



ANNUAL EVALUATION

HEALTH START PILOT PROGRAM

**Report to the Arizona Legislature
By the Auditor General
January 1996
Report 96-2**



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January 25, 1996

Members of the Arizona Legislature

The Honorable Fife Symington, Governor

Dr. Jack Dillenberg, Director
Arizona Department of Health Services

Transmitted herewith is a report of the Auditor General, an Annual Evaluation of the Health Start Pilot Program. This report is in response to the provisions of Session Laws 1994, 9th Special Session, Chapter 1, Section 9.

This is the first in a series of three reports. The second and final evaluations are scheduled to be released on or before December 31, 1996, and December 31, 1997, respectively. Our evaluation of the Health Start program found that the Arizona Department of Health Services (ADHS) contract award process should be revised so that it is clear on what basis a community is selected to receive the Health Start program. We also found that the ADHS should continue its efforts to coordinate Health Start with other available services. In addition, we found that as part of the program, the ADHS developed the *Arizona Family Resource Guide* which is well designed and informative and was created and distributed at limited cost to the state.

However, due to problems in program implementation and data collection, we have concerns at this time about the feasibility of conducting a future outcome evaluation demonstrating progress in achieving participant goals and objectives.

My staff and I will be pleased to discuss or clarify items in the report.

This report will be released to the public on January 26, 1996.

Sincerely,

A handwritten signature in cursive script that reads "Douglas R. Norton".

Douglas R. Norton
Auditor General

Enclosure

SUMMARY

The Office of the Auditor General has completed the first in a series of three annual program evaluation reports to be issued on the Health Start Pilot Program and the *Arizona Children and Families Resource Directory*, administered by the Arizona Department of Health Services (ADHS), Office of Women's and Children's Health (OWCH). This evaluation was conducted pursuant to the provisions of Session Laws 1994, 9th Special Session, Chapter 1, Section 9. The second and final evaluation reports are scheduled to be released on or before December 31, 1996, and December 31, 1997, respectively.

Arizona's Health Start Pilot Program is designed to provide children with a healthy start in life by identifying pregnant women in need of services and providing them with education, emotional support, advocacy, and referrals. The Program's goals are to increase pregnant women's access to prenatal care, reduce the incidence of low birth weight babies, improve childhood immunization rates, reduce the incidence of children affected by childhood diseases, provide information about preventive health care, and assist families in identifying school readiness programs.

The State appropriated \$975,000 for the Health Start Pilot Program in fiscal year 1994-95 and \$1,400,000 in 1995-96. Other funding sources increased revenues to \$1,365,584 in 1994-95 and to \$1,636,695 in 1995-96.

The OWCH awarded contracts to 13 Health Start providers to serve participants between March 1, 1995, and June 30, 1996. The contractors serve urban communities in Phoenix, Tucson, and Yuma, and over 60 communities in rural or semi-urban areas across the State. Providers served 2,740 new and continuing participants and conducted outreach services to 103 nonparticipants in 1994-95. The contractors provided services for a total of \$287,930 in the first fiscal year and are contracted to provide \$1,141,240 in direct services in 1995-96.

Procedures for Selecting Pilot Sites Need to Be Improved (See pages 10 through 13)

Health Start's approach is to target needy communities and serve all pregnant women in the community who wish to participate. Because Health Start does not have any other criteria for enrollment, it is important that the communities selected as pilot sites are truly needy areas in the State. However, ADHS proposal reviewers did not follow its written

criteria when they evaluated the proposals on the factor of **demonstrated need** for the Program. To ensure that the basis for community need is documented, the OWCH should revise the evaluation criteria and methods.

The OWCH should establish evaluation criteria to ensure that funded communities have a documented need for Health Start. The OWCH should revise its evaluation system by establishing several criteria under which a community can qualify as having need, allocating more points for documented need in a proposal's overall score, and applying criteria more consistently in evaluating proposals. The OWCH should also consider identifying specific sites with the highest documented need so proposals can be requested to specifically serve those communities.

Health Start Needs to Continue Its Efforts to Coordinate with Related Programs (See pages 14 through 16)

The OWCH needs to increase its efforts to coordinate Health Start with other services available to pregnant women and their families. Because Health Start's target population is broadly defined, many other Arizona programs may be serving families with needs similar to those addressed by Health Start. Without adequate coordination, Health Start may be serving participants who would be better served by another program. Although the OWCH has recognized the need for coordination, and is working to develop a system to coordinate efforts, many barriers to coordination remain. The ADHS should conduct a formal study to assess the feasibility of comprehensive program coordination.

Health Start Reverts a Significant Amount of Its Appropriation (See pages 18 through 19)

Health Start will revert a significant amount of its first-year appropriation to the State General Fund. At least \$500,000 of the state funding for Health Start will revert to the State General Fund. The reversion is caused by a shortened service year and the Program's reimbursement requirements, under which OWCH does not pay contractors for services until the participant's baby is born. In the future, the Legislature may want to consider either providing only planning funding for the first year of a pilot program, or providing non-reverting funding for the first year.

**Arizona Family Resource
Guide Meets Goals
(See pages 20 through 22)**

The goal of the *Arizona Family Resource Guide* is to aid parents in accessing needed services without relying on public programs for referrals. The Guide is well developed and informative. It fulfills its goal of increasing parents' access to information, while its size and format allows it to be widely distributed at limited cost to the State. Before reprinting the Guide, the OWCH should make a few minor changes to verify information and correct minor problems.

**Statutory Annual
Evaluation Components
(See pages 24 through 29)**

Responses to legislative questions regarding program participants, contractors, revenues and expenditures, enrollment and disenrollment in the Program, the cost per participant, and recommendations are described in detail in the final section of this report.

This report does not address the progress of program participants in achieving goals and objectives, because the program was operational for only four months during the first year. However, the Office of the Auditor General has specific concerns about the feasibility of demonstrating progress in achieving participant goals and objectives. First, the Program's goals and expected outcomes are inconsistently defined by program implementers. Second, the methods used for selecting sites and participants may make it difficult for the Program to have a demonstrable impact on outcomes. For example, some communities receiving Health Start have more favorable rates of low birth weight or prenatal care than the statewide rates. Finally, the Program collects very limited information on participants, restricting the scope and comprehensiveness of the outcome evaluation.

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INTRODUCTION AND BACKGROUND

The Office of the Auditor General has completed the first in a series of three annual program evaluation reports to be issued on the Health Start Pilot Program and the *Arizona Children and Families Resource Directory*, administered by the Arizona Department of Health Services (ADHS), Office of Women's and Children's Health (OWCH). This evaluation was conducted pursuant to the provisions of Session Laws 1994, 9th Special Session, Chapter 1, Section 9. The second and final evaluation reports are scheduled to be released on or before December 31, 1996, and December 31, 1997, respectively.

History of the Program

Health Start has served communities in Arizona since 1988. Initially, the Program used lay health workers to conduct community outreach and provide home visits to women during their pregnancies. In 1993, the Program expanded to emphasize family health services, and added a follow-up period in which families received home visits until their child was two years old.

The Arizona Children and Families Stability Act, enacted during the 1994 9th Special Session (Laws 1994, 9th S.S., Ch. 1 §8), created a new Health Start Pilot Program. This Act built upon the previous program, but expanded the length of the family follow-up period from two to four years after birth.

Health Start Goals

Arizona's Health Start Pilot Program attempts to provide children with a healthy start in life by identifying pregnant women needing services and providing them with education, emotional support, advocacy, and referrals. The Program's specific goals are to increase pregnant women's access to prenatal care, reduce the incidence of low birth weight babies, improve childhood immunization rates, reduce the incidence of children affected by childhood diseases, provide information about preventive health care, and assist families in identifying school readiness programs.

Timely and adequate prenatal care can reduce the incidence of low birth weight, which in turn can improve the child's health, reduce health care costs, and reduce infant mortality. Although it is important for pregnant women to receive prenatal care in the first trimester, only 69 percent of Arizona's pregnant women receive such care. A recent study by the Arizona State University School of Health Administration and Policy found that in Ari-

zona, teenagers, high school dropouts, single women, and women of ethnic minority in particular need more education about the importance of early and adequate prenatal care. The rate of low birth weight babies born in Arizona has risen, from 6.1 percent in 1983 to 6.7 percent in 1993.

One of Health Start's primary goals is to assist women in accessing prenatal care. A committee from the National Academy of Sciences' Institute of Medicine has found that, even when financial and institutional barriers to care are reduced, there are many women who will still not receive prenatal care. They may experience sociodemographic or attitudinal barriers that prevent them from obtaining needed care. For example, even if the process for obtaining Medicaid coverage were simplified, some women would not receive prenatal care because they do not understand English or because they are afraid of doctors. The Committee found that certain types of outreach and social support programs (such as those providing services like Health Start's) can be successful at reducing sociodemographic and attitudinal barriers and helping pregnant women obtain the needed prenatal services.

Program Description

Health Start serves pregnant women, their children, and their families. A woman is eligible to enroll in the pilot program if she is pregnant and resides within a contractor's service area. Although there are no risk-based eligibility criteria for participants, the Program is designed to serve communities in which much of the population is at risk of poor maternal health care, low birth weight, low rate of immunization, or generally poor early childhood health.

The Health Start Pilot Program is based on a lay health worker (often called *promotora*) model for service delivery. In the promotura model, lay individuals are hired to provide outreach and to promote health care behaviors in their communities. Lay health workers are typically trusted members of their communities, who reflect the ethnic, cultural, and socioeconomic characteristics of the residents. Because they are nonprofessional workers, they are not required to have prior training or experience in health care. The lay health worker does not provide any direct health services, but does encourage members of the community to access health services as appropriate. They also act as advocates and role models for community members.

