be overwhelming;
- Clients with multiple issues are best served when the agencies are required to collaborate at every level of their organizations; and
- Because Arizona has limited resources, it is prudent to use varying levels and mechanisms of integration to maximize the resources that are available.

Each of the above factors speaks to the importance of linkages across the service delivery systems, and this became one of the primary goals of the Committee.

Based on these findings, the Committee produced *The Community-Based Integrated Model for Pregnant and Parenting Substance Abusing Women: Recommendations from the Implementation Oversight Committee on Perinatal Substance Abuse* and presented it to the Arizona Legislature for consideration. This report recognized the unique needs and circumstances of substance abusing women and identified three potential models that could be used to better address the needs of this population. These models acknowledge that pregnant and parenting women come into contact with the service delivery system through different avenues, including --- medical (through pregnancy services, public health services, STD screenings and other medical settings), behavioral health (through substance abuse treatment), and social services (through child welfare programs, vocational training and employment services, and nutrition services such as WIC and other social service settings).

The result of this work was the passage of Laws 1998, Chapter 176, which authorized the establishment of the Integrated Services for Substance Abusing Pregnant and Parenting Women Pilot Program. The Legislature further appropriated \$83,000 annually for three fiscal years 2000 - 2002 from the Tobacco Tax and Health Care Fund. The funds are appropriated to the Arizona Health Care Cost Containment System Administration

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which, in turn, allocates the funds to the Arizona Department of Health Services to establish the pilot program.

REQUIREMENTS

Laws 1998, Chapter 176 established certain requirements for collaboration of state agencies and the parameters of the Integrated Services Pilot Program.

Interagency Service Agreement

The Arizona Department of Health Services, Arizona Department of Economic Security, Arizona Health Care Cost Containment System Administration, and the Governor's Office of Community and Family Programs (Governor's Community Policy Office) were required to enter into an interagency service agreement by January 1, 1999 to implement the Integrated Service Pilot Program.

The interagency service agreement must identify existing programs and services in each agency that can be used to support the total needs of pregnant and parenting substance abusing women.

The interagency service agreement must also contain a commitment from the state agencies to:

- a. share existing needs assessment information, and
- b. participate in the development of requests for proposals for collaborative community partnerships to implement the Integrated Services Model Pilot Program.

Pilot Program Design

The statutory requirements (Attachment A) for the pilot program design included:

- a. collaboration of existing resources
- b. directing any additional funding to providing services not currently provided to this population, providing services to women not currently eligible for services and providing support for the development of a network of services

Request for Proposals

The statute directs the Arizona Department of Health Services, or its designee, to issue an RFP by July 1, 1999 for the development of the Integrated Services Pilot Program. The state agencies that are signatories to the interagency service agreement are required to participate in the

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development of the proposal and establish evaluation criteria for the award.

Evaluation

The statute requires the Office of the Auditor General to perform an evaluation of the impact and effectiveness of the Integrated Services Model Pilot Program and report on its findings by November 1, 2001.

ACTIONS AND STATUS

Interagency Service Agreement

Status: Complete -- ISA signed December 28, 1998

Staff from the Arizona Department of Health Services, Arizona Department of Economic Security, Arizona Health Care Cost Containment System Administration, and the Governor's Office of Community and Family Programs (Governor's Community Policy Office) met during the fall of 1998 to develop the Interagency Service Agreement (Attachment B). The ISA was completed and signed by the designated authority of all required state agencies on December 28, 1998.

State agency staff continue to fulfill the obligations of the ISA and to meet monthly to collaborate on the implementation and oversight of the Integrated Services Model Pilot Program.

Pilot Program Design

Status: Complete -- March 1999

The state agency signatories to the ISA completed the refinements to the Integrated Services Pilot Program based on the "Community-Based Integrated Model . . ." report from the Committee and the state law.

Because the program was funded with Tobacco Tax monies by the Legislature, certain restrictions applied which were not considered in the original work of the Committee. In particular, the fund source restricted delivery of direct services, such as case management. As the purpose of the Pilot Program was to test integration of services, the state agency staff had to modify the original design to establish a "screening and brokering" function. Case management, which is a service, cannot be paid for under the Pilot; however, part of the brokering function is to ensure that the client is linked with a case manager through one of the participating state programs if she is eligible for this service. The primary function of the program design, therefore, became creating the linkages to better-

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integrated services for the clients and brokering or helping them to negotiate the existing services and systems.

