Impacts of Realignment of Substance Use Disorder Services 2017 Report to the Legislature

Submitted by the Department of Health Care Services
Pursuant to the Requirements of
Health and Safety Code Section 11756.8

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Overview

This annual report provides an overview of the impact over time of the 2011 Realignment of Substance Use Disorder (SUD) program services with data illustrating the amount of realigned funds expended for SUD treatment services, unique counts of Drug Medi-Cal (DMC) service recipients, and the treatment outcomes of service recipients. The intent of this report is to assist in monitoring changes over time and the degree to which programs are meeting state-and county-defined outcome measures. Outcome measures are based on data from three sources:

1. County reported treatment expenditures from cost reports
2. Data from the Short-Doyle Medi-Cal Remediation Technology (SMART) system
3. Service recipient data reported through the California Outcomes Measurement System Treatment (CalOMS Tx)

Background

Enactment of the 2011 Public Safety Realignment marked a significant shift in the State's role in administering programs and functions related to SUD services. Prior to 2011 Realignment, many public SUD programs and services were provided locally by counties with the program policy authority and funding responsibilities residing with the State. The Fiscal Year (FY) 2011-12 Budget Act, through Senate Bill (SB) 1020 (Committee on Budget and Fiscal Review, Chapter 40, Statutes of 2011) and Proposition 30 of November 2012, resulted in the realignment of these programs to the counties. It is the intent of this report to provide information to the Legislature, the public, and SUD services stakeholders regarding the impact of 2011 Realignment over the period of time it has been in effect.

Data Considerations

Treatment Expenditure Data

Expenditures reflect funding for treatment services from both 2011 Realignment and federal funding, including the Substance Abuse Prevention and Treatment Block Grant, and DMC funding. The expenditure data is based on cost reports for actual treatment services claims submitted by counties for FY 2011-12 through FY 2013-14. This 2017 Realignment Report provides the most current cost report data, which was finalized in March 2017. This data does not separately track each individual funding source that was established by the 2011 Realignment in the Behavioral Health Services Account (i.e., Women's and Children's Residential Treatment Services, Drug Courts, DMC and non-DMC), as these subaccounts existed only for one fiscal year and were then combined in 2012 into the broader Behavioral Health Subaccount. Therefore, all expenditure data included in this report are in aggregate.

Appendix A provides treatment expenditures for each county and statewide. It provides details on the changes to treatment expenditures over the three-year period. Refer to Appendix D for definitions of the funding sources and service types. SUD treatment includes the following treatment services:

- Outpatient Methadone Detoxification (Detox)
- Inpatient Methadone Detox

- Naltrexone Treatment
- Outpatient Narcotic Treatment Program (NTP) Maintenance
- Outpatient Drug Free (ODF) Detox
- Interim Treatment Services
- NTP Narcotic Replacement Therapy
- Intensive Outpatient
- Rehabilitative Ambulatory Detox (non-methadone)
- Free Standing Residential Detox
- Perinatal and other Residential Treatment -- Short Term and Long Term Residential Treatment
- Hospital Inpatient Detox (24 hours)
- Hospital Inpatient Residential (24 hours)
- Chemical Dependency Recovery Hospital
- Drug Court and Other Treatment Related Services

SMART: Unique Counts of Drug Medi-Cal Treatment Service Recipients

The unique DMC client data for FY 2011 - 12 through FY 2013-14 was collected from the SMART system. "Unique" service recipient counts in Appendix B are defined as the number of individuals who received a DMC treatment service as opposed to the total DMC services provided. Data for Sutter and Yuba Counties are combined and displayed as one county in both Appendix A and Appendix B.