In the Health Start Pilot Program, lay health workers provide community outreach, prenatal home visits, and four years of follow-up home visits after birth ("family follow-up") to women in populations that are at risk. The main purposes of prenatal home visits are to ensure that the participant obtains prenatal medical care from a physician and to educate her about prenatal health issues. The lay health worker also provides support, referrals, and assistance on other topics as appropriate, including assistance in accessing financial

aid, in coping and problem-solving, and in finding other resources families may need. Family follow-up visits focus on promoting preventive child health care (including immunizations and establishing a medical home for each family member, such as a clinic or HMO), providing basic perinatal and child development education, and providing necessary referrals (including referrals to early childhood education programs). Although the family follow-up visits focus on the target child (the pregnancy during which the participant was enrolled), the lay health worker promotes health and provides referrals for the whole family. (See Appendix A, page a-iii for a list of program activities and anticipated outcomes for the outreach, prenatal, and family follow-up periods.)

Administration, Budget, and Administrative Responsibilities

Responsibility for Health Start and the *Arizona Children and Families Resource Directory* was assigned to the Arizona Department of Health Services (ADHS), Office of Women's and Children's Health (OWCH), in the Bureau of Community and Family Health Services. The OWCH oversees 19 programs and 8 projects that relate to issues such as access to primary care, maternal health, child health, and injury prevention.

Health Start revenues — The State appropriated \$975,000 for the Health Start Pilot Program in fiscal year 1994-95 and \$1,400,000 in 1995-96. The OWCH has used the state pilot program appropriation and funding from other sources to develop and administer a single Health Start program. Other revenue sources include an existing state appropriation for prenatal outreach, funds from federal block grants for Maternal and Child Health (MCH), and private grants from the National Association for the Education of Young Children (NAEYC). The 1995-96 revenues from each source, totaling \$1,636,695, are shown in Figure 1, page 5. (This figure includes \$1.6 million in state dollars plus a \$36,695 allocation from the 1995-96 MCH block grant; however, the final allocation from the MCH block grant may change over the course of the year, supplementing revenues with up to \$200,000 in federal funds).

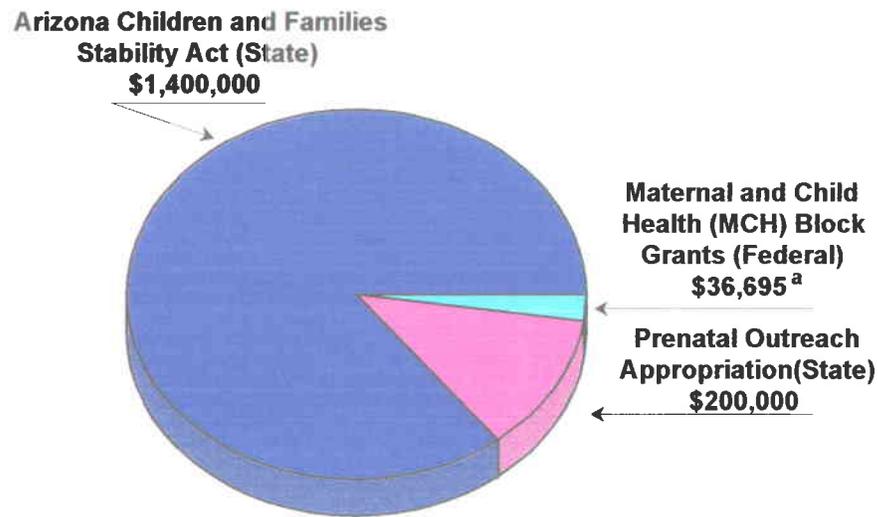
Staffing and administrative responsibilities — The OWCH will utilize 4.0 FTE to administer the pilot program in 1995-96 (3 FTE will be supported by Health Start funds and the other FTE will be supported by the OWCH). These staff include the program manager, a field coordinator, a secretary, a data entry clerk (half-time) and a systems analyst (half-time). The OWCH will also cover the cost of any computer support that is needed from the ADHS' Information and Technology Services.

In 1994-95, the OWCH developed a number of materials in an attempt to deliver a quality program that is suitably standardized across sites. These changes were made in response

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Figure 1

**Health Start Pilot Program Funding Sources
for State Fiscal Year 1995-96**



^a These carry-over funds may be supplemented by up to \$200,000 from the 1995-96 block grant.

Source: Uniform Statewide Accounting System data supplied by ADHS Business and Financial Services.

to new legislative mandates and to follow up on recommendations from previous Health Start Program evaluations. Program developments include the Policy and Procedure Manual, a training curriculum for lay health workers, informed consent forms and brochures, standardized data collection forms, and a contractor on-site review guide. In addition, the OWCH developed a participant database, which is being used to track all new and continuing participants.

Contractors and pilot sites — The OWCH awarded 13 contracts for services.¹ The first 11 contracts were funded based on a Request for Proposal (RFP) process. Two additional contracts were funded subsequent to the RFP process, when it was determined that funds allocated for service remained available. (See Table 1, page 6 for a list of contractors.) The contractors serve urban communities in Phoenix, Tucson, Yuma, and over 60 communi-

¹ One contractor (a private provider) canceled their contract during 1994-95, leaving 12 current contractors.

Table 1

**Health Start Pilot Program Contracts for
Fiscal Years 1994-95 and 1995-96
(Unaudited)**

<u>Contractor</u>	<u>Service Area</u>	<u>Services Approved for Payment (1994-95)^b</u>	<u>Contract Award (1995-96)</u>
County Health Departments		(3-4 months)	(9-12 months)
Cochise County Health and Social Services	Douglas and Bisbee	\$ 24,000	\$ 50,580
Coconino County Dept. of Public Health ^a	Page and other areas	0	66,400
Pima County Health Dept.	Tucson and rural areas	19,110	47,000
Pinal County Dept. of Public Health	Eloy	32,580	88,620
Yavapai County Health Dept.	Various communities	21,120	70,500
Yuma County Dept. of Public Health	Yuma and other communities	43,740	155,700
Area Health Education Centers			
Northern Arizona Health Education Center	Hopi, Navajo, other Reservation Areas in Navajo County (1994-95/1995-96); Communities in La Paz and Mohave Counties (1995-96 only)	27,290	227,200
Western Arizona Area Health Education Center	Communities in La Paz and Mohave Counties	13,160	0
Community Health Centers/Behavioral Health Centers			
Centro de Amistad, Inc.	Guadalupe	15,000	72,900
Clinica Adelante	Migrant areas around Phoenix	21,850	95,240
Indian Community Health Service, Inc.	Native Americans in metropolitan Phoenix	18,250	47,000
Mariposa Community	Nogales and Rio Rico	35,940	127,200
Mountain Park Health Center, Inc.	South Phoenix	15,890	92,900
Total		<u>\$287,930</u>	<u>\$1,141,240</u>

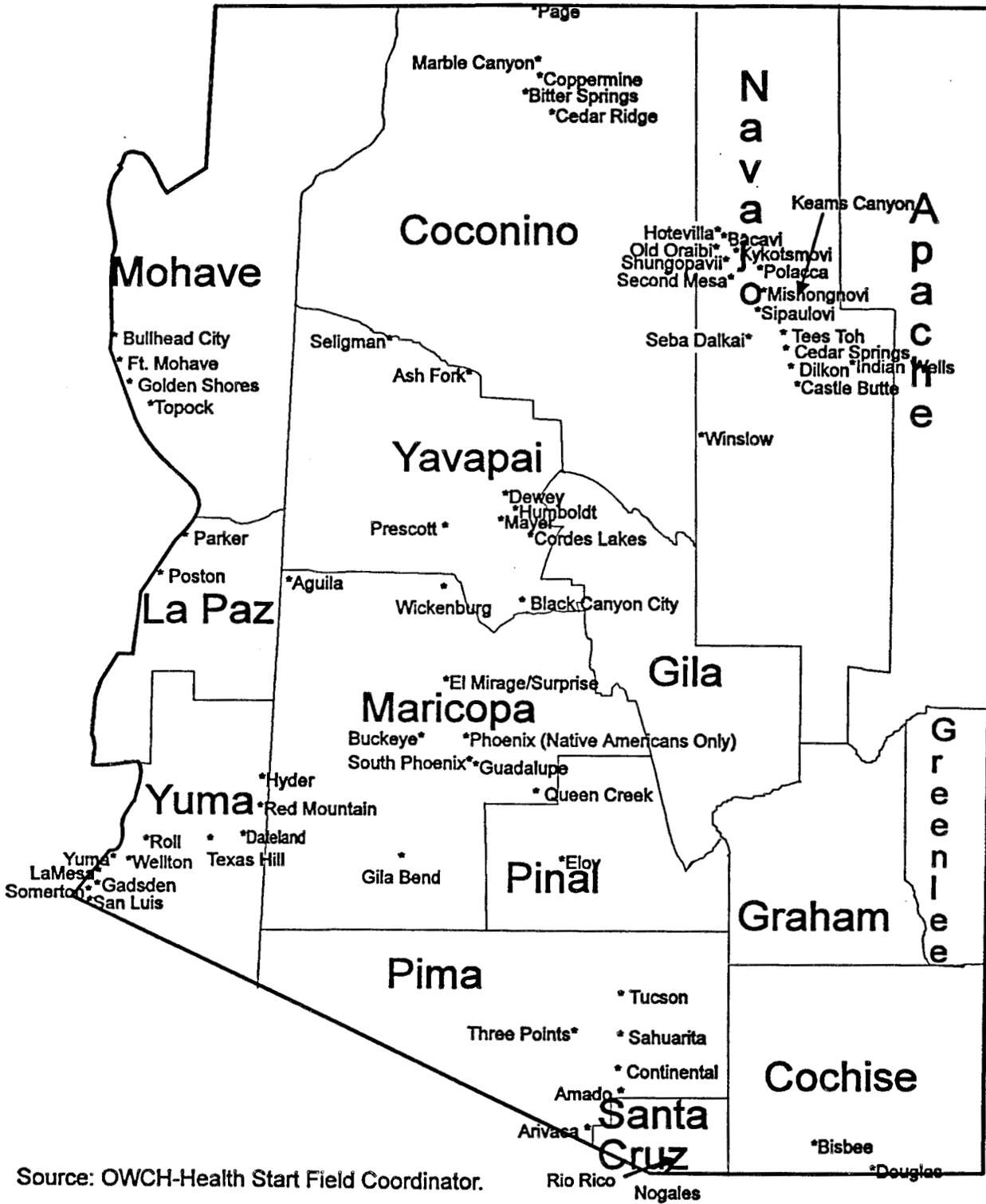
Source: Auditor General staff analysis of proposals and contracts for Health Start, OWCH summary map of Health Start contractors and sites, and participant database Health Start.