In order to be eligible for the Pilot Program, the client must be Title XIX, substance abusing, as defined by the DSM-IV, and reside in Pima County. In addition, although the program will accept referrals from any source, it is encouraged to give preference to pregnant women and women whose children are at risk of being removed from the home or not returned to the home by Child Protective Services due to the mother's substance abuse.

The service broker in the Pilot Program will be responsible for identifying and assisting the woman to link to all other services for which she may be eligible, including services that are not traditionally part of the behavioral health array -- medical, obstetrical, nutrition, transportation, financial counseling, housing, dependent care, education, job training and employment services, parenting skills, legal services and case management services.

In order to maximize funds allocated for the program, the state agency staff determined that it would be best to implement the program in only one geographic area of the state.

Request for Proposals

Status: Complete -- Contract awarded June 24, 1999

The Arizona Department of Health Services does not directly contract for services, but rather contracts through its Regional Behavioral Health Authority system (RBHAs). State agency staff prepared a draft RFP and solicited interest from the RBHAs to determine which geographic area of the state was the most likely to successfully implement this program and could demonstrate that it had sufficient infrastructure in the community to provide the linkages that the client would require. Community Partnership of Southern Arizona (CPSA) in Pima County was selected by the ISA Team to issue the RFP. The state agency staff (ISA Team) and staff from CPSA refined the RFP, and CPSA issued the request in its provider community in June 1999.

CPSA awarded the contract on June 24, 1999 to El Rio Health Center. The RFP evaluation process was reviewed and approved by the ISA Team prior to the award. El Rio Health Center is a federally qualified community health center that provides medical and behavioral health services for patients with a variety of pay arrangements, including self-pay.

El Rio's proposed a county wide integrated service model for prenatal and postnatal women who are using or in danger of using substances. The risk population is determined by identifying those women who are at risk of

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using substances based on their past behavior or who are currently using substances and are in need of integrated services to help promote healthier lifestyles and outcomes for themselves, their families and children.

The strength of the El Rio proposal is that it includes multiple points of entry for the client, has a strong data management plan for tracking participants, can provide additional resources to fund transportation for women, and demonstrated a commitment to working with the Office of the Auditor General on the required program evaluation.

The El Rio concept targets the most used services for prenatal care and delivery as well as postnatal services in pediatrics and well baby clinics; thus, El Rio is establishing multiple points of entry into the Pilot Program at El Rio OB/GYN Associates, El Rio Midwifery Services, El Pueblo Clinic, Tucson Medical Center and Kino Hospital. In addition, agencies that will be used to provide substance abuse services are the ones that are most highly used in the community, including CODAC, COMPASS Health Care and AMITY. The clinical and behavioral health pathways are looped into social services agencies and the state's AHCCCS Health Care Plans for a complete bio-psycho-social model of health care integration. All linkages are being accomplished through a common management information system provided by El Rio Health Center.

El Rio will begin and develop the integration of services during the first year of the program in the form of linkage core interagency agreements that encompass different services. This core will be called the "EMSA ESPERANZA PROGRAM (Expectant Mothers with Substance Abuse Hope Program). This core program will then be linked to an extended hub of more expanded services as the network develops, ultimately encompassing all of Pima County including its rural areas.

El Rio began serving clients in the Integrated Services Pilot Program in November 1999.

Evaluation

Status: On Target for Report November 1, 2001

The Office of the Auditor General (OAG) began developing the evaluation design in April 1999 based on the requirements specified in the enabling legislation. The general evaluation design has been completed and was presented to the Committee on August 4, 1999.

OAG staff is currently working with El Rio Health Center staff, Community Partnership of Southern Arizona staff, state agency staff, and other stakeholders to select and develop instruments to measure program outcomes, including the level of integration, patterns of substance use, relapse rates, drug status of the infant at birth, well-being of the woman

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and her family, and average length and cost of treatment compared with estimated costs of non-treatment. OAG staff has also begun evaluating the implementation of the program including attending meetings between El Rio and their collaborators, receiving training on the computer system being used to integrate services in the Pilot, and reviewing documents and communications between El Rio, state agencies, and their collaborators.