CalOMS Tx: Service Recipient Outcomes

The CalOMS Tx system collects outcome data measures, at the time of the recipient's admission and discharge from publicly-funded SUD treatment services, and/or licensed narcotic treatment programs. CalOMS Tx collects a variety of treatment service recipient outcome measures in seven life domains: Alcohol Use, Other Drug Use, Employment/Education, Legal/Criminal Justice, Medical/Physical Health, Mental Health, and Social/Family. Outcome measures collected in these areas indicate the impact of treatment services. These CalOMS Tx measures, along with the percentage of administrative discharges, (i.e., the service recipient left treatment prior to their planned discharge and could not be reached for discharge data collection), can be used to measure and compare service recipient outcomes across multiple years. CalOMS Tx does not track data on the specific funds used to provide services, but for purposes of consistency, the CalOMS Tx data are included for FY 2010-11 through FY 2014-15. Outcomes are only reported at the statewide level. The historical outcome measurement method did not accurately measure all recipients' actual outcomes because counties vary substantially in percentages of discharges reported without client level of functioning data reported. These discharge data are necessary to provide generalizable and comparable outcomes across counties. See Appendix C for details. The Department of Health Care Services (DHCS) is looking to develop and utilize statistical reports documenting how many discharge records each county reports without the client level of functioning data necessary to measure outcomes. DHCS is still in the initial stages of developing these reports and intend to share the reports with the counties in late 2018.

Findings

Treatment Expenditures

From FY 2011-12 to FY 2013-14, treatment expenditures increased by $13.1 million at the statewide level; an increase of four percent. Approximately 79 percent of counties showed an increase in treatment expenditures, with treatment expenditures more than doubling for five counties from FY 2011-12 to FY 2013-14. Treatment expenditures statewide in FY 2011-12 were $331,717,082 compared to $344,892,619 in FY 2013-14. Treatment expenditures for 11 of the 57 counties decreased 10 percent or more from FY 2011-12 to FY 2013-14, with two counties showing a decrease of more than 80 percent (see Appendix A).

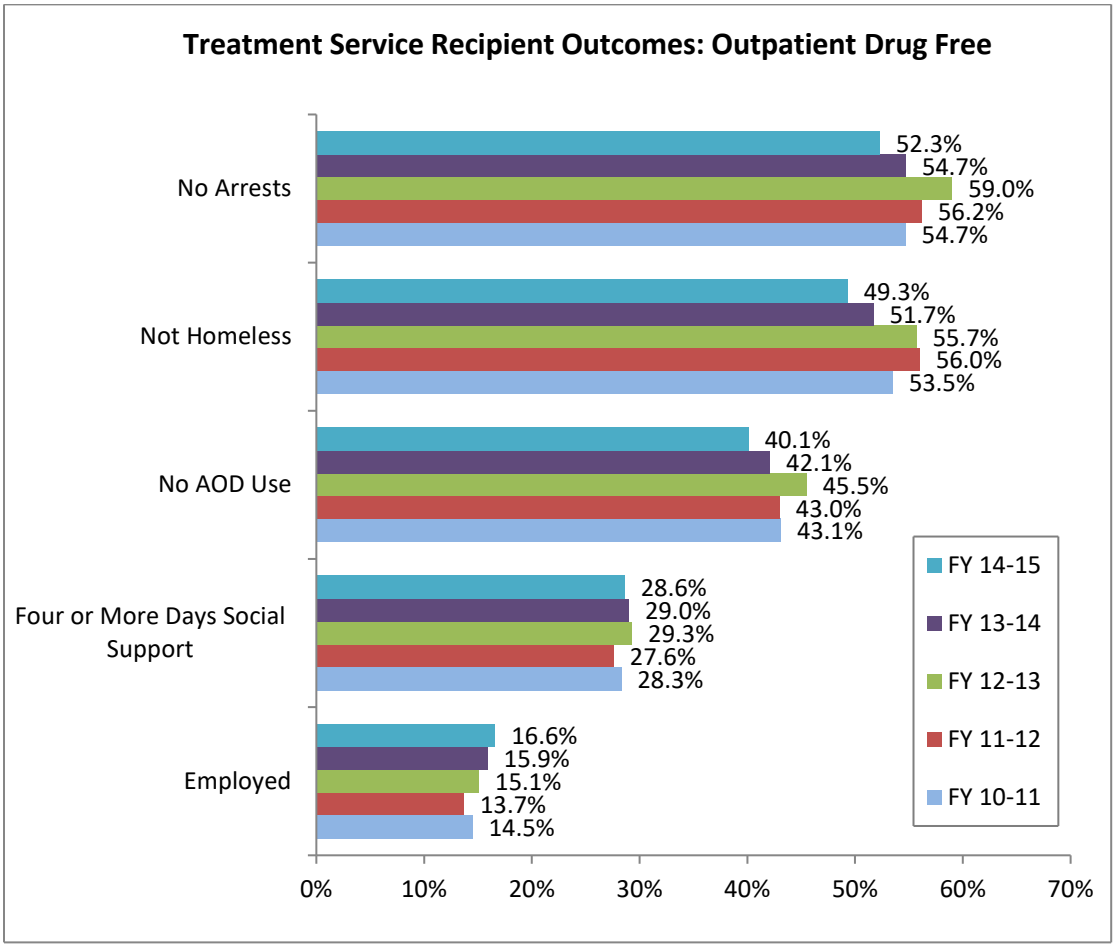
Counties Administering DMC and Unique DMC Client Counts