^a This contractor will provide services through a subcontract to Northern Arizona Health Outreach, a private provider.

^b These figures are estimated service expenditures for the new pilot program during the state fiscal year 1994-95. These figures are based on participants approved for payment according to the OWCH participant database as of November 21, 1995.

Figure 2

**Communities Served by Health Start
March 1995 through June 1996**



Source: OWCH-Health Start Field Coordinator.

ties in rural or semi-urban areas across the State (see Figure 2, page 7). Eight providers have experience in administering the previous Health Start program or similar programs funded through other sources. See Finding I, pages 10 through 13, for a discussion of the methods used in selecting pilot sites and the distribution of sites in Arizona.

A total of 2,843 women were identified as "active" in the Health Start database during the four-month service period of March 1, 1995, through June 30, 1995. Of these potential participants, 2,740 were enrolled in Health Start and 103 received outreach services but did not enroll in the Program.

Evaluation Scope, Responsibilities, and Methods

As mandated by the Legislature, the Office of the Auditor General will conduct annual program evaluations of the Health Start Pilot Program to examine the effectiveness of the Program, its organizational structure and efficiency, the type and level of criteria used to establish eligibility, and the number and demographic characteristics of persons who receive services from the Program. Two additional program evaluation reports are scheduled to be released in December 1996 and December 1997.

This first-year report describes financial information and participants enrolled during the first pilot year (state fiscal year 1994-95).¹ It also describes program administration and other activities that occurred during the first pilot year and at the beginning of the next fiscal year, through December 1995. The report includes activities supported by all revenue sources for the Health Start Pilot Program, and includes the following findings:

- The need to improve the pilot site selection process to ensure it is clear on what basis a community is selected to receive program services
- The need for Health Start to continue its coordination with related programs
- The reversion of half of Health Start's 1994-95 appropriation to the State General Fund.
- Methods used in preparing the *Arizona Family Resource Guide*.

¹ Expenditure information regarding services to contractors was calculated based on services delivered to participants and approved for payment according to the OWCH participant database, as of November 21, 1995. All other financial information was calculated from data supplied by ADHS Business and Financial Services, reflecting 1994-95 budgets and expenditures current on the Uniform Statewide Accounting System as of September 30, 1995.

The report also contains responses to each evaluation question posed in Session Laws 1994, 9th Special Session, Chapter 1, Section 9.

It is too early in the Program to evaluate participants' progress in achieving program goals and objectives. We expect the 1996 and 1997 reports to address participants' progress in achieving program goals and objectives, the Program's effectiveness, the long-term savings of the Program, and other issues.

This evaluation used the following methods: interviews with agency and program staff, analyses of program revenues and expenditures; analyses of participant enrollment and characteristics from the participant database; reviews of the Policy and Procedure Manual and other program materials; content analyses of program proposals, scoring criteria, and readers' scores; interviews with Health Start contractors and staff; direct observation of two pilot sites; interviews with coordinators from related programs, reviews of their program materials; interviews with contractors hired to conduct activities related to Health Start; reviews of various materials created by program coordination committees; literature reviews; and discussions with staff at resource agencies listed in the *Arizona Family Resource Guide*.

FINDING I

PROCEDURES FOR SELECTING PILOT SITES NEED TO BE IMPROVED

The OWCH's method for selecting pilot sites should be improved to ensure that it is clear on what basis a community receives Health Start. The OWCH should revise its proposal evaluation criteria and methods to more consistently and appropriately evaluate contractor proposals. Also, in any future procurements for Health Start services, the OWCH should consider targeting the neediest communities and finding contractors to serve them, rather than contractors specifying service areas.

Background

Health Start is a community-based program that serves pregnant women, their children, and their families. Unlike many social programs, Health Start does not screen or assess participants to ensure it serves individuals with true need. Instead, the program identifies communities in need, and serves members of that community. Session Laws 1994, 9th Special Session, Chapter 1, Section 9 recognize Health Start as a community program and specify that the evaluation of pilot proposals would include, at a minimum, the following criteria for demonstrating community need: a high incidence of inadequate prenatal care, inadequate infant health care, low birth weight babies, or inadequate early childhood immunizations.

The OWCH used two primary indicators of community need: (1) the rate of low birth weight and (2) the rate of inadequate prenatal care (defined as 0 to 4 prenatal visits). These indicators were combined to set specific criteria a proposal must meet to receive a "maximum," "moderate," or "minimum" need score. To show at least moderate need, the proposal had to demonstrate that the targeted neighborhood or community exceeds state or county averages for low birth weight *and* inadequate prenatal care. The proposal must also demonstrate need in the areas of infant health care and early childhood immunizations to receive a maximum need score.

The OWCH funded all 11 proposals received in response to Health Start's Request for Proposals (RFP). (This does not include a 12th proposal that was later withdrawn by the contractor.) An additional two contractors were funded subsequent to the RFP process, using alternative procurement methods. These two contractors have not been evaluated on the proposal scoring criteria. Each contractor serves from 1 to 23 Arizona communities.

Methods for Selecting Pilot Sites Need Improvement

The process for selecting pilot sites should be improved to ensure that it is clear on what basis a community receives Health Start. Under the current process, the criteria were stricter than necessary, and reviewers failed to follow the evaluation criteria and incorporated other factors to assign need scores. The OWCH should revise its evaluation criteria and methods to better target communities needing Health Start.

Evaluation criteria were stricter than necessary and were not followed – The evaluation criteria OWCH established to assess relative need required a community to demonstrate higher than average statistics for both low birth weight *and* inadequate prenatal care. However, these criteria appear to have been too restrictive, as some of the Program’s target populations tend to have higher birth weight babies. While these populations may be unable to document need as measured by rates of low birth weight, they may have other needs for Health Start, including assistance in accessing prenatal care and education about child development and preventive health care.

Proposal reviewers failed to follow the evaluation criteria and assigned higher need scores than were allowed by the criteria. Auditor General staff reviewed the proposals and evaluated documented need strictly according to the preset criteria. None of the proposals met the criteria to receive at least a moderate need score, yet most of them received scores in the moderate to maximum range. Reviewers assigned scores in the moderate to maximum range even when no statistics were provided for some of the target communities, and even when communities demonstrated better than average birth statistics.¹

Program staff report that other, nonspecified criteria were also used to determine need, but that these criteria were not formalized or documented. Reviewers seemed to incorporate other community problems and needs listed in the proposals, such as high teen pregnancy rates, a general lack of medical services in the community, and a high rate of poverty. They also seemed to incorporate other definitions of inadequate prenatal care, including the rate of entry into prenatal care after the first trimester.

¹ For some of the proposals missing data on inadequate prenatal care, this omission may have resulted from lack of specificity in the RFP. Although the evaluation criteria defined inadequate prenatal care explicitly (zero to four prenatal visits), the specific evaluation criteria were not contained in the RFP, so proposal writers had no way of knowing what statistics were required for this section. Four proposal writers reported a different (although commonly used) statistic for inadequate prenatal care, starting prenatal care after the first trimester of pregnancy. Future RFPs should specifically define “inadequate prenatal care” so that proposed contractors know what statistics are required for proposal evaluations.

OWCH should revise evaluation criteria and methods – In future procurements, the OWCH should revise its evaluation criteria and methods by which it assigns scores to need. Rather than requiring a community to demonstrate higher than average scores for both low birth weight and inadequate prenatal care, the OWCH should allow communities to qualify as having high need on any of several variables. Community need should be weighed more heavily in the proposal’s overall score and the OWCH should consider specifying needy sites, rather than allowing contractors to identify target communities.

Evaluation criteria should identify the need upon which a community receives Health Start. In addition, criteria should seek to target communities that have a specific need for the Health Start program, not just a high need for health care in general. Communities with high teen pregnancy rates probably have a higher need for a prenatal program that focuses on teenagers, such as Teen Prenatal Express, than for a program like Health Start. Although such additional factors can be included, their importance should be evaluated in light of the program’s model, goals, and specific target population. The criteria should also demonstrate that the community’s needs are not met by existing resources. Established criteria then need to be documented and applied consistently across the State. With evaluation criteria that better represent community needs, reviewers will be less likely to use other criteria in assigning scores.

Table 2
Points Assigned to
Proposal Evaluation Areas

<u>Evaluation Area</u>	<u>Maximum Points</u>
Plan for performing the required services/activities	5
Ability to perform services as reflected by the offeror’s experience	5
Ability to perform services as reflected by the qualifications, technical training, and education of personnel.....	5
Knowledge of community resources, and level of community support	5
Demonstrated need for services	5
Compensation (bid for cost/participant)	3
Responsiveness to the RFP	3
Total	31

Source: Evaluation criteria for Health Start Pilot program proposals.

The criteria developed to evaluate competing pilot program proposals should put more emphasis on a community’s needs than is currently given. A community’s need now accounts for too few points out of the total score (only 5 out of a possible 31 points). Using this strategy, a proposal demonstrating no need could have received funding. In any future procurement for Health Start services, the OWCH should make community need account for more points out of the total possible points a proposal can receive, or should establish cutoff scores on the need criteria. Table 2 shows the current point values assigned to different scoring areas.

In the current site selection process, the OWCH allowed contractors to specify the communities they intended to serve. Instead, the OWCH should consider targeting specific sites with the highest need and distributing RFPs specifically to serve them. Some of the neediest communities might never receive services under the current strategy, because they have few providers in the area and are thus the least prepared to respond to an RFP. For example, some communities in Apache County have higher than average rates of low birth rates and of inadequate prenatal care, but did not submit proposals to receive Health Start. In such communities, the OWCH may need to provide technical assistance and/or development grants to providers in order to prepare them to respond to an RFP.