V. RECOMMENDATIONS / FINDINGS FROM THE IMPLEMENTATION OVERSIGHT COMMITTEE ON PERINATAL SUBSTANCE ABUSE:

- A. The Committee supports the work of the ISA Partner Agencies, the Community Partnership of Southern Arizona (CPSA), and El Rio Health Center in implementation of the Integrated Services Pilot. The Committee further supports exploration and expansion of alternative models of integration for substance abusing pregnant and parenting women and their families. This type of integration is critical to the success of women's recovery and their ability to improve not only their own health but the health and well-being of their children as well.
- B. The Committee supports exploration of models of integrated care addressing the needs of women in the criminal justice system. At least one area of integration that the Committee believes should be further explored is involvement with Drug Court and Family Court models.
- C. The Committee supports development of private funding, to be matched by the Arizona State Legislature, to test at least one additional model of integrated care. The Integrated Services Pilot implemented in Pima County through this process tests one (medical system based entry) of the three models recommended in the *Community-Based Integrated Model for Pregnant and Parenting Substance Abusing Women. . .*. The Implementation Oversight Committee on Perinatal Substance Abuse encourages the testing of at least one of the other two models (behavioral service based entry or social service system based entry). The Committee further supports the development of private funding, with a match from the Arizona State Legislature, to implement this additional pilot program. Implementation of an additional model would allow the state to identify, through the evaluation process, differences and benefits in the different doors of entry into the system.

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ATTACHMENT A

S.B. 1160

1 of state and director of the department of library, archives and public
 2 records on the committee's recommendations and observations on the
 3 implementation and operation of the integrated service models for substance
 4 abusing pregnant and parenting women.

5 D. The director of the department of health services shall call the
 6 first meeting of the committee. The committee shall elect a chairperson at
 7 this meeting. The committee shall meet at least four times during the
 8 calendar year or at the call of the chairperson. A majority of the members
 9 constitutes a quorum.

10 E. The department of health services shall:

11 1. Work with the committee to coordinate plans for the implementation
 12 of the recommendations of the advisory council on perinatal substance abuse.

13 2. Staff the implementation oversight committee on perinatal substance
 14 abuse and provide the necessary administrative services.

15 F. Committee members are not eligible to receive compensation, but
 16 members appointed pursuant to subsection A, paragraphs 11 through 19 are
 17 eligible for reimbursement of expenses pursuant to title 38, chapter 4,
 18 article 2, Arizona Revised Statutes.

19 Sec. 2. Integrated services for substance abusing pregnant and
 20 parenting women

21 A. The department of health services, the department of economic
 22 security, the Arizona health care cost containment system administration and
 23 the governor's office of community and family programs shall enter into an
 24 interagency service agreement to implement models of integrated services
 25 identified by the implementation oversight committee on perinatal substance
 26 abuse established pursuant to Laws 1996, chapter 52, section 1. These
 27 agencies may collaborate with private sector funding organizations to
 28 contribute to the development of the service agreement and to explore
 29 innovative funding sources to implement models of integrated services.

30 B. The interagency service agreement shall:

31 1. Identify existing programs and services in each of the agencies
 32 identified in subsection A of this section that can be used to support the
 33 total needs of pregnant and parenting substance abusing women, including:

34 (a) Medical, perinatal, obstetrical and postnatal care.

35 (b) Behavioral health, including substance abuse treatment services,
 36 domestic violence services and abuse and neglect services.

37 (c) Nutrition services.

38 (d) Transportation services.

39 (e) Financial counseling and support and eligibility for income
 40 support services.

41 (f) Housing services.

42 (g) Dependent care and child care services.

43 (h) Education, job training and employment services.

44 (i) Parenting skills, child welfare and family preservation services.

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1 (j) Legal services.

2 (k) Case management services.

3 2. Provide a commitment from the agencies identified in subsection A
4 of this section to share existing needs assessment information and to
5 participate in the development of requests for proposals for collaborative
6 community partnerships to implement the integrated services models proposed
7 by the implementation oversight committee on perinatal substance abuse.

8 C. The integrated service models should encourage the collaboration
9 of existing resources for currently served populations. Any additional
10 monies received for the models shall be directed to:

11 1. Providing additional services not currently provided, including:

12 (a) Outreach for pregnant women substance abusers.

13 (b) Medical information and education for pregnant women substance
14 abusers.

15 (c) Education and training for medical and social service providers
16 on substance abuse issues for pregnant women.

17 (d) Family support for pregnant and postpartum parenting and substance
18 abusing women.

19 2. Providing services to substance abusing women who are not currently
20 eligible for any other service network.