The number of counties administering the DMC program increased from 42 counties in FY 2011-12 to 44 counties in FY 2013-14. Of the 44 counties administering the DMC program in FY 2013-14, only one had substantial decreases (10 percent or more) in unique counts of DMC service recipients between FY 2011-12 and FY 2013-14. Whereas, 37 counties had substantial increases (10 percent or more) in unique counts of DMC service recipients, with increases more than doubling for five counties. The overall number of unique DMC service recipients increased by 28.2 percent from 55,622 in FY 2011-12 to 71,312 in FY 2013-14 (see Appendix B).

Treatment Service Recipient Outcomes

Treatment service recipient data included in this report are for ODF services. This service type represents the largest proportion of treatment admissions to publicly-monitored treatment programs. In addition, ODF is typically the last service type in an episode of treatment (i.e., when a service recipient progresses from more intensive to less intensive treatment services). From FY 2010-11 through FY 2014-2015, the CalOMS Tx data indicated that ODF service recipient outcomes remained relatively stable in two of the following five outcome measures: No Arrests, Not Homeless, No Alcohol and Other Drug Use, Four or More Days Social Support, and Employed.

The five key measures for outcomes in the chart below provide service recipient outcomes by year for ODF services. While percentages for Employment and Social Support outcomes have remained relatively stable across fiscal years, the “No Arrests” measure shows a slight increase from FY 2010-11 to FY 2012-13 of about four percentage points, but then drops by almost seven percentage points through FY 2014-15. The “Not Homeless” measure also shows a slight increase from FY 2010-11 to FY 2011-12 of about two percentage points, before dropping over six percentage points through FY 2014-15. “No AOD Use” shows a slight increase of about two percentage points from FY 2010-11 to FY 2012-13, but then drops over five points to FY 2014-15. One main challenge in attempting to analyze and measure these trends is the continual percentage increase in missing outcome data (See Appendix C).



Future Updates

Future reports will include updates to the summary treatment expenditure and service recipient outcomes to support the ongoing monitoring of 2011 Realignment impacts.

Appendix A
Treatment Expenditures by County and California FYs 2011-12 through 2013-14