RECOMMENDATION

The OWCH should set criteria to ensure that funded communities have a documented need for Health Start. The OWCH should revise its evaluation criteria and methods in the following ways:

1. Establish several variables under which a community can qualify as having high need.
2. Allocate more points for community need in a proposal's overall score.
3. Apply criteria more consistently in evaluating proposals.
4. Consider identifying specific sites with the highest need and requesting proposals specifically to serve them.

FINDING II

HEALTH START NEEDS TO CONTINUE ITS EFFORTS TO COORDINATE WITH RELATED PROGRAMS

The OWCH needs to increase its efforts to coordinate Health Start with other services available to pregnant women and their families. Because the Program's target population is broadly defined, other programs may be serving families with needs similar to those served by Health Start. The OWCH has recognized the need, and has begun to develop coordination between Health Start and other programs. However, many barriers to coordination remain.

Health Start's Target Population Is Broadly Defined

Because Health Start's target population is broadly defined, many other Arizona programs may be serving families with needs similar to those served by Health Start. Health Start has no participant eligibility criteria, and as a result, it may be enrolling participants who would be better served by one of these other programs.

Arizona has many programs that target pregnant women and their babies and families. These Arizona programs target at least some goals that are similar to Health Start's goals or deliver similar services to women, children, and families. Auditor General staff identified at least 13 programs that appear to parallel Health Start's prenatal goals or provide similar prenatal services, and at least 20 programs that appear to match some of Health Start's postnatal goals or provide similar family follow-up services. (See Appendix B, page a-vii, for a listing of these programs.) Following are some of the programs most closely related to Health Start:

- **Teen Prenatal Express** — Teen Prenatal Express, administered by the OWCH, provides case management and support to pregnant teens (17 years old or younger) during the prenatal period, and for a limited time after birth. Home visits are provided by a nurse case manager or social worker.
- **First Steps** — The First Steps program, overseen by the Arizona Chapter of the National Committee to Prevent Child Abuse, provides education, referral, advocacy and support to women with new babies. The program provides either three months of telephone calls or one year of home visits, depending on the location of the program. Calls and visits are provided by trained volunteers.

- **Healthy Families** — The Healthy Families Pilot Program, administered by the Department of Economic Security, provides family support and referrals to families with high family stress who are at risk for child abuse. The program also provides education about health goals such as immunizations and preventive health care. Home visits are provided from birth until the child is five years old, by a trained nonhealth professional.
- **Baby Arizona** — Baby Arizona, administered through the Arizona Health Care Cost Containment System (AHCCCS), strives to improve the use of prenatal care in Arizona through service coordination and increased public awareness. Baby Arizona reduces barriers to obtaining prenatal care through AHCCCS, so that women can apply for AHCCCS at a physician's office on their first prenatal visit.

In addition, pilot sites may be overserving women who do not need Health Start's assistance to access prenatal health care. At least one site recruits many Health Start participants through a local health clinic where they are already receiving medical services. All sites may be serving some women who could access prenatal care through the State's Baby Arizona Program, without the assistance of Health Start.

OWCH Efforts to Increase Coordination

The OWCH has initiated efforts to more comprehensively coordinate between Health Start and related programs. Currently, coordination depends on contractors contacting and collaborating with the other programs located in their areas. Program coordinators at some sites are either unaware that other programs are located in their area, or have been unable to work out collaborations. Some programs coordinate through cross-referrals with related programs. These programs make decisions at the local level and without specific guidance by the State to determine how to place families into the most suitable program. Although local control over coordination can be valuable, it also produces statewide inconsistencies, and may be driven by contractor needs rather than participant or state needs.

A committee representing the OWCH and Healthy Families is developing a system to coordinate Health Start and several related home visiting programs. This system would place families into appropriate programs based on an evaluation of their needs at several points during and after pregnancy. Before her baby is born, a pregnant woman would enter Teen Prenatal Express or Health Start. At the child's birth, the family may continue in Health Start or transition into another program depending on their needs. Families with healthy babies might be assigned to Health Start, Healthy Families, First Steps, or Community Health Nursing as the lead program, depending on the family stress level and child abuse potential. Families with unhealthy babies might be enrolled in the Newborn Intensive Care Program, Community Health Nursing, or the Arizona Early Intervention Program as the lead program,

with the possibility of moving back to Health Start or Healthy Families if and when the child becomes healthy. Although the family is assigned to one lead program, they may receive services from another program (e.g., Community Health Nursing), as other needs arise.

While the OWCH has started to address coordination issues, many barriers to coordination remain. Coordination issues can be very complex, because programs are typically funded as stand-alone programs, not as comprehensive packages. As distinct programs, they are administered by different areas within an agency and within different agencies and have different billing and reporting requirements. In addition, although goals, services, and target populations overlap to some degree, programs can be implemented in sufficiently different ways to make coordination difficult. The OWCH should conduct a formal study to assess the feasibility of comprehensively coordinating prenatal outreach and early childhood health services. The OWCH has already studied coordination of home visitation programs as part of the Arizona Family Preservation/Family Support State and Local Plans.

RECOMMENDATION

1. The ADHS should conduct a formal study to assess the feasibility of comprehensive program coordination that includes the following:
 - a. A comprehensive listing of all prenatal/early childhood health outreach and prevention programs, including state, local, federal, and county programs.
 - b. An assessment of related programs' goals, type of intervention, availability throughout the State, and costs.
 - c. An assessment of the needs of target populations, target communities, and current community resources meeting these populations' needs.
 - d. An analysis of various consolidation strategies, to determine how program consolidation, consolidation of different programs' administration, or block granting could help the OWCH to improve comprehensive service delivery.

FINDING III

HEALTH START REVERTS A SIGNIFICANT AMOUNT OF ITS APPROPRIATION

An estimated \$500,000,¹ about 50 percent, of the 1994-95 appropriation will revert to the State General Fund, with much of the reversion attributed to funds budgeted for direct client services during the fiscal year. The portion of expenditures spent on services was low in 1994-95 because the contract period covered only four months and because the OWCH established reimbursement requirements that precluded paying contractors for services until the participant's baby is born. To avoid reversion in the future, the Legislature may want to consider alternative methods for funding new pilot programs.

Short Contract Period

Due to delays in the contracting process, Health Start was able to serve participants only for the last four months of 1994-95. Legislation authorizing the Health Start pilot was passed in June 1994, and funds were available to the OWCH by September 17, 1994, but actual service did not begin until March 1995. Although the time from RFP distribution to contractor selection took only two months, negotiating rates for each contractor and authorizing contracts took up to six months to complete.

Some procurement delays can be expected with the start of a pilot program; however, many can be avoided by negotiating rates expeditiously. Although many of the pilot-funded Health Start contractors are not new, the Program did increase the number of participants served and expanded the services offered. Similarly, because contractors were required to follow new policies and procedures and negotiated multiple rates for a variety of services offered, contract negotiation was time-consuming. In comparison, the Healthy Families Pilot Program was also constrained by many of these same pilot-year issues but was still able to provide additional months of service in its first year. In Cochise County, where both Health Start and Healthy Families programs are run by Cochise County Health and Social Services, the Healthy Families contract was effective on November 7, 1994, and the program started screening participants on February 1, 1995. In contrast, the Health Start contract was not effective until March 1, 1995, and the program did not start serving participants until June 14, 1995. In the future, Health Start should take steps to provide service in a more timely manner.

¹ The estimate of funds that will revert is based on the budget balance for all revenue sources after payment of all bills that the OWCH showed as "approved for payment" as of November 21, 1995, and auditor estimates on the amounts of late administrative adjustments made against fiscal year 1994-95 funds.

Reimbursement Policy

Health Start instituted a policy that delays payments to contractors until after the baby is born. For example, if a woman's baby is due in February 1996, a contractor who provides prenatal services in June 1995 would not be reimbursed until after the baby is born. Consequently, expenses that are incurred in one fiscal year might not be paid until the next fiscal year. This practice will result in some service funds reverting to the State General Fund.

Alternatives to Reversion

Requiring a program to revert remaining funds to the General Fund after the pilot program's first year may be counterproductive. Program administrators may not be able to estimate accurately how much service can actually be provided in the first year. Further, it may take longer than a year to develop programs in needy areas.

Two alternatives could be considered when funding first-year programs. One alternative is to provide only program planning and development funds in the first year. This would reduce reversions and allow time to develop programs in areas where services do not already exist.

A second alternative is to make first-year funding non-revertible. This allows programs to use funding for direct services in the second year, if there are delays in implementing the program. The reversion clause for the Family Literacy Pilot Program, created by the same legislation as Health Start, was eventually removed by the Legislature. The At-Risk Preschool Expansion, also created during the 1994 9th Special Session, is non-revertible and did not spend any of its fiscal year 1994-95 appropriation until September of 1995.

RECOMMENDATION

For future pilot programs, the Legislature should consider using one of two alternative funding methods:

- provide only program planning and development funds in the first year, or
- make first year funding non-revertible to allow funds to be used for direct services in the succeeding year.

FINDING IV

ARIZONA FAMILY RESOURCE GUIDE MEETS GOALS

The *Arizona Family Resource Guide* was developed to aid parents in accessing needed services without relying on public programs for referrals.¹ The Guide has been well developed and fulfills its goal of increasing parents' access to information.

Background

The purpose of the *Arizona Family Resource Guide* is to enable parents to access information concerning the needs of their young children without relying on public programs, such as Health Start and Healthy Families. The Guide was mandated to list private and public providers of services relating to early childhood development and family support.

The *Arizona Family Resource Guide* is a "directory of directories." It lists organizations that can either provide the information or services necessary, or can refer the consumer to the appropriate providers in that geographic area. It is a wallet-sized folding card that lists 51 resource and referral organizations and their telephone numbers (mostly toll-free numbers). The Guide is available in English and Spanish, and both versions indicate whether or not the organizations have Spanish-speaking staff available. The organizations are grouped by 5 topics – emergency numbers, family services (child care; child and water safety; counseling and emotional support; family support and financial help; and information and referral), education, health, and special needs. (See Appendix C for an illustration of the Guide.)

