



**Department of Health Care Services**

**Women and Children's Residential Treatment Services  
(WCRTS) Fiscal and Programmatic Status Report**

**For Fiscal Year 2012-2013 Data**

**September 2015**

# Women and Children’s Residential Treatment Services (WCRTS) Fiscal and Programmatic Status Report September 2015



---

## Table of Contents

Executive Summary .....	2
Background .....	2
Current Fiscal and Programmatic Status .....	2
Expenditures .....	3
Program Outcomes .....	3
Methodology .....	5
CalOMS Tx Data Client Outcomes Data Tables .....	6
Data Limitations.....	7
Conclusion.....	7
Attachments .....	8

# Women and Children's Residential Treatment Services (WCRTS) Fiscal and Programmatic Status Report September 2015



## Executive Summary

Health and Safety Code (HSC) Section 11757.65 was added by Senate Bill 1014 (Committee on Budget and Fiscal Review, Chapter 36, Statutes of 2012) for Fiscal Year (FY) 2012-13, directing the Department of Health Care Services (DHCS) to provide an annual report to the Legislature on the fiscal and programmatic status of the Women and Children's Residential Treatment Services (WCRTS) program.

The WCRTS program funds the costs of residential perinatal drug services and treatment for the purpose of pursuing four primary goals: 1) demonstrating that alcohol and other drug (AOD) abuse treatment services delivered in a residential setting and coupled with primary health, mental health, and social services for women and children, can improve overall treatment outcomes for women, children, and the family unit as a whole; 2) demonstrating the effectiveness of six-month or 12-month stays in a comprehensive residential treatment program; 3) developing models of effective comprehensive services delivery for women and their children that can be replicated in similar communities; and, 4) providing services to promote safe and healthy pregnancies and perinatal outcomes.

## Background

The WCRTS program was originally funded in 1993 through a national competitive bid process resulting in five-year grant support from the Center for Substance Abuse Treatment (CSAT), a division of the U.S. Department of Health and Human Services, and allocated directly to the individual programs.

The FY 1998-99 budget for the former Department of Alcohol and Drug Programs included \$3.1 million of State General Fund (SGF) to fund WCRTS programs previously funded by CSAT grants. In FY 1999-00, SGF for the WCRTS programs increased to \$3.6 million due to a decrease in federal support.

FY 2000-01 funding from SGF increased to \$6.1 million as the federal grant award expired for all programs. Since FY 2011-12, under 2011 Realignment, the funds are now allocated to the counties by the State Controller's Office from the Women and Children's Residential Treatment Services Special Account within the Behavioral Health Subaccount of the Local Revenue Fund 2011. With the passage of Senate Bill 1020 (Committee on Budget and Fiscal Review, Chapter 40, Statutes of 2012), language was added to Section 30029.6(b) of the Government Code, for FY 2012-13 and every fiscal year thereafter, that funds in the WCRTS Special Account would total approximately \$5.1 million. Under 2011 Realignment, \$5.1 million is now allocated to the counties by the State Controller's Office from the Women and Children's Residential Treatment Services Special Account within the Behavioral Health Subaccount of the Local Revenue Fund 2011. The allocation is specified in Section 30029.6(b) of the Government Code.

# Women and Children’s Residential Treatment Services (WCRTS) Fiscal and Programmatic Status Report September 2015



## Current Fiscal and Programmatic Status

### Expenditures

One-twelfth of the annual allocation from the WCRTS Special Account shall be allocated monthly to the six participating counties. The FY 2012-13 annual allocations and expenditures for each county are displayed in Table 1 on the next page.

Of the counties, for 2012-13 San Francisco County did not report spending WCRTS funds. Los Angeles and Marin counties did not spend their full FY 2012-13 WCRTS allocation. WCRTS funding does not expire; however federal funding from the Substance Abuse Prevention and Treatment Block Grant (SAPT Block Grant) must be expended within a 24-month period. Therefore, some counties will expend SAPT Block Grant funding first, before utilizing the WCRTS allocation from SGF. DHCS is in the process of developing monitoring protocols to track expenditures and program integrity. This includes technical assistance to counties to ensure program goals are being met as outlined in HSC Section 11757.65.

**Table 1: FY 2012-13 WCRTS Allocation and Expenditures by County**

County	FY 2012-13 Allocation	FY 2012-13 Expenditures
Alameda	687,665.00	687,665.00
Los Angeles	2,132,488.00	1,937,230.00
Marin	728,485.00	417,006.00
San Diego	553,940.00	553,940.00
San Francisco	182,286.00	0.00
San Joaquin	819,136.00	849,405.00
<b>Total</b>	<b>5,104,000.00</b>	<b>4,445,246.00</b>

**Note:** San Francisco County did not report spending WCRTS funds for FY 2012-13.

### Program Outcomes

As mandated by state and federal reporting requirements, all California providers/counties receiving public funding for Substance Use Disorder Services (including all narcotic replacement treatment programs) are required to report data on the clients they serve, using the California Outcomes Measurement System – Treatment (CalOMS Tx).

