



CALIFORNIANS IN TREATMENT REPORT: STATE FISCAL YEAR 2011-2012

APRIL 2013

The alcohol and other drug (AOD) treatment data in this report are based on admissions and discharges from publicly funded and/or monitored treatment services in California during the State Fiscal Year (SFY) July 1, 2011, through June 30, 2012. The data are reported in the California Outcome Measurement System -Treatment (CalOMS-Tx). For additional information on CalOMS-Tx data collection, refer to the [CalOMS-Tx Data Collection Guide](#) or the [CalOMS-Tx Data Dictionary](#).

Introduction

The Department of Alcohol and Drug Programs uses CalOMS-Tx to collect data from clients receiving AOD treatment services from publicly funded/monitored treatment programs. This report summarizes information from the analysis of selected CalOMS-Tx data maintained in the CalOMS-Tx database for SFY 2011-12.

There are 83 different data elements in CalOMS-Tx, focusing on the characteristics and background of clients, and their experiences prior to admission and discharge. The data includes client information on AOD use, criminal involvement, employment, education, family and social structure, and mental and physical health. This information is useful as an indicator of emerging treatment trends, as a way to target particular subpopulations for prevention strategies, and as program performance and client outcome measures.

CalOMS-Tx Data Considerations

CalOMS-Tx data is collected from treatment clients at three time points:

1. At admission to a treatment type (i.e., detoxification, residential, outpatient) – Data is collected within seven days of the first treatment service. All 83 CalOMS-Tx data elements are collected at this time.

2. At the annual update – This applies only to clients who have been in the same type of service with the same provider for 12 months or more. This report does not contain any annual update data.
3. Upon discharge from a treatment type – Clients available to answer CalOMS-Tx questions are interviewed. Clients who stop appearing for treatment and cannot be located are not interviewed. The provider completes an “administrative discharge” containing very limited information.

Selected CalOMS-Tx data elements were used to provide the data in this fact sheet. Several of

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these data elements were re-formatted to provide summary data or to create useful categories to analyze the data. For instance two data elements, race and ethnicity were combined to create a single data element, race/ethnicity.

The data used for this report are based on client admissions and discharges, not unique client counts. A client may receive treatment for several different service types (i.e., outpatient, residential and detoxification) or may receive treatment for one service type multiple times. A client is counted each time he/she is admitted to or discharged from a treatment service during the reporting period.

Admission Data

There were 169,875 admissions to treatment from July 1, 2011, through June 30, 2012 (SFY 2011-12). This includes admissions to outpatient, residential and detoxification services.

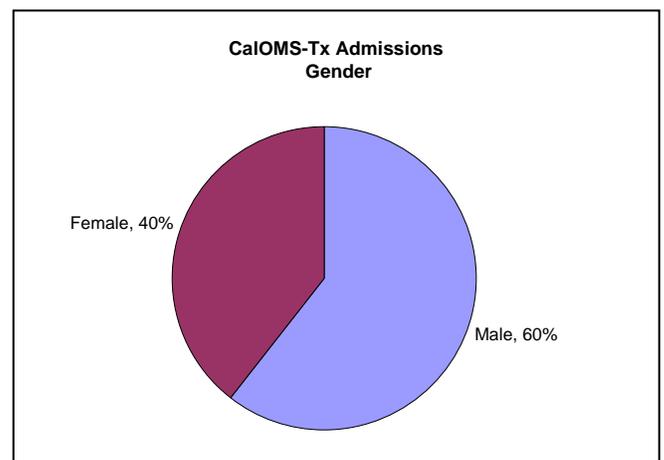
The number of individuals (unique clients) admitted to treatment during the year was 136,654. To provide a picture of the number of individuals in treatment on a typical day, there were 101,565 clients in treatment on April 1, 2012.

As mentioned, clients may have multiple admissions to treatment during a year, which accounts for the difference between the number of admissions and the number of clients.