As of July 25, 1995, the OWCH had distributed almost 320,000 copies of the Guide. About 176,000 copies were distributed, in accordance with legislative mandate, to hospitals; the Healthy Families Pilot Program; and the Health Start contractors. The remaining copies were distributed to agencies listed on the Guide, county health departments, other public and private programs and service providers, various advisory committees, ADHS administrators, and the Legislature. All copies have been distributed free of charge.

¹ The Arizona Children and Families Stability Act, which created the Health Start Pilot Program, also directed the ADHS to develop and distribute a new directory called the *Arizona Children and Families Resource Directory*. The *Arizona Family Resource Guide* is the name of the guide developed by the OWCH in response to this mandate.

Well-Developed Guide Meets Its Goals

The Guide has been well developed and should fulfill its goal of increasing parents' access to information and referrals. The Guide is based on a thorough review of program needs, and is both usable and informative. It has only a few minor problems that should be remedied before it is reprinted.

Guide preparation based on thorough review of needs — In preparing the Guide, the OWCH conducted a thorough review of provider and consumer needs. An external contractor made recommendations about the Guide's format and content, based on a review of existing resource directories in Arizona and interviews with staff from state-funded hospitals, ADHS staff, and staff from other programs. The contractor also obtained input from OWCH staff in identifying topics to cover and the specific organizations that needed to be listed.

The review showed that family needs would best be met by a small directory of organizations that provide information and referrals over the telephone. Referral information from these providers is more likely to be accurate and complete than it would be in a printed directory, and is also more accessible to parents who have limited reading skills, do not speak English, or have special needs. Several sources have noted that it is very expensive to maintain current and complete directory information. Since a number of organizations already maintain this information, it is much cheaper to refer individuals to these organizations than it would be to duplicate their efforts.

The resource guide's size gives it several practical advantages over a large printed directory of all resources. Since it is portable, it is more likely that it will be carried and used. It saves storage space, a major concern of hospitals. Finally, it saves the State money. The OWCH initially budgeted \$80,000 for the first printing of a directory (which they had initially planned as a printed booklet); yet its actual printing cost for the wallet cards was only \$12,026, at 3 cents per copy.

The printed guide is usable and informative — The printed card is easy to use and refers consumers to organizations that can provide needed information or referrals. To assess the Guide's usability, Auditor General staff called resource and referral services listed to ask for referral information and to determine hours the organizations were available. Through these telephone calls, the Office of the Auditor General staff attempted to identify (a) any inaccuracies and (b) any barriers (such as difficulty reaching a human voice, or long periods of time spent on hold) that would potentially discourage parents from using the guide. When we called, we found the staff to be helpful and able to provide the information we requested. In addition, we found that assistance was easily accessible over the telephone: busy signals were rare and most calls were answered within 5 rings. The first contact with the organization was generally with a person, and time spent on hold was limited.

Several minor problems need to be corrected – Although the Guide is accurate and useful overall, several minor problems may hinder parents and other consumers wishing to use it. The main barrier encountered was that some organizations did not have Spanish-speaking staff available to take the call, even though they were listed as having Spanish speakers available. Other problems were limited, but should be addressed. Two telephone numbers were not current and need to be updated. The Spanish version contained several typesetting problems including inconsistencies with the English version and the omission of one resource and referral service. Finally, the Guide does not indicate all the organizations with 24-hour telephone accessibility, making it difficult for consumers who work during the day to utilize resources with after-hours availability.

Before the Guide is reprinted, the OWCH should contact each listed organization to verify and update the following information: (a) that the telephone number is correct, (b) that they *regularly* have Spanish speakers available on staff, (c) that their staff are prepared to provide referrals in their topic area, and (d) the hours that telephones are staffed. The OWCH should also add a symbol identifying numbers with 24-hour accessibility, and add cross-references.

RECOMMENDATION

1. Before the next printing, the OWCH should verify and update information listed on the Guide. The OWCH should also add a symbol identifying organizations that are available 24 hours.

STATUTORY ANNUAL EVALUATION COMPONENTS

Session Laws 1994, 9th Special Session, Chapter 1, Section 9 instructs the Office of the Auditor General to include ten factors in annual program evaluations of the Health Start Pilot Program. Responses to these factors are listed below.

1. Information on the number and characteristics of the program participants.

A total of 2,843 women were considered "active" in the Health Start database during the four-month service period of March 1, 1995, through June 30, 1995. Of these potential participants, 2,740¹ were enrolled in Health Start and 103 received outreach but did not enroll in the Program.

More than two-thirds of the women active in the Program are of Hispanic background. The race/ethnicity distribution of these women is:

- Asian/Pacific Islander – .2%
- African-American/Non-Hispanic – 7.5%
- Native American – 13.1%
- White/Non-Hispanic – 9.5%
- Hispanic – 69.8%

More than half of the women who enrolled in the program already had health care through the Arizona Health Care Cost Containment System (AHCCCS); however, a substantial percentage have no health insurance, as shown below:

- Enrolled in AHCCCS – 54%
- Applied for AHCCCS – 5.9%
- Private Insurance/Care – 3.1%
- No Insurance – 37.1%

¹ These participants include new prenatal participants and participants from the previous program who continued family follow-up under the new program. Some of the family follow-up participants did not receive visits that were billed during the four-month period, but were still considered to be active in the Program.

Fifty-two percent of the women are in their twenties and another 18 percent are 30 and older. Almost half of the women are married.

2. Information on contractors and program service providers.

The OWCH contracted with 13 providers for Health Start services in over 50 urban and rural sites across Arizona.¹ These contractors include six county health departments (one of which is providing services through a subcontract to a private provider) and seven private, not-for-profit providers (four health centers, a behavioral health center, and two area health education centers). Five providers have served metropolitan areas in Phoenix, Tucson, and Yuma, and 10 contractors have served rural areas in 11 of Arizona's 15 counties. Two of the contractors (one urban, one rural) serve primarily Native American participants.

Table 1 (see Introduction and Background, page 6), shows the contractors, their service areas, service expenditures in 1994-95, and their pilot program contract award for 1995-96. Most contracts were funded for a 16-month period, including the last 4 months of fiscal year 1994-95 and fiscal year 1995-96.

3. Information on program revenues and expenditures.

State, federal, and private funds have been combined to develop and administer a single Health Start Pilot Program. State funds come from the pilot program funding (Arizona Children and Families Stability Act) and an existing state appropriation for Health Start/Prenatal Outreach. Other sources include an allocation from a federal block grant for Maternal and Child Health (MCH) and private grants from the National Association for the Education of Young Children (NAEYC). The 1994-95 revenues totaled \$1,365,584. Revenues for 1995-96, totaling \$1,636,695, are shown in Figure 1 (see Introduction and Background, page 5). This figure includes \$1.6 million in state dollars plus a \$36,695 allocation from the 1995-96 MCH block grant; however, the final allocation from the MCH block grant may change over the course of the year.

¹ One contractor (a private provider) canceled their contract during 1994-95, leaving 12 current contractors.

Health Start expenditures from all revenue sources totaled \$819,762¹ in 1994-95. Sixty-six percent of expenditures were spent on services to clients, 6 percent was spend on the *Arizona Family Resource Guide* and training, and 28 percent went to administrative costs. An estimated 50 percent of the 1994-95 Arizona Children and Families Stability Act Health Start appropriation will revert to the State General Fund. A more detailed discussion of the reasons for reversion of funds is included in Finding III (see pages 18 through 19).

4. Information on the number and characteristics of enrollment and disenrollment.

For the four-month Health Start service period of March 1, 1995, through June 30, 1995, 2,740 clients were considered to be active participants in the Program. An additional 103 women were contacted by Health Start outreach, but did not enroll in the Program. Of these nonparticipants, 79 were not pregnant and 24 declined participation.

Of the 2,740 clients enrolled during the four-month service period, 156 were inactive as of June 30, 1995. Of these 156, 99 were inactive because they moved and 47 withdrew from the program. Eight women miscarried and two refused further services.

The marital status/living situation, age distribution, and race/ethnicity of women who are no longer active in the Program do not appear to differ significantly from women who are still active in the Program.

5. Information on the average cost for each participant in the program.

The estimated average cost per participant for the first four months of service to participants was \$728. This estimate includes four-month service costs for these participants and all first-year administrative costs except costs for developing and printing the *Arizona Family Resource Guide*. (See Appendix D, page a-xvii, for the methods used in estimating the cost per participant.) Participants received an average of 2.77 visits, yielding a rate of \$263 per visit. If administrative costs (salaries and benefits, travel, professional and outside services, CATS, equipment, and other operating expenses) are excluded, the average service cost per participant is \$401, yielding a rate of \$145 per visit.

¹ We estimate that the final 1994-95 expenditure total will increase slightly once pending invoices and administrative adjustments to 1994-95 funds clear the system.

The true cost to serve a participant over the Program's full length (prenatal plus four years of family follow-up) cannot be estimated at this time. Although the extended service period will add to the cost per participant, first-year start-up and administration costs will amortize over participants enrolled in future years, taking away from the cost per participant. Appendix D (see page a-xvii) describes the procedures used in estimating the cost per participant.

6. Information concerning progress of program participants in achieving goals and objectives.

This report does not address the progress of participants in achieving program goals and objectives. Information demonstrating progress toward program goals should be available in the 1996 and 1997 evaluation reports, after new participants have been enrolled in the Program long enough to expect to see progress in achieving goals and objectives. However, the Office of the Auditor General has some concerns about evaluating the outcomes of the Health Start Pilot Program.

First, although the Program's stated goals conform to the law, the individuals implementing it (both OWCH staff and the providers) do not agree on the measurable outcomes one would expect to see as a result of those goals. For example, even though the Program provides training on health behaviors, some program staff do not believe the Program's effectiveness should be evaluated by measurable changes in these behaviors.