County	A FY 11-12	B FY 12-13	C FY 13-14	Difference A-C	Percentage Change A-C
Mariposa	$351,112	$64,642	$47,537	-$303,575	-86.5%
Lassen	$590,753	$170,514	$104,858	-$485,895	-82.3%
Inyo	$93,742	$85,646	$41,963	-$51,779	-55.2%
Calaveras	$263,944	$230,126	$127,417	-$136,527	-51.7%
Trinity	$292,099	$203,999	$197,869	-$94,230	-32.3%
Glenn	$226,877	$197,883	$172,504	-$54,373	-24.0%
Riverside	$12,950,925	$11,915,880	$10,464,010	-$2,486,915	-19.2%
Los Angeles	$129,947,446	$147,762,925	$105,163,428	-$24,784,018	-19.1%
Sutter/Yuba	$1,219,656	$1,091,112	$990,391	-$229,265	-18.8%
El Dorado	$445,876	$818,662	$362,068	-$83,808	-18.8%
Mendocino	$535,172	$413,901	$470,519	-$64,653	-12.1%
Madera	$546,863	$582,910	$540,196	-$6,667	-1.2%
Ventura	$5,996,740	$6,025,113	$6,026,997	$30,257	0.5%
Mono	$253,179	$258,119	$258,119	$4,940	2.0%
Modoc	$380,679	$306,983	$394,476	$13,797	3.6%
California	**$331,717,082**	**$375,449,978**	**$344,892,619**	**$13,175,537**	**4.0%**
Sacramento	$15,535,593	$15,955,473	$16,261,345	$725,752	4.7%
Humboldt	$979,783	$986,041	$1,048,606	$68,823	7.0%
Marin	$2,505,273	$2,367,338	$2,689,005	$183,732	7.3%
Kings	$653,559	$573,066	$704,746	$51,187	7.8%
Kern	$8,413,548	$7,797,269	$9,165,203	$751,655	8.9%
San Mateo	$4,587,970	$5,916,770	$5,002,732	$414,762	9.0%
Tuolumne	$340,685	$326,370	$372,255	$31,570	9.3%
Napa	$1,172,504	$1,152,187	$1,290,665	$118,161	10.1%
San Francisco	$16,310,123	$18,064,098	$18,384,301	$2,074,178	12.7%
Nevada	$679,425	$729,495	$767,626	$88,201	13.0%
Contra Costa	$8,524,320	$9,502,151	$9,647,295	$1,122,975	13.2%
Alameda	$14,041,122	$16,590,199	$15,910,980	$1,869,858	13.3%
Placer	$2,143,248	$2,385,884	$2,442,804	$299,556	14.0%
Fresno	$15,080,818	$17,178,509	$17,229,181	$2,148,363	14.2%
Stanislaus	$4,625,619	$4,566,104	$5,308,228	$682,609	14.8%
Sonoma	$4,200,389	$4,318,930	$4,822,299	$621,910	14.8%
San Diego	$16,125,347	$17,437,152	$19,157,824	$3,032,477	18.8%
Tulare	$4,020,558	$4,203,176	$4,780,654	$760,096	18.9%
San Bernardino	$10,514,561	$11,752,087	$13,051,347	$2,536,786	24.1%
Orange	$15,573,479	$18,157,407	$19,460,803	$3,887,324	25.0%

Santa Barbara	$4,906,745	$5,383,356	$6,165,940	$1,259,195	25.7%
Tehama	$351,334	$352,793	$446,572	$95,238	27.1%
Colusa	$147,110	$245,973	$188,572	$41,462	28.2%
Del Norte	$193,385	$200,875	$249,646	$56,261	29.1%
Santa Clara	$7,771,176	$10,127,921	$10,127,039	$2,355,863	30.3%
Santa Cruz	$2,977,959	$3,291,029	$4,000,575	$1,022,616	34.3%
Shasta	$941,644	$934,920	$1,281,048	$339,404	36.0%
Solano	$1,962,865	$2,300,901	$2,798,126	$835,261	42.6%
Sierra	$43,006	$47,418	$62,773	$19,767	46.0%
Yolo	$526,120	$750,445	$803,667	$277,547	52.8%
Monterey	$1,972,465	$2,979,892	$3,183,220	$1,210,755	61.4%
Imperial	$386,911	$482,589	$636,196	$249,285	64.4%
Butte	$1,781,668	$2,865,954	$2,934,920	$1,153,252	64.7%
Merced	$1,848,899	$2,285,028	$3,401,499	$1,552,600	84.0%
Lake	$415,841	$606,544	$784,143	$368,302	88.6%
San Benito	$274,504	$393,574	$592,244	$317,740	115.8%
San Luis Obispo	$1,290,070	$2,097,635	$2,900,441	$1,610,371	124.8%
Siskiyou	$155,080	$236,688	$380,531	$225,451	145.4%
San Joaquin	$3,646,051	$9,593,657	$10,799,605	$7,153,554	196.2%
Alpine*	$1,262		$26,355	$25,093	1988.4%
Amador**		$53,104	$64,580	$64,580	
Plumas**		$131,566	$204,676	$204,676	