21 3. Providing support for the development and maintenance of the
22 network to provide services to pregnant and parenting substance abusing
23 women.

24 D. With the cooperation of the agencies identified in subsection A of
25 this section, the director of the department of health services, or the
26 director's designee, shall develop and issue the requests for proposals to
27 fund integrated service models for pregnant and parenting substance abusing
28 women as identified by the agencies participating in the interagency service
29 agreement.

30 E. The agencies identified in subsection A of this section shall
31 develop the criteria by which the contract awards shall be granted.

32 F. The director of the department of health services, or the
33 director's designee, shall organize the first meeting of the state agencies
34 and shall chair the meetings for development of the interagency service
35 agreement and the requests for proposals to implement the interagency
36 collaboration models.

37 G. By January 1, 1999 the state agencies identified in subsection A
38 of this section shall sign the interagency service agreement developed
39 pursuant to subsection B of this section.

40 H. By July 1, 1999 the director of the department of health services
41 shall sign the contracts to implement the interagency collaboration models
42 outlined in the requests for proposals developed and issued pursuant to
43 subsection D of this section.

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1 Sec. 3. Outcome evaluation; report

2 A. The auditor general shall perform an evaluation of the impact and
3 effectiveness of the integrated services models prescribed in section 1 of
4 this act and shall provide copies of an outcome evaluation report to the
5 governor, speaker of the house of representatives, president of the senate,
6 secretary of state and director of the department of library, archives and
7 public records by November 1, 2001.

8 B. The outcome evaluation report shall include the following
9 information:

10 1. The number, type and location of integrated service models funded
11 under this act.

12 2. The characteristics of the population included in each of the
13 integrated service models.

14 3. The services provided by the collaborative community partnerships
15 and the models of collaboration used for each integrated service model.

16 4. General demographic and treatment characteristics of the population
17 served, including information from the intake and assessment screening.

18 5. General information on the short-term and long-term outcomes of the
19 services provided, including:

20 (a) Successful strategies for reducing or eliminating substance
21 abusing behaviors.

22 (b) The status of the woman's and the family's well-being, including
23 general health, employment and housing status.

24 (c) The drug status of the infant at birth.

25 (d) The average length of treatment and average costs compared with
26 estimated costs of nontreatment.

27 (e) The number of months the substance abusing woman achieves a drug
28 and alcohol free status.

29 (f) The relapse rates for women who return to substance abusing
30 behaviors after achieving drug and alcohol free status.

31 Sec. 4. Laws 1997, chapter 123, section 5 is amended to read:

32 Sec. 5. Health care fund; education and information programs

33 A. Subject to the availability of monies and the requirements of this
34 section, the director of the Arizona health care cost containment system
35 administration shall allocate on a one-time basis up to seven million five
36 hundred thousand dollars from the medically needy account of the tobacco tax
37 and health care fund established pursuant to section 42-1241, Arizona Revised
38 Statutes, AND RENUMBERED AS SECTION 36-771, ARIZONA REVISED STATUTES, ON
39 JANUARY 1, 1999, to the department of health services for programs designed
40 to provide education or information on health issues. Programs funded
41 pursuant to this subsection shall:

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1 1. Complement existing medical services expenditures made in this
 2 state with monies from the state general fund or the tobacco tax and health
 3 care fund by providing health education, information or outreach designed to:

4 (a) Prevent and reduce the incidence of or ameliorate medical
 5 conditions.

6 (b) Promote awareness of medical services in this state, healthy
 7 life-styles or issues clearly related to the provision of publicly financed
 8 health care services in this state, such as organ donation or teen pregnancy
 9 prevention.

10 2. Not be designed or funded with the intent to supplant existing
 11 expenditures made in this state on a particular health issue.

12 3. Not be initiated until reviewed by the joint legislative oversight
 13 committee on the tobacco tax and health care fund established by section
 14 41-1292.01, Arizona Revised Statutes.

15 4. Be subject to review or evaluation as determined by the joint
 16 legislative oversight committee on the tobacco tax and health care fund.

17 B. Beginning in fiscal year 1997-1998, the director of the Arizona
 18 health care cost containment system administration shall allocate the monies
 19 prescribed in this section to the department of health services on an as
 20 needed basis and after the department has had program proposals reviewed by
 21 the joint legislative oversight committee on the tobacco tax and health care
 22 fund and submits funding requirements to the director of the Arizona health
 23 care cost containment system administration. Funding provided pursuant to
 24 this section is not subject to the provisions of section 35-190, Arizona
 25 Revised Statutes, relating to lapsing of appropriations.