Second, the Program may be unable to show impact on at least two of eight statutory goals: reducing the incidence of low birth weight babies and increasing prenatal care services to pregnant women. Due to site and participant selection, many of the communities selected to receive Health Start do not have rates of low birth weight that exceed state or county averages, and a few do not have rates of inadequate prenatal care that exceed state or county averages. It will be very difficult to show that the Program has improved these rates if it targets communities having better than statewide rates. Also, the Program does not have individual eligibility criteria other than being pregnant. Although this may fit the program model, it allows participants with less need to enter the program if they wish. For example, at the time they entered Health Start, 54 percent of the participants active in the pilot program during March through June 1995 were already enrolled on AHCCCS and an additional 3 percent had private insurance for prenatal health care. Another 6 percent had already applied for AHCCCS at the time they enrolled in Health Start. While enrollment in AHCCCS does not guarantee use of prenatal care, at least some of these women were probably in prenatal care before they enrolled in Health Start. If the program enrolls many participants like this over the three years, it will be very difficult to show its impact on access to prenatal care.

Third, the program collects limited evaluative information on participants. The current forms collect information primarily about the services that were delivered to participants. For example, they do not collect participant knowledge of health care or use of the health care system. They also collect limited information about participant demographics that would show that the Program is reaching the appropriate target population. We acknowledge that lay health workers are not trained to do formal assessments and that participants may find the forms to be intrusive. However, the scarcity of information on program participants limits the scope and comprehensiveness of the outcome evaluation.

7. Recommendations regarding program administration.

- a. The OWCH should revise their evaluation criteria and methods in the following ways (see Finding I, pages 10 through 13):
 - Establish several variables under which a community can qualify as having high need.
 - Allocate more points for need in a proposal's overall score.
 - Apply criteria more consistently in evaluation proposals.
 - Consider identifying specific sites with the highest need and requesting proposals specifically to serve those communities.
- b. The ADHS should conduct a formal study to assess the feasibility of comprehensive program coordination that includes the following four elements (see Finding II, pages 14 through 16):
 - A comprehensive listing of all prenatal/early childhood health outreach and prevention programs, including state, local, federal, and county programs
 - An assessment of related programs' goals, type of intervention, availability throughout the State, and costs
 - An assessment of the needs of target populations, target communities, and current community resources meeting these populations' needs
 - An analysis of various consolidation strategies, to determine how program consolidation, consolidation of different programs' administration, or block granting could help the OWCH to improve comprehensive service delivery.

8. Recommendations regarding informational materials distributed through the programs.

Recommendations regarding the *Arizona Children and Families Resource Directory* are covered under item #10 below. The Auditor General's Office has no other recommendations regarding materials distributed through the Program at this time.

9. Recommendations pertaining to program expansion.

The Office of the Auditor General has no recommendations pertaining to program expansion at this time.

10. Recommendations regarding the method used in preparing the *Arizona Children and Families Resource Directory*.

- Before the next printing, the OWCH should verify and update information listed in the Guide (see Finding IV, see pages 20 through 22). The OWCH should add a symbol identifying organizations that are available 24 hours and add cross-references.

Agency Response

**Arizona
Department of
Health Services**

Office of the Director

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FIFE SYMINGTON, GOVERNOR
JACK DILLENBERG, D.D.S., M.P.H., DIRECTOR

January 24, 1996

Mr. Douglas R. Norton, CPA
Auditor General
Office of the Auditor General
2910 North 44th Street, Suite 410
Phoenix, Arizona 85004

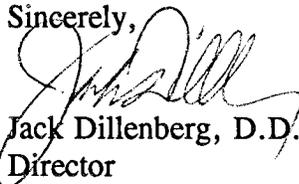
Dear Mr. Norton:

Thank you for the opportunity to review the revised preliminary report of the first Annual Evaluation of the Health Start Pilot Program and the *Arizona Children and Families Resource Directory*. I am proud of the efforts of the Health Start Team and welcome your acknowledgment that we served a total of 2,843 women during the first four service months.

While I appreciate the amount of time given to this effort, I continue to have some concerns about the evaluation team's understanding of public health and community based programs. Evaluating community based programs is a very challenging responsibility. The Department is committed to working with your staff in identifying the best evaluation methodologies.

Please know that the department will continue to analyze thoroughly your comments and recommendations for the program.

Sincerely,


Jack Dillenberg, D.D.S., M.P.H.
Director

**AUDITOR GENERAL'S ANNUAL EVALUATION OF THE HEALTH START PROGRAM:
Arizona Department of Health Services Response**

Thank you for the opportunity to comment on your review of the Health Start Program. The Arizona Department of Health Services is proud of the Health Start Team and welcomes your acknowledgment that we served 2,843 women during the first four months of service and that the *Arizona Children and Families Resource Directory* was well designed and implemented.

✧ HEALTH START TARGETS HIGH RISK COMMUNITIES

ADHS would like to emphasize that in the selection of pilot sites, evaluation criteria were followed by the nine individuals who reviewed and scored the proposed sites. We are confident that all of the more than 60 communities that are being served through 13 Health Start contractors are appropriate matches for Health Start. These include economically disadvantaged urban neighborhoods in Phoenix and Tucson, migrant farm worker communities, Native American reservation areas and isolated rural communities throughout Arizona.

Evaluation Criteria Included Many Factors

The selection of all Health Start sites was based on a determination of need that was not limited to birth weight and prenatal care statistics. As a basis for determining need, ADHS used all four of the criteria specified in the Arizona Children and Families Stability Act, plus additional criteria. That act (Chap. 1 of the 9th Special Session of the 1993-94 Legislature) said the evaluation criteria "shall include at a minimum a high incidence of inadequate prenatal care, infant health care, low birth weight babies or inadequate early childhood immunizations." All of the proposals accepted for funding demonstrated need based on at least one of the four indicators.

ADHS also looked at a community's teen pregnancy and poverty rates, as well as availability of medical services to further demonstrate need. The Request for Proposals specifically required prospective contractors to submit a statement documenting the unmet health needs of pregnant women, infants and children in the communities they were proposing to serve. Appropriate evaluation criteria were used and those criteria were followed. We believe that a review of the communities being served speaks for itself (see page 4 of this response).

Community Capacity Critical to Success

We agree with the recommendation that more weight could be given to community

need in future reviews of proposals. It is important to note that ADHS sought to implement the legislative expansion of Health Start as expeditiously as possible. Therefore the capacity of a community was an important concern. To ensure timely program start-up, communities were awarded points in scoring for displaying capacity by: 1) submitting a plan for performing required services; 2) demonstrating experience; 3) highlighting qualifications, training and education of personnel; and 4) demonstrating knowledge of their community and support from their community. Regarding the recommendation to identify sites with the highest need first and then request proposals to serve them, this would not only have delayed implementation, it would not be consistent with local initiative and decision making.

At the outset, the Department could not put a Health Start Program in every potentially qualifying community. ADHS will continue to work with those communities through other methods in order to improve their capacity to respond to future program opportunities.

✧ HEALTH START ENHANCES PROGRAM COORDINATION

Since its inception, program coordination has been accepted as an essential component of Health Start and is addressed at both the policy and operational levels.

From an operational standpoint, the lay health worker is the key to program coordination for the client. This local health professional is knowledgeable of all the services available in the community and is therefore best able to assist the client to select and access those programs which best meet the family's needs.

The lay health worker, in turn, is trained by the local Health Start agency whose responsibility it is to coordinate with other programs in the area. ADHS is strongly committed to the development of local infrastructures which are capable of tailoring broadly designed state and federal health and social programs to meet local needs.

ADHS also is working diligently at the policy level to enhance coordination of programs which provide similar services and/or target similar populations. These efforts are taking place not only internally but in conjunction with other state agencies, community based organizations, and local parent groups. Issues being addressed include: variations in eligibility requirements, eligibility procedures, program goals, types of interventions, and distribution of service providers.

Since so much is under way to enhance program coordination, ADHS believes a formal study would not be an effective use of resources and in actuality could serve

to delay change. The points suggested by the Auditor General for consideration in a feasibility study already are being addressed at the program, agency, and legislative levels and will continue to be the focus of efforts to make programs more efficient.

⚙ **HEALTH START FUNDS SPENT EFFECTIVELY**

The Health Start Program was fully operational for only four months of FY 1995. Consequently, ADHS reverted a substantial amount of money because of reimbursement policies and the short service delivery period. This will be the only year that this level of reversion will occur. It should be noted that despite the short time frame, the program served more than 2,800 people.

The delay in program start-up was the result of system modifications. With the enactment of the Family and Children Stability Act, ADHS had to make significant changes to the scope of its existing Health Start Program. This necessitated the creation of new policies and procedures and the solicitation of bids for the new services as existing contracts could not be adequately modified.

ADHS designed contractor reimbursement policies to encourage quality services. Local Health Start agencies are paid for services after a client's baby is born. This reimbursement policy is based on the concept that prenatal care and good maternal health practices relate to healthy newborns.

We concur with the Auditor General's recommendation that the Legislature consider alternative means for funding new pilot programs.

⚙ **HEALTH START RESOURCE GUIDE MEETS GOALS**

The Health Start *Family Resource Guide* is an excellent tool for anyone trying to locate education, health, and/or social service programs for families. Although small enough to fit in a wallet, the *Guide* is packed with information. This directory, available in both English and Spanish, lists organizations that either provide direct or referral services. Further, the information is grouped by topic to make it easier to figure out where to go for assistance.

ADHS appreciates the Auditor General's excellent evaluation of the *Family Resource Guide*. We concur with the recommendation to verify and update the information, and to indicate which agencies provide 24 hour service.

☼ HEALTH START MEETS LOCAL NEEDS

Health Start has been implemented as a community based program. ADHS is confident that this model was the legislative intent. This means that locally the program reflects the unique characteristics of the community as a whole and the individuals who live there. This presents very real challenges in evaluating the program. Program staff will continue to work with the evaluators in designing and implementing an evaluation appropriate for this model. We are confident that valid measures can be found to demonstrate efficacy.

For example, indicators have already been used to show community progress. The number of prenatal visits, low birth weight rates and immunization rates are outcome measures that the program is collecting. The following is an overview of information available regarding women in the Health Start Program who gave birth between March 1, 1995 and November 30, 1995, their infants, and other children (up to age 2) in the family during this period.