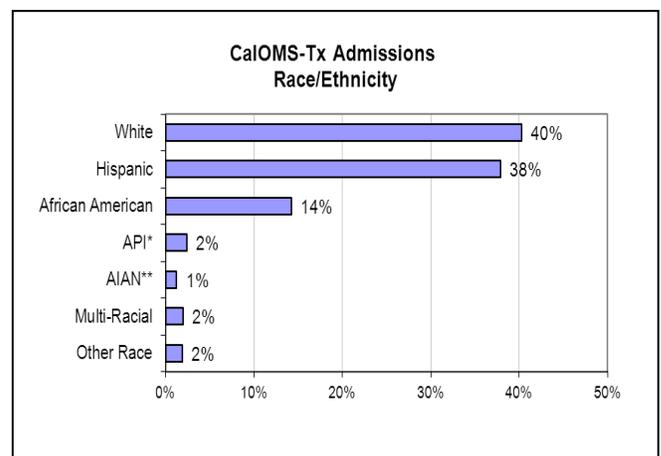
Detoxification by itself does not constitute complete substance abuse treatment. It is considered a precursor to treatment and designed to treat the physiological effects of stopping alcohol or other drug use. Detoxification is short term and often repeated numerous times. Since 18% of the admissions in CalOMS-Tx are for detoxification, including them in the analyses could distort the interpretation of the statistics of client characteristics. For this report, unless otherwise noted, detoxification admission data are not included.

The figures that follow in this section reflect admission data for the 140,110 non-detoxification admissions. Percentages may not add to 100% due to rounding.

The pie chart below shows admissions by gender. Clients self report gender by selecting from one of three options: "male," "female," and "other." Males made up the largest percentage (60%) of admissions (84,165) and females made up 40% (55,830 admissions). 115 admissions were for clients reporting "other" for gender but are not shown on the chart because the percentage is so small (<1%).

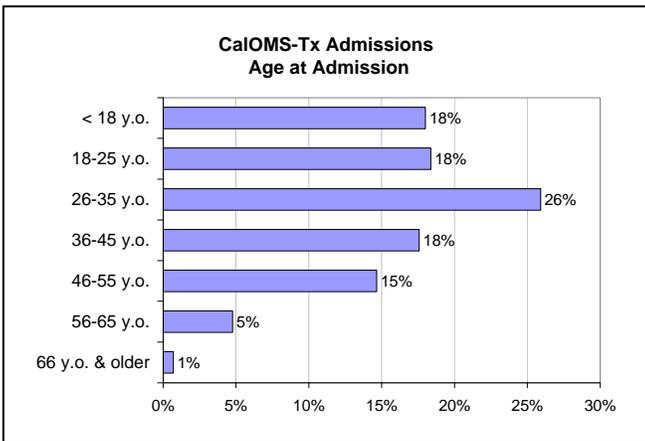


The following graph shows admission percentages by race/ethnicity. Most admissions were for clients identifying themselves as either White (40%) or Hispanic (38%). African Americans represented the third largest group with 14%.

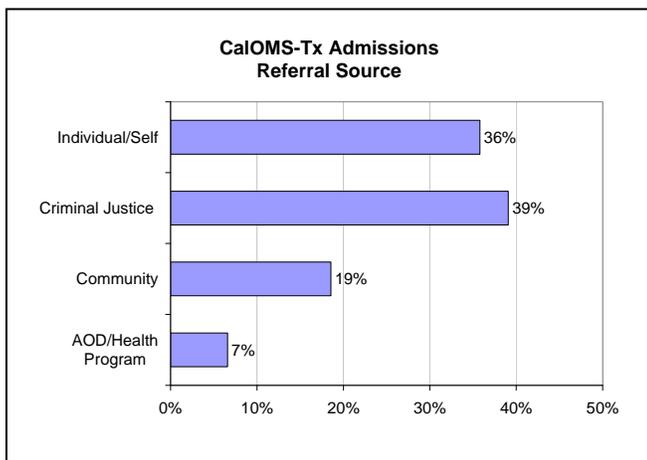


* Asian Pacific Islander ** American Indian/Alaskan Native

The graph below shows admissions by client age. A little over one-fourth of admissions (26%) were clients 26 to 35 years old. The under 18, 18-25, and 36-45 categories each represent 18% of the total.