*Small numbers result in increased differences (i.e. percent change)
**The county did not indicate expenditures for treatment services in one or more fiscal years

Appendix B
Unique Drug Medi-Cal Service Recipients by County and California
FYs 2011-12 through 2013-14

County	A FY 11-12	B FY 12-13	C FY 13-14	Difference A-C	Percentage Change A-C
El Dorado	193	135	128	-65	-33.7%
Lassen	109	113	99	-10	-9.2%
Los Angeles	20,774	25,320	19,421	-1,353	-6.5%
Mendocino	121	94	117	-4	-3.3%
Imperial	638	570	699	61	9.6%
Lake	239	224	266	27	11.3%
Riverside	2,523	2,399	3,033	510	20.2%
Butte	789	656	983	194	24.6%
Stanislaus	749	752	936	187	25.0%
Humboldt	187	150	236	49	26.2%
California	**55,622**	**63,437**	**71,312**	**15,690**	**28.2%**
Yuba/Sutter	358	352	469	111	31.0%
Nevada	300	278	396	96	32.0%
Fresno	3,867	5,042	5,119	1,252	32.4%
Solano	540	517	721	181	33.5%
Kern	1,596	1,598	2,140	544	34.1%
Santa Clara	1,060	1,224	1,424	364	34.3%
Monterey	341	318	459	118	34.6%
Sacramento	3,340	3,951	4,562	1,222	36.6%
San Bernardino	2,076	2,047	2,851	775	37.3%
Contra Costa	911	899	1,259	348	38.2%
San Francisco	1,972	1,987	2,760	788	40.0%
Santa Cruz	346	315	498	152	43.9%
Napa	131	67	194	63	48.1%
Alameda	2,067	2,231	3,068	1,001	48.4%
San Joaquin	1,535	1,575	2,295	760	49.5%
Tulare	958	1,070	1,499	541	56.5%
Shasta	412	364	661	249	60.4%
Marin	85	89	140	55	64.7%
Ventura	1,194	1,335	1,984	790	66.2%
Placer	447	506	763	316	70.7%
Mariposa	40	50	70	30	75.0%
Orange	710	741	1,249	539	75.9%
Madera	96	104	169	73	76.0%
Sonoma	713	828	1,274	561	78.7%
Santa Barbara	1,289	1,722	2,387	1,098	85.2%

Merced	332	396	645	313	94.3%
Yolo	90	138	180	90	100.0%
San Diego	2,090	2,516	4,376	2,286	109.4%
San Mateo*	155	216	357	202	130.3%
San Benito*	52	75	124	72	138.5%
Kings*	42	66	208	166	395.2%
San Luis Obispo*	155	327	964	809	521.9%
Glenn**		61	84	84	
Inyo**		19	45	45	

Note: Service-recipients may have received service from more than one county. So, there may be some individuals counted more than once. *Small numbers result in increased difference (i.e. percent change)

**Numerator or denominator missing, cannot calculate percentage change

Appendix C
Data Quality Considerations for Treatment Outcomes

Historically, SUD treatment outcomes referred to measured changes in service recipient functioning in seven life domains: Alcohol Use, Other Drug Use, Employment/Education, Legal/Criminal Justice, Medical/Physical Health, Mental Health, and Social/Family. The same measures of service recipient functioning (e.g., frequency of primary drug use in the past 30 days) are collected at two points in time: at admission to treatment and at discharge. Changes in service recipient functioning were determined by comparing admission and discharge data, through the different responses at the two points in time, and quantifying changes (e.g., percent change) in responses. For simplicity, responses were often categorized into two groups: "positive" actions (e.g., no drug use) and "negative" actions (e.g., used drugs one or more times). These measured changes in service recipient functioning were referred to as, "service recipient outcomes."