*** Prenatal Care Gains Reported**

Of the 668 women delivering during this time period, 6.3% had fewer than five prenatal visits; 25.2% had 5-8 visits; and, 63.6% had 9 or more visits. Therefore, the inadequate prenatal care rate of 6.3% for women in the program is lower than the state rate of 7.4% (when including no care). This is a very important finding because one of the criteria used for selecting these communities and neighborhoods was their high rates of inadequate prenatal care. The program will continue to collect and analyze these data to monitor improvement over time.

*** Low Birth Weight Rate Drops**

There were 30 babies born weighing less than 5 pounds, 8 ounces. This results in a low birth weight rate of 45 per 1,000 live births for this high risk population which is well below the state rate of 67. Since the numbers are small, the significance of the differences will be more meaningful as the program progresses over time.

*** Immunization Rates Improve**

1,182 children received services during this time period. 52.7% had received immunizations appropriate for their age. This is a significant increase from the baseline penetration rate; as of February 1995 only 11% were appropriately immunized. It is expected that the immunization rates will continue to improve as the program continues. Because of the need to space the administration of certain

vaccines it takes several months to complete the series required for adequate immunization levels.

In summary, it appears that the program is meeting established goals. The targeted numbers are being reached and the data is demonstrating program efficacy and cost effectiveness.

Appendix A
Health Start
Program Activities and Anticipated Outcomes for Service Periods

Outreach: Activities	Anticipated Outcomes
<ul style="list-style-type: none"> ■ Identify pregnant woman needing services residing in service area ■ Assist woman in obtaining a pregnancy test ■ Describe program ■ Explain rights and responsibilities of client and lay health worker ■ Explain informed consent ■ Enroll woman if she is pregnant and requests enrollment 	N/A
Prenatal Period: Activities	Anticipated Outcomes
<ul style="list-style-type: none"> ■ Assist client in accessing prenatal care from a medical provider, preferably in the first trimester ■ Help woman enroll on AHCCCS or find other way of paying for prenatal care and delivery ■ Provide basic prenatal and perinatal education ■ Assist client in overcoming barriers to care 	<ul style="list-style-type: none"> ■ Improve neonatal health outcomes, including birth weight
<ul style="list-style-type: none"> ■ Assist client in accessing financial assistance if appropriate ■ Provide referrals for client or other family members to other community resources, as appropriate 	<ul style="list-style-type: none"> ■ Increase in families receiving assistance, if eligible.
Family Follow-Up Period: Activities	Anticipated Outcomes
<ul style="list-style-type: none"> ■ Encourage mother to have all her children fully immunized at the appropriate ages 	<ul style="list-style-type: none"> ■ Decrease rates of childhood disease
<ul style="list-style-type: none"> ■ Educate families about good nutritional habits ■ Educate client about preventive health care and child wellness ■ Assist with finding a primary source for receiving routine medical care ("medical home") for each family member ■ Review prenatal and perinatal topics as indicated 	<ul style="list-style-type: none"> ■ Improve overall health of children
<ul style="list-style-type: none"> ■ Educate mother about the importance of having children screened for hearing and vision, assessed for developmental disabilities, etc. 	<ul style="list-style-type: none"> ■ Identify health problems (vision, hearing, etc.) or childhood disabilities early
<ul style="list-style-type: none"> ■ Assist client in applying for private and public financial assistance 	<ul style="list-style-type: none"> ■ Increase in families receiving assistance, if eligible.
<ul style="list-style-type: none"> ■ Distribute <i>Arizona Family Resource Guide</i> 	<ul style="list-style-type: none"> ■ Improve client's ability to access any needed services independently
<ul style="list-style-type: none"> ■ Assist client in accessing adult services, including education, employment and other community involvement, etc. ■ Act as role model for client, as a client advocate 	<ul style="list-style-type: none"> ■ Increase client independence and decrease reliance on public assistance
<ul style="list-style-type: none"> ■ Promote positive parenting skills 	<ul style="list-style-type: none"> ■ Decrease child abuse
<ul style="list-style-type: none"> ■ Encourage mother to enroll her children in preschool programs 	<ul style="list-style-type: none"> ■ Improve child's chances of good academic performance

Note on Table: **Bold items** in the right column indicate anticipated outcomes that are primary outcome goals of the program.

Source: Auditor General staff analysis of Health Start enabling legislation, interviews with OWCH staff and its program coordinators, review of program materials, and review of literature.

Appendix B

Programs with Goals or Services that Parallel Health Start

Programs Sharing Some of Health Start's <u>Prenatal Goals or Services</u>	Primary Funding <u>Source</u>
Baby Arizona	State
Community Health Advisor Training Project	Private
Coordinated Care (under AHCCCS Plan)	State
Healthy Mothers, Healthy Babies	Federal
Indian Health Services Public Health Nursing	Federal
Opening Doors (Havasupai, Hualapai reservations)	Private
Pregnancy and Breastfeeding Hotline	Federal
Prenatal Care Initiative (Tucson)	County
Project Cumadre (areas in Pinal County)	Federal
Support for Obstetrical Services	State
Teen Prenatal Express	State
Wellness on Wheels/Rural Health Outreach (areas in Yavapai County)	Federal
Woman to Woman (Pima County)	Private

Program Sharing Some of Health Start's <u>Post-Natal/Family Follow-Up Goals or Services</u>	Primary Funding <u>Source</u>
Children's Information Center	State
Community Health Advisor Training Project	Private
Community Nutrition Education Services	State
Coordinated Care (under AHCCCS Plan)	State
Community Health Nursing	State
First Steps	Private
Healthy Families	State
Healthy Mothers, Healthy Babies	Federal
Indian Health Services Public Health Nursing	Federal
Newborn Intensive Care Program	State
Opening Doors (Havasupai, Hualapai reservations)	Private
Pregnancy and Breastfeeding Hotline	Federal
Preventive Nutrition Services	State
Prenatal Care Initiative (Tucson)	County
Project Chance	Federal
Project Cumadre (areas in Pinal County)	Federal
Project Thrive	State
Woman to Woman (Pima County)	Private
Wellness on Wheels/Rural Health Outreach (areas in Yavapai County)	Federal

Source: Auditor General staff analysis of interviews with program coordinators from Health Start and other programs; Health Start pilot program proposals, ADHS Community and Family Health Services Annual Report, 1994.

Appendix C

Copy of Arizona Family Resource Guide (English Version)

SPECIAL NEEDS

SPECIAL NEEDS: screening for developmental disabilities, physical handicaps & behavioral health needs, and referral to other services for children with special needs.

Arizona Early Intervention Program (AzEIP)

- District I: Maricopa County ♦ 1-800-381-3210
- District II: Pima County ♦ 1-800-501-2765
- District III: Apache, Coconino, Navajo & Yavapai Counties 1-800-458-0160
- District IV: La Paz, Mohave & Yuma Counties ♦ 1-800-264-9013
- District IV (Spanish) ... ♦ 1-800-329-8194
- District V: Pinal & Gila Counties ♦ 1-800-851-6266
- District VI: Santa Cruz, Cochise, Graham & Greenlee Counties ♦ 1-800-226-7350

Children's Rehabilitative Services (CRS)

- CRS Flagstaff ♦ 1-800-232-1018
- CRS Phoenix ♦ 1-800-392-2222
- CRS Tucson ♦ 1-800-231-8261
- CRS Yuma ♦ 520-344-7095 collect

SPECIAL NEEDS

Newborn Intensive Care Program (NICP):

- NICP Flagstaff ♦ 1-800-232-1018
- NICP Prescott ♦ 520-771-3128
- NICP Phoenix
 - Children's Health Center ♦ 1-800-392-2222
 - Phoenix Children's Hospital 602-239-3555
 - Maricopa Medical Center... 602-267-5404
 - Desert Samaritan 602-835-3410
- NICP Tucson ♦ 520-324-3130
- NICP Yuma ♦ 520-344-7097 collect

The Arc, formerly known as the Association for Retarded Citizens ♦ 1-800-252-9054

Pilot Parent Partnerships ... ♦ 1-800-237-3007

TT/TDD: Arizona Relay Service

- Access - TTY ♦ 1-800-367-8939
- Access - Voice ♦ 1-800-842-4681
- Customer Service - TTY .. ♦ 1-800-347-1695
- Customer Service - Voice . ♦ 1-800-896-3686

♦ *se habla español*

SPECIAL NEEDS

Division of Developmental Disabilities (DDD), Department of Economic Security (DES)

- District I: Maricopa County ♦ 602-248-8801
- District II: Pima County ... ♦ 520-628-6800
- District III: Apache, Coconino, Navajo & Yavapai Counties ... 520-779-2731 x 203
- District IV: La Paz, Mohave & Yuma Counties ♦ 520-782-4343
- District V: Pinal & Gila Counties ♦ 520-723-4151
- District VI: Santa Cruz, Cochise, Graham & Greenlee Counties ♦ 520-432-5703



This guide is provided as a public service through the Arizona Children and Family Stability Act and is available in alternative format, upon request, by contacting:

Arizona Dept. of Health Services
Office of Women's and Children's Health
411 North 24th Street
Phoenix, AZ 85008
Phone: 602-220-6550 TDD: 602-232-1676



Arizona
Family Resource Guide

for
Families with Young Children
and
Children with Special Health
Care Needs.

EMERGENCY

EMERGENCY ♦ 911
POISON CONTROL ♦ 1-800-362-0101

HEALTH

HEALTH: advice, doctor & nurse visits, child hearing & vision tests, baby shots & other health services.