A variety of reports derived from CalOMS Tx were used to create a program-wide analysis of the client outcomes achieved through the WCRTS program during FY 2012-13. Fourteen CalOMS Tx data elements were selected as valuable outcome measures, or indicators, of client outcomes for women in the WCRTS programs. These outcomes measures were

# Women and Children’s Residential Treatment Services (WCRTS) Fiscal and Programmatic Status Report September 2015



grouped by CalOMS Tx domain and the corresponding legislative goals and outcome areas of HSC Section 11757.65.

During FY 2012-13, there were 1,492 clients served by five out of the six WCRTS programs. San Francisco County was not included in the program-wide analysis because they did not report spending WCRTS funds in FY 2012-13. Clients served represent the total clients that received treatment during FY 2012-13, including any open admissions from the previous fiscal year. If a client has multiple admissions during the year, each admission is counted.

As with admissions, a client can have a multiple discharges during the year. There were 1,095 discharges from WCRTS programs in FY 2012-13. Outcomes can only be measured for clients answering the outcomes questions at discharge.

The outcome data in Tables 2 and 3 represent the client functioning for the participating counties combined during FY 2012-13. These tables contain the group of all matched admission-discharge records (760) for treatment services with discharge dates from July 1, 2012 through June 30, 2013.

## CalOMS Tx Data: FY 2012-13 WCRTS Program-Wide Client Outcomes\*

Table 2: Change from Admission to Discharge

HSC 11757.65	CalOMS Tx Domain	Outcome Measure	Admission	Discharge	Percent Change
(b)(1) Preserving Family Unity	Legal/Criminal Justice	No Arrests	657	735	12%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Alcohol Use**	391	463	18%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Needle Use	602	634	5%
(b)(3) Enabling Children to Thrive	Social/Family	No Family Conflict	513	621	21%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment/Education	Employed	28	89	218%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment/Education	Job Training	38	224	489%
(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Medical/Physical Health	No Health Problems	497	547	10%
(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Medical/Physical Health	Tested for HIV	488	550	13%
(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Mental Health	Take Prescribed MH Medications	155	200	29%
(2)(A) Demonstrate AOD Services	Social/Family	Stable Housing	98	175	79%

# Women and Children’s Residential Treatment Services (WCRTS) Fiscal and Programmatic Status Report September 2015



<b>Improve Treatment Outcomes</b>					
<b>(2)(A) Demonstrate AOD Services Improve Treatment Outcomes</b>	Social/Family	No Children Living Elsewhere (Child Protection Order)	241	352	46%
<b>(2)(A) Demonstrate AOD Services Improve Treatment Outcomes</b>	Social/Family	No Children's Parental Rights Terminated	558	561	1%

**Notes:** Change from Admission to Discharge shows twelve outcome measures using the percent change method - the aggregated number of admissions (A) and the aggregated number of discharges (D) was used to calculate the percent change (P),  $P = [(D-A)/A] * 100$ . \*San Francisco County was not included because they did not report spending WCRTS funds in FY 2012-13. \*\*See Data Limitations for more information.

## CalOMS Tx Data: FY 2012-13 WCRTS Program-Wide Client Outcomes\*

**Table 3: Outcomes at Discharge**

HSC 11757.65	CalOMS Tx Domain	Outcome Measure	Number of Discharges Meeting Desired Criteria	Total Discharges in all WCRTS programs	Percent Meeting Desired Criteria at Discharge
<b>(b)(2) Promoting Healthy Pregnancies</b>	AOD Use	No Primary AOD Use	621	759	82%
<b>(b)(3) Enabling Children to Thrive</b>	Social/Family	Social Support ≥ 8 Days	654	760	86%

**Notes:** Outcomes at Discharge show the percentage meeting the desired criteria at discharge for the two outcomes, alcohol and other drug use and social support, measured only at discharge. \*San Francisco County was not included because they did not report spending WCRTS funds in FY 2012-13. \*\*See Data Limitations for more information.

### CalOMS Tx Data FY 2012-13 WCRTS Program-Wide Client Outcomes highlights:

- Preserving Family Unity: A 12% increase in the number of clients who reported no arrests from admission to discharge;
- Promoting Healthy Pregnancies: 82% of clients reported abstinence of the primary alcohol or other drug at discharge;
- Enabling Children to Thrive: 86% of clients reported participation in social support activities for eight or more days at discharge (e.g., 12-step programs);
- Freeing Women and their Families from Substance Abuse: A 218% increase in the number of clients who reported being employed full or part-time from admission to discharge; and

# Women and Children’s Residential Treatment Services (WCRTS) Fiscal and Programmatic Status Report September 2015



- Demonstrate AOD Services Improve Treatment Outcomes: A 79% increase in the number of clients who reported living in a stable environment from admission to discharge (e.g., living in a home or apartment and contributing to the living costs).