This outcome measurement method was historically used to develop all basic outcome statistics for a given time period (e.g., a fiscal year), county, or a specific SUD treatment service type (e.g., residential, outpatient).

Collaboration with the former County Alcohol & Drug Program Administrators Association of California, Treatment Data/Outcomes Subcommittee, and other stakeholders found that for some CalOMS Tx recipient outcome measures, functioning in the 30 days prior to treatment discharge offers a better indication of service recipient functioning; rather than the quantified change between admission and discharge. As calculated as the percentage change from 30 days prior to admission to 30 days prior to discharge. For example, since many service recipients are coming from controlled environments (e.g., jail, prison) or other SUD treatment services, many service recipients report not using drugs in the month prior to admission thus rendering any calculation measuring the percentage change in functioning moot. Additionally, social support recovery activity participation is more important during the 30-day period prior to discharge from treatment, when the service recipient is moving in the continuum of care from treatment to longer term recovery (e.g., disease management). Some service recipients report little to no participation in social support recovery activities at admission. Therefore, measuring social support recovery activity participation in the month prior to discharge, provides a better indicator of functioning in this domain than quantifying the difference in such participation from admission to discharge.

There are substantial variations in the percentage of "administrative" discharges found across years, counties, and specific treatment service types. This type of discharge is used when the service recipient leaves the treatment program abruptly, and the provider is unable to contact them (in person or by phone). Therefore, minimal data is reported to "administratively" close the corresponding CalOMS Tx admission record, indicating the service recipient is no longer in the program. Since the service recipient cannot be located, no outcome (i.e., service recipient functioning) data is collected. In contrast, when a service recipient remains in treatment as planned, and is available for discharge interview (in person or by phone), a standard discharge report is completed and contains all the necessary service recipient functioning data to measure outcomes.

In general, it is reasonable to assume that the outcomes for service recipients discharged administratively would be worse than for those with planned discharges. Thus, generalizing outcomes of all treatment service recipients from the outcome data collected in the standard discharges (from

the service recipients with planned discharges) creates a positive bias. Counties (or fiscal years) with larger percentages of administrative discharges may appear to produce more positive outcomes since the outcomes would be generated from service recipients with completed standard discharge reports. Outcome measurement bias and variability are reduced, when the administrative/missing discharge data are factored into comparisons across years and between counties or providers. Based on these findings, this methodology of examining the desired level of client functioning in the 30 days prior to discharge is used for the five outcome measures shown in this report (see page 4).

Example:
During a given time period, County A has 1,200 total discharge records. Of those 1,200 records, 10.5 percent (or 126) are missing data. The 1,074 discharge records (1,200 minus 126) with data show that 201 clients are employed and 873 are not. Dividing 201 by 1074 equals approximately 19 percent employed. County B has 83 total discharge records with 81.9 percent (or 68) of the discharge records missing data. The 15 discharge records (83 minus 68) with data show that five clients are employed and ten are not. Dividing five by 15 equals approximately 33 percent employed. These comparative statistics would erroneously show that County B has better employment outcomes than County A, if the records with missing data are excluded from the denominator when calculating percentages.

If the records with the missing data are included in the denominator, then more objective outcome comparisons across counties can be made. For example, County A had 1,200 total discharge records with 201 of them documenting employment at discharge. Therefore, County A shows 16.7 percent (201 divided by 1,200) employed at discharge. County B had 83 total discharges with 5 documenting employment. Therefore, County B shows 6 percent (5 divided by 83) employed at discharge.

This example underscores the importance of ongoing data quality monitoring and management. The State must continue to work with the counties and direct service providers to improve data quality and minimize the number of administrative discharges.

Appendix D
Definitions

Chemical Dependency Recovery Hospital (CDRH): Treatment programs located in a CDRH facility licensed by the California Department of Public Health.