- AHCOCS Hotline ♦ 1-800-654-8713
- Children's Information Center:
 - AzEIP referrals, AHCOCS inquiries, newborn screening, immunizations, community health nurses ♦ 1-800-232-1676
 - Intertribal Council of Arizona ... 602-248-0071 or your local tribal health services
- Pregnancy & Breastfeeding Hotlines:
 - pregnancy testing, breastfeeding, Baby Arizona ♦ 1-800-833-4642
 - Nutrition Services for Women, Infants & Children (WIC Hotline) ... ♦ 1-800-252-5942

EDUCATION

Arizona Department of Education Hotline
♦ 1-800-352-4558 or Your Local School District

FAMILY SERVICES

- CHILD CARE**
 - Child Care Resource & Referral ♦ 1-800-308-9000
- CHILD & WATER SAFETY**
 - American Red Cross ♦ 1-800-842-7349
- FAMILY SUPPORT & FINANCIAL HELP**
 - Referral line for Department of Economic Security (DES) offices, including job service, child support enforcement, food stamps, aid to families with dependent children (AFDC), and child protective services (CPS) ♦ 1-800-352-8401
 - Social Security Administration ♦ 1-800-772-1213

FAMILY SERVICES

COUNSELING & EMOTIONAL SUPPORT

- Arizona Coalition Against Domestic Violence 1-800-782-6400
- Parents Anonymous: parent education training, 24-hour crisis line, parent support groups ♦ 1-800-352-0528
- Regional Behavioral Health Authorities
 - Behavioral Health Services of Yuma (BHS): La Paz & Yuma Counties ♦ 1-800-880-8901
 - Community Partnership for Behavioral Health Care (ComCare) ♦ 1-800-631-1314
 - Community Partnership for Southern Arizona (CPSA): Cochise, Graham, Greenlee, Pinal & Santa Cruz Counties ♦ 1-800-281-9189
 - Northern Arizona Regional Behavioral Health Authority (NARBHA): Apache, Coconino, Mohave, Navajo & Yavapai Counties 1-800-640-2123
 - Pinal/Oila Behavioral Health Association (PGBHA): Gila & Pinal Counties ♦ 1-800-982-1317

♦ *se habla español*

FAMILY SERVICES

INFORMATION & REFERRAL: food, clothing, housing/shelter, employment and training, preschools/Head Start, public and private schools, GED classes, financial aid, transportation, baby car seats, recreation programs & other help for families.

Community Information and Referral: Northern & Central Arizona ♦ 1-800-352-3792
Information and Referral Services: Southern Arizona ♦ 1-800-362-3474

FAMILY CONTACTS

Appendix C

Copy of Arizona Family Resource Guide (Spanish Version)

NECESIDADES ESPECIALES

NECESIDADES ESPECIALES: pruebas para incapacidades del desarrollo, incapacidades físicas y salud mental, y remisiones para otros servicios a niños con necesidades especiales.

Arizona Early Intervention Program (AEIP)

- Distrito I: Condado Maricopa ♦ 1-800-361-3218
- Distrito II: Condado Pinal ♦ 1-800-361-3763
- Distrito III: Condados Apache, Coconino, Navajo & Yavapai ♦ 1-800-436-6160
- Distrito IV: Condados La Paz, Mohave & Yuma ♦ 1-800-364-9613
- Distrito V: Condados Pinal & Gila ♦ 1-800-329-8194
- Distrito VI: Condados Santa Cruz, Cochise, Graham & Greenlee ♦ 1-800-431-4266
- Distrito VII: Condados Santa Cruz, Cochise, Graham & Greenlee ♦ 1-800-234-7238

Children's Rehabilitative Services (CLS)

- (Servicios de Rehabilitación para Niños)
- CLS Flagstaff ♦ 1-800-233-1818
- CLS Phoenix ♦ 1-800-393-2222
- CLS Tucson ♦ 1-800-231-8261
- CLS Yuma ♦ 520-344-7975 por cobrar

NECESIDADES ESPECIALES

Newborn Intensive Care Program (NICP) (para recién nacidos)

- NICP Flagstaff ♦ 1-800-233-1818
- NICP Phoenix ♦ 520-771-3128
- NICP Tucson
- Children's Health Center ♦ 1-800-393-2222
- Phoenix Children's Hospital 602-239-2155
- Maricopa Medical Center... 602-347-3404
- Desert Samaritan 602-435-3419
- NICP Tucson ♦ 520-324-3139
- NICP Yuma ♦ 520-344-7977 por cobrar

The Art, antes conocido como Association for Retarded Citizens ♦ 1-800-533-9654

First Parent Partnerships ♦ 1-800-237-3007

TTY/TDD: Arizona Relay Service

- Asesor - TTY ♦ 1-800-347-8939
- Asesor - Voz ♦ 1-800-442-4681
- Servicios a Clientes - TTY ♦ 1-800-347-1495
- Servicios a Clientes - Voz ♦ 1-800-496-3466

♦ se habla español

NECESIDADES ESPECIALES

División de Incapacidades del Desarrollo (IDD), Departamento de Seguro Económico (DES)

- Distrito I: Condado Maricopa ♦ 602-346-8801
- Distrito II: Condado Pinal ♦ 520-436-6808
- Distrito III: Condados Apache, Coconino, Navajo & Yavapai ♦ 1-326-779-2731 x 263
- Distrito IV: Condados La Paz, Mohave & Yuma ♦ 520-762-4343
- Distrito V: Condados Pinal & Gila ♦ 520-723-4151
- Distrito VI: Condados Santa Cruz, Cochise, Graham & Greenlee ♦ 520-432-5703



Esta guía se ofrece como un servicio público mediante la ley Arizona Children and Family Stability Act y puede haberla en formatos diferentes, comunicándose con:

Arizona Dept. of Health Services
Office of Women's and Children's Health
411 North 24th Street
Phoenix, AZ 85008
Teléfono: 602-220-6550 TDD: 602-256-7577



Guía de Recursos para la Familia en Arizona

para Familias con Niños Pequeños y Niños con Necesidades Especiales de Cuidado de la Salud

EN EMERGENCIAS

- EMERGENCY ♦ 911
- POISON CONTROL ♦ 1-800-362-6101

SALUD

SALUD: consejos, visitas de médicos y enfermeras, pruebas de visión y oído para niños, vacunas para bebés, y otros servicios de salud.

AHOCCS Línea urgente ♦ 1-800-654-8713

Children's Information Center
Remisiones a ASEP, preguntas sobre AHOCCS, chequeos a recién nacidos, vacunas, enfermeras de la comunidad 1-800-233-1878
Infectious Council of Arizona ♦ 602-248-0071
o su centro tribal local para servicios de salud
Pregnancy & Breastfeeding Línea urgente:
pruebas de embarazo, lactancia, Baby Arizona ♦ 1-800-633-4842
Servicios de Nutrición para Mujeres, Bebés, & Niños
Línea urgente de WIC ♦ 1-800-252-6942

EDUCACIÓN

Línea urgente del Depto. De Educación de Arizona
♦ 1-800-352-4558 o su distrito escolar local

SERVICIOS A FAMILIA

CUIDADO DE NIÑOS
Child Care Resource & Referral ♦ 1-800-308-8000

LOS NIÑOS Y LA SEGURIDAD ACUÁTICA
American Red Cross (Cruz Roja) ... ♦ 1-800-442-7348

APoyo a Familias & Ayuda Económica

Remisión a oficinas del Dept. De Seguro Económico (DES) incluye servicio de empleo, sustento de menores, estampillas de comida asistencia AFDC a familias con niños dependientes, y servicios protectores para menores (CPS) ... ♦ 1-800-352-8401

Administración del Seguro Social ♦ 1-800-722-1213

SERVICIOS A FAMILIAS

CONSEJO & APOYO EMOCIONAL

Arizona Coalition Against Domestic Violence (contra violencia en el hogar) ♦ 1-800-782-8400
Parents Anonymous: educación y capacitación para padres, línea de crisis las 24 horas, grupos de apoyo de otros padres ♦ 1-800-352-0528

Autoridades regionales para salud mental
Behavioral Health Services of Yuma (BHS):
Condado La Paz & Yuma ♦ 1-800-880-8801
Community Partnership for Behavioral Health Care (Compani) ♦ 1-800-431-1314
Community Partnership for Southern Arizona (CPSA): Condados Cochise, Graham, Greenlee Pinal & Santa Cruz ♦ 1-800-261-9188

Pinal/Gila Behavioral Health Association (PGBHA): Condados Gila & Pinal ... ♦ 1-800-862-1317

♦ se habla español

SERVICIOS A FAMILIAS

INFORMATION & REFERRAL: comida, ropa, vivienda/alojamiento, trabajo y capacitación, guarderías infantiles/HEAD START, escuelas públicas y privadas, clases para equivalencia GED, Ayuda económica, transporte, asistencia de sujeción para bebés, programas de nutrición, otros tipos de ayuda.

Community Information and Referral: Arizona norte & central ♦ 1-800-352-3792
Information and Referral: Sonora sur de Arizona ♦ 1-800-362-3474

FAMILIARES PARA LLAMAR

Appendix D

Procedures Used to Estimate Cost per Participant

Two estimates of Health Start cost per participant have been computed. The first estimate includes only direct service delivery; the second estimate includes direct service delivery and administrative expenditures.

Table 3

Health Start Cost Per Participant Estimates for Fiscal Year 1994-95

A.	Direct Service Delivery Costs (March 1, 1995, through June 30, 1995)	\$308,590
B.	Administrative Costs for 1994-95 (July 1, 1994, through June 30, 1995), excluding the <i>Arizona Family Resource Guide</i>	<u>251,747</u>
C.	Total Cost	<u>\$560,337</u>
D.	Total Number of Participants	770 ^a
E.	Direct Service Cost Per Participant - (A/D)	\$401
F.	Total Cost Per Participant - (C/D)	\$728

^a Cost per participant estimates were based on a four month service delivery period from March through June 30, 1995. The number of participants used for this estimate (770) is smaller than the number reported in item 1 of the Statutory Annual Evaluation Components section of this report, because it is based on the number of participants billed, not the number of participants active in the Program during the time period. An additional 1,123 prenatal participants received services that were not billable in 1994-95 because their babies had not been born by the end of the fiscal year. Another 950 participants were considered to be active in the family follow-up portion of the Program, but did not receive home visits that were billable during 1994-95.

Source: Direct service delivery costs and total number of participants were calculated using OWCH data for services billed March 1, 1995, through June 30, 1995. Administrative costs were calculated based on expenditure data provided by ADHS Business and Financial Services.