26 C. NOTWITHSTANDING SUBSECTION B OF THIS SECTION, FOR FISCAL YEARS
 27 1999-2000, 2000-2001 AND 2001-2002 THE DIRECTOR OF THE ARIZONA HEALTH CARE
 28 COST CONTAINMENT SYSTEM ADMINISTRATION SHALL ALLOCATE EIGHTY-THREE THOUSAND
 29 DOLLARS ANNUALLY OF THE MONIES PRESCRIBED IN THIS SECTION TO THE DEPARTMENT
 30 OF HEALTH SERVICES TO IMPLEMENT MODELS OF INTEGRATED SERVICES IDENTIFIED BY
 31 THE IMPLEMENTATION OVERSIGHT COMMITTEE ON PERINATAL SUBSTANCE ABUSE
 32 ESTABLISHED PURSUANT TO LAWS 1996, CHAPTER 52, SECTION 1. MONIES ALLOCATED
 33 PURSUANT TO THIS SUBSECTION ARE NOT SUBJECT TO THE PROVISIONS OF SECTION
 34 35-190, ARIZONA REVISED STATUTES, RELATING TO LAPSING OF APPROPRIATIONS,
 35 EXCEPT THAT MONIES REMAINING UNEXPENDED AND UNENCUMBERED ON JULY 1, 2002
 36 REVERT TO THE TOBACCO TAX AND HEALTH CARE FUND ESTABLISHED PURSUANT TO
 37 SECTION 42-1241, ARIZONA REVISED STATUTES, AND RENUMBERED AS SECTION 36-771,
 38 ARIZONA REVISED STATUTES, ON JANUARY 1, 1999.

39 C. D. The director of the department of health services in approving
 40 program expenditures pursuant to this section shall fully consider the
 41 one-time nature of the monies made available in subsection A of this section.
 42 Approval of program funding from the ~~medially~~ MEDICALLY needy account's
 43 unspent balance pursuant to this section does not constitute a commitment of

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1 funding from annual health education account revenues or other state monies
2 after the funding allocated in subsection A of this section has been
3 exhausted.

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Sec. 5. Delayed repeal

A. Section 1 of this act, relating to the implementation oversight committee on perinatal substance abuse, is repealed from and after December 31, 2000.

B. Section 2 of this act, relating to integrated services for substance abusing pregnant and parenting women, and section 3 of this act, relating to outcome evaluations reports, are repealed from and after June 30, 2002.

Sec. 6. Emergency

This act is an emergency measure that is necessary to preserve the public peace, health or safety and is operative immediately as provided by law.

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ATTACHMENT B

INTERAGENCY SERVICE AGREEMENT

Among the

Arizona Department of Health Services (ADHS).

Arizona Department of Economic Security (ADES).

Arizona Health Care Cost Containment System (AHCCCS),

and the

Governor's Community Policy Office (GCPO)

This Interagency Service Agreement (Agreement) is entered by and among the Arizona Department of Health Services, pursuant to A.R.S. §36-104, and §36-3435, the Arizona Department of Economic Security, pursuant to A.R.S. §36-3435, and §41-1954, the Arizona Health Care Cost Containment System, pursuant to A.R.S. §36-2901, and the Governor's Community Policy Office, pursuant to A.R.S. §35-148.

WHEREAS, ADHS, ADES, AHCCCS, and the GCPO are authorized to execute and administer contracts and are responsible for services to women with substance abuse problems and their children and families based upon their respective statutory authority, and;

WHEREAS, ADHS, ADES, AHCCCS, and the GCPO desire to establish a pilot program for an integrated community based services model for substance abusing pregnant and parenting women, their children and families;

NOW THEREFORE, in consideration of the mutual promises and undertakings contained herein, and for other good valuable consideration, the parties hereby agree as follows:

I. Agreement Term

The term of this Agreement shall begin when this Agreement has been signed by all Parties and shall remain in effect until June 30, 2002 or until the agreement is terminated pursuant to Section VIII.

II. Definitions

A. "ADES" (Arizona Department of Economic Security) is the state agency mandated to serve the income assistance, employment and training, social service and support, child welfare and developmental disability needs of eligible Arizona residents.