## *Methodology*

The DHCS CalOMS Tx outcome data are derived from the CalOMS Tx system and based on findings reported by counties on the clients they serve. Data are collected on the characteristics and backgrounds of clients, and their experiences prior to admission and at discharge. The CalOMS Tx data system was not developed to collect data in all the areas outlined in HSC Section 11757.65 (e.g., children who live with their mothers at the residential facility during treatment, pregnancy outcomes and reunification).

In addition, the CalOMS Tx system does not provide information on overall treatment outcomes and whether or not they improve when coupling residential treatment services with primary health, mental health and social services for women and children as outlined in HSC Section 11757.65.

In an effort to overcome these obstacles, DHCS created a CalOMS Tx Data – Cross Analysis Matrix (Attachment A). The matrix serves as a tool to identify CalOMS Tx data elements (Attachment B) with the strongest relationships with HSC Section 11757.65 goals. Then, outcome measures were determined based on the strength of the relationship (e.g., weak, moderate, strong, or none) with the legislative goals.

The CalOMS Tx data elements (Attachment B) provide detailed information about the elements selected by DHCS for analysis of WCRTS programs. The attachment includes a description of each data element including an explanation of the element, the question asked at admission and discharge, and possible responses/values referenced in this report.

DHCS’s Office of Applied Research and Analysis worked collaboratively with staff to compile this report as their knowledge and experience with the CalOMS Tx data system informed the data collection and analysis of outcome data.

## *CalOMS Tx Data Client Outcomes Data Tables*

The data tables in this report are based on the 760 clients with matching admission and discharge records to measure changes in client functioning in six life domains: AOD use, Employment/Education, Criminal Justice, Physical Health, Mental Health and Family/Social.

Most of the outcome questions refer to experiences within 30 days of admission or discharge. Some refer to the current experiences of clients at admission or discharge.

Two methods were used to measure client outcomes:

- 1) Percent Change: Outcomes are measured by comparing the clients’ responses to the same question at two points in time: once at admission to treatment and then again at discharge from

# Women and Children's Residential Treatment Services (WCRTS) Fiscal and Programmatic Status Report September 2015



treatment services. Specifically, aggregated admissions data (A) is categorized into two groups: positive actions (e.g., enrolled in job training) and negative actions (e.g., not enrolled in job training). The same is done with aggregated discharge data (D). The percent change (P) for the positive action is then calculated using the formula  $P = [(D-A)/A] * 100$ .

- 2) Percent at Discharge: Outcomes are measured by examining the desired level of client functioning in the 30 days prior to discharge from treatment services. This method is specifically used to calculate two outcome measures, primary AOD use and Social Support. The first method, percent change, is not appropriate because clients often enter treatment from a controlled environment where substance use is not permitted (e.g., jail, prison) so there may be no AOD use at admission. Social Support activities are intended to aid clients after treatment to maintain abstinence and as such, participation is not expected prior to treatment admission.

## *Data Limitations*

Federal and state privacy laws regulate the data that can be shared for public release and publication. This report does not include the number of admissions or discharges by program or county due to privacy regulations and the potential of individuals being identified.

Additionally, outcomes for individual WCRTS programs are not provided because the outcomes are not comparable across programs. Outcomes can only be calculated from clients that have a standard discharge (i.e., available to answer the outcome questions at discharge) from treatment. Generally, clients with standard discharges have better outcomes than those who leave treatment early. The percentage of clients with standard discharges varies considerable by program to program.

Often, the number of admissions/discharges within a single provider may be too small to make the outcome measure meaningful. Outcome measures that are calculated based only on a very small number of clients are not generalizable to any other population groups. Similarly, if the number of clients with a particular client functioning measure is small at admission and the number of clients with that measure is large at discharge, the resulting outcome measure will be very large and not meaningful.

All clients are asked about the frequency of alcohol use in the last 30 days. Frequency of alcohol use data is collected either through the frequency of primary or secondary drug of choice if alcohol or through a supplemental "Alcohol Use" question. This may result in a higher frequency of missing data in the "Alcohol Use" data element because the question is only asked for clients where alcohol is not a primary or secondary drug of choice.

Employment status, current living arrangements, number of children living with someone else due to a child protection order, and number of children living with someone else and parental rights terminated are listed on the CalOMS Tx Data – Cross Analysis Matrix as potentially weak outcome measures (Attachment A). This determination was based on the residential treatment setting and length of time needed for reunification to be finalized.

# Women and Children’s Residential Treatment Services (WCRTS) Fiscal and Programmatic Status Report September 2015

---



## **Conclusion**

DHCS will continue to monitor counties participating in the WCRTS program to ensure program goals and client outcomes as described in statute and regulation are achieved. In addition, DHCS will work to improve data collection and reporting as well as improve program integrity through close fiscal oversight. These efforts remain a high priority for DHCS as we constantly seek to enhance services for pregnant and parenting women with substance use disorders and their families in residential treatment.

## **Attachments**

- Attachment A – CalOMS Tx Data – Cross Analysis Matrix
- Attachment B – CalOMS Tx Data Elements