Drug Courts: A permissible use of funding in the Behavioral Health Services subaccount. "Drug courts" or "drug court operations" refers to the provision of intensive drug treatment services, and close supervision to promptly address relapses for individuals whose involvement in the court system is a result of substance abuse. Drug court program administration was realigned under SB 1014 (Chapter 36, Statutes of 2011) and historically included the following programs: Comprehensive Drug Court Implementation Act, Drug Court Partnership, and Dependency Drug Court services.

Drug Medi-Cal (DMC): SUD treatment services provided as a carve-out from other standard Medi-Cal services. These SUD treatment services are provided to Medi-Cal beneficiaries through the statewide DMC program. The DMC program is currently administered in 44 counties through contracts between DHCS and the county SUD administration office or between DHCS and a DMC certified provider. DMC SUD treatment services include the following SUD treatment service types: outpatient drug free, nonresidential/outpatient NTP maintenance, intensive outpatient treatment, and residential treatment.

Hospital Inpatient Detox (24 hours): Hospital and non-hospital detoxification services. Hospital detoxification services (Hospital Inpatient Detoxification – 24 Hours) are provided in a licensed hospital where participants are hospitalized for medical support during the planned SUD withdrawal period. Non-hospital detoxification services (Free-Standing Residential Detoxification) are provided in a residential facility and support to assist the participant during a planned SUD withdrawal period.

Hospital Inpatient Residential (24 hours): Non-detoxification medical care provided in a hospital facility in conjunction with treatment services for substance use disorders.

Inpatient Methadone Detox: Rendered in a controlled, 24-hour hospital setting. Provides narcotic withdrawal treatment to service recipients undergoing a period of planned withdrawal from narcotic dependence.

Intensive Outpatient: Provision of counseling and rehabilitation services that last two or more hours, but less than 24 hours per day, three days per week.

Interim Treatment Services (CalWORKS): Services designed to determine need for more intensive SUD treatment. This includes provision of up to eight weeks of group and/or individual counseling sessions, in a nonresidential/outpatient setting until such time SUD treatment service needs are determined and available.

Naltrexone Treatment: Use of Naltrexone (Trexon) to block effects of heroin, other narcotics, or opiates. Services include medication, medical direction, medically necessary urine screens for substance use, counseling, and other appropriate activities or services.

Non-DMC: SUD treatment programs and services funded with sources other than DMC, such as Substance Abuse Prevention and Treatment Block Grant dollars from the federal Substance Abuse and Mental Health Services Administration.

Outpatient Drug Free (ODF): Treatment or recovery services provided in an outpatient setting. SUD treatment services include individual and/or group counseling that may or may not include medication.

ODF Detox: Rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting. Services are designed to support and assist participants undergoing a period of planned withdrawal from SUD dependence, and develop plans for continued service. Administration of prescribed medication may be included in this type of service.

Outpatient Methadone Detox: Rendered in less than 24 hours that provide narcotic withdrawal treatment to service recipients who are undergoing a period of planned withdrawal from narcotic dependence.

Outpatient Narcotic Treatment Program (NTP) Maintenance/NTP Narcotic Replacement Therapy (NRT): Outpatient treatment and recovery services that include the provision of NRT medication, such as methadone or buprenorphine in an outpatient setting and include individual and/or group counseling.

Rehabilitative Ambulatory Detox (non-methadone): Outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).

Perinatal and Other Residential Treatment: Short-term (<30 days) and long-term (>30 days) treatment services provided in a residential setting. Services may include the following elements: personal recovery and treatment planning, educational sessions, social and recreational activities, individual and group sessions, and assistance in obtaining health, social, vocational, or other community services.

Women's and Children's Residential Treatment Services (WCRTS): One of the funding sources in the Behavioral Health Services subaccount. The term refers to the funding source as well as the WCRTS program. WCRTS includes women's treatment programs, perinatal certified programs, women's and children's programs (services for both mother and child), family services, and comprehensive family-centered treatment programs.