B. "ADHS" (Arizona Department of Health Services) is the state agency mandated to serve the public health and behavioral health needs of all Arizona residents. All duties of ADHS in this interagency services agreement shall be performed directly by ADHS or through the RBHA's.

C. "AHCCCS" (Arizona Health Care Cost Containment System) is the Arizona Medicaid Agency as provided under Title XIX of the Social Security Act; 42 U.S.C. sec. 1396 et. seq.

D. "GCPO" (The Governor's Community Policy Office) means the office that administers federal and state grants at the direction of the Governor of the State of Arizona. A portion of these grants are directed toward alcohol, tobacco, and other drugs, and children and women, including pregnant and parenting teens.

E. "Lead Agency" means the Party to this Agreement responsible for coordinating, organizing, developing, and, through the designated RBHA(s), issuing the request for proposal (RFP) to establish a pilot program for an integrated community based services model for substance abusing pregnant and parenting women, their children and families pursuant to Laws 1998, Chapter 176 (S.B. 1160). The Arizona Department of Health Services is the Lead Agency.

F. "Parties to the Agreement" (Parties) shall be ADHS, ADES, AHCCCS, and the GCPO.

G. "Pilot Program(s)" means the integrated community based services model program(s) for substance abusing pregnant and parenting women, their children and families selected through the RFP process identified in this Agreement.

H. "Regional Behavioral Health Authority (RBHA)" means an organization under contract with the Arizona Department of Health Services to coordinate the delivery of behavioral health and substance abuse services to eligible and / or enrolled persons in a geographically specific service area of the State. Pursuant to this Interagency Service Agreement, RBHAs are responsible for direct administration, oversight and monitoring of the contracts awarded through an RFP for the pilot program for an integrated community based services model for substance abusing pregnant and parenting women, their children and families developed by the Parties.

I. "Work Group for Integrated Services for Pregnant and Parenting Substance Abusing Women Model Work Group" (Work Group) means the work group established to develop, plan and prepare the RFP for the pilot program(s) for an integrated community based services model for substance abusing pregnant and parenting women, their children and families and provide periodic briefings to the Implementation Oversight Committee on Perinatal Substance Abuse established pursuant to Laws 1998, Chapter 176 (S.B. 1160).

The Work Group also provides information dissemination and evaluation information for the pilot initiative. The Work Group is comprised of representatives of the Parties.

At the discretion of the Work Group members, the Work Group may include the designated RBHA(s) for the purpose of preparing the RFP, preparing the evaluation criteria for the RFP, facilitating communication on the operation of the pilot program(s) and other matters related to the outcome of the pilot program. The Work Group may also collaborate with private sector funding organizations to explore innovative funding sources to implement models of integrated services.

III. Mutual Objectives

This Agreement is entered into for the purpose of achieving the following mutual objectives as required by Laws 1998, Chapter 176 (S.B. 1160):

A. Identify existing programs and services in each of the Parties that can be used to support the total needs of pregnant and parenting substance abusing women, including:

1. Medical, perinatal, obstetrical and postnatal care
2. Behavioral health, including substance abuse treatment services, domestic violence services and abuse and neglect services
3. Nutrition services
4. Transportation services
5. Financial counseling and support and eligibility for income support services
6. Housing services
7. Dependent care and child care services
8. Education, job training and employment services
9. Parenting skills, child welfare and family preservation services
10. Legal services
11. Case management services

B. Determine if funds in addition to those currently appropriated are available and determine the use of those additional funds for:

1. Providing additional services not currently provided, including:
 - a. Outreach for pregnant women substance abusers
 - b. Medical information and education for pregnant women substance abusers
 - c. Education and training for medical and social service providers on substance abuse issues for pregnant women
 - d. Family support for pregnant and postpartum parenting and substance abusing women
2. Providing services to substance abusing women who are not currently eligible for any other service network
3. Providing support for the development and maintenance of the network to provide services to pregnant and parenting substance abusing women.

C. Share existing needs assessment information

D. Participate in the development of requests for proposals (RFP's) for collaborative community partnerships to implement the integrated community based services models for substance abusing pregnant and parenting women, their families and children proposed by the Implementation Oversight Committee on Perinatal Substance Abuse pursuant to Laws 1998, Chapter 176 (S.B. 1160), including:

1. Assisting the Lead Agency to develop the RFP for the pilot program for an integrated community based services model for substance abusing pregnant and parenting women, their children and families.
2. Assisting the Lead Agency to develop the evaluation criteria for the RFP
3. Assisting the Lead Agency to make recommendations based upon the RBHA preliminary screen of the responses received to the RFP
4. Participating in the evaluation of the bids received
5. Ensuring delivery of existing programs and services currently available through the Parties to women, children and families targeted in the Pilot Program sites.

IV. Agency Duties and Responsibilities

This section identifies the responsibilities of ADHS, ADES, AHCCCS and the GCPO in achieving the mutual objectives outlined in Section III.

A. Staffing Responsibilities:

1. Identify staff to participate in the Work Group.
2. Assist ADHS with the RFP development and selection.
3. Assist ADHS with distribution sources for the RFP.
4. Facilitating communication and coordination among individual agency contractors and subcontractors to assist with the success of the pilot program(s).

B. Contract Responsibilities

1. ADHS shall retain the responsibility for issuance and administration of the RFP through its selected RBHA(s).
2. The RFP shall be considered approved for release by the Parties if the Lead Agency does not receive a written objection to the RFP from any Party within ten (10) working days after the Lead Agency releases the final draft of the RFP to the Parties for review.

C. Evaluation of the Project

Provide information to assist in conducting and outcome evaluation of the site(s) pursuant to Laws 1998, Chapter 176 (SB 1160).

D. Confidentiality

Any non state employee who is involved with the RFP evaluation process shall sign a confidentiality statement.

E. Notices

All notices or other correspondence between the parties regarding this Agreement shall be mailed or delivered to the respective parties at the following addresses:

ADHS

Procurement Officer
ADHS
1740 West Adams
Phoenix, Arizona 85007

ADES

Linda, J. Blessing, Director
ADES - Site Code 010A
P.O. Box 6123

Phoenix, Arizona 85007

AHCCCS

Michael Veit
Contract and Purchasing Administrator
AHCCCS
701 East Jefferson
Phoenix, Arizona 85034

GCPO

Elizabeth Reich
Executive Director
1700 West Washington, #101-C
Phoenix, Arizona 85007

V. Amendments

A. No condition or requirement contained in or made a part of the Agreement shall be waived or modified without an approved, written amendment to this Agreement. An amendment shall be effective only if in writing and signed by all parties. The terms and provisions of this Agreement including amendments shall remain in full force and effect.

B. Subsection V.A. above notwithstanding, the parties shall give notice to each other of any non-material alteration to this Agreement. Non-material alterations do not require a written amendment and are:

1. Change of address,
2. Change of telephone number,
3. Change of authorized signatory, and
4. Changes in the name and/or address of the person to whom notices are to be sent.

VI. Compliance with Non-Discrimination Laws

Except as provided in Section 703 of Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e-2(i), which permits preferential employment treatment of individual Indians, the parties shall comply with Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act of 1975 and the State Executive Order No. 75-5 which mandates that all persons, regardless of race, color, religion, sex, age, national origin or political affiliation, shall have equal access to employment opportunities. The parties shall comply with Section 503 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination in the

employment or advancement in employment of qualified persons because of physical or mental handicap. The parties shall comply with Title VI of the Civil Rights Acts of 1964, as amended, which prohibits the denial of benefits or participation in services on the basis of race, color, or national origin. The parties shall comply with the Americans with Disabilities Act and the Arizona Disability Act. The parties shall comply with the Vietnam Era Veteran's Readjustment Act of 1973, as amended, and the Rehabilitation Act of 1973, as amended, and as implemented by 41 CFR Part 60 as prescribed in 41 CFR 60-250.4 (n) and 41 CFR 60-741.4(f).

VII. Dispute Resolution

Any dispute regarding any portion of this agreement will be submitted to the Governor for resolution. The dispute may subsequently be referred to an arbitrator or mediator chosen by mutual consent of the parties if the dispute is not resolved by the Office of the Governor. In the event the parties cannot reach a consensus, a suit may be filed in the Superior Court of Arizona. The suit will be subject to the arbitration provision of A.R.S. §12-133.

VIII. Termination

This agreement may be terminated without cause upon thirty (30) days written notice by any of the parties during the term of this contract. This Agreement is subject to the provisions of ARS 38-511.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the date written below:

ARIZONA DEPARTMENT OF HEALTH SERVICES

Iva Mae Carson DATE: *12/23/98*

Procurement Officer

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

E4379183



DATE: 12/8/98

For Linda J. Blessing, Director