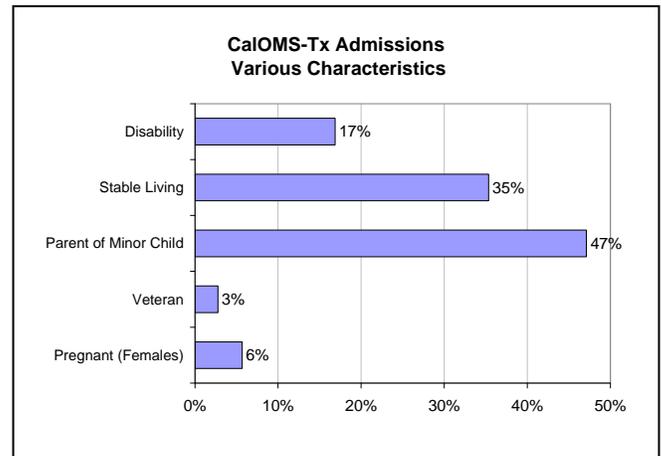
The following graph shows admission percentages by referral source. About 39% were referred from the criminal justice system—court/criminal justice programs, Offender Treatment Program, Post-release Community Supervision, etc. 36% of admissions were for clients who referred themselves to treatment or were referred by a relative or a friend.



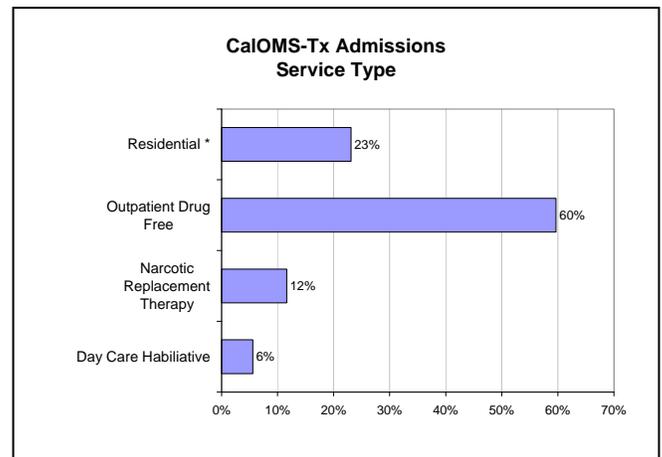
Selected key characteristics of clients:

- 47% were parents of children under 18 years
- 35% reported living in a stable environment
- 17% reported one or more physical or mental disabilities
- 6% of females were pregnant
- 3% were veterans

Note: Clients may fit into more than one category so percentages do not sum to 100%.



The next graph shows the percent of admissions to treatment by type of service. The largest percentage (60%) was for outpatient drug-free services; 23% for residential (short and long term) treatment, 12% for narcotic replacement therapy (NRT) .

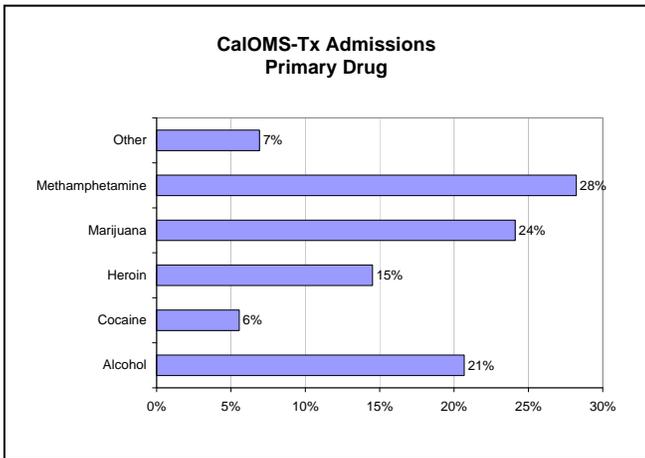


* Residential includes long-term and short-term treatment

Primary Drug Reported At Admission

The “primary drug” reported at treatment admission is the drug causing the greatest dysfunction to the client. The category “other drug” includes barbiturates, other sedatives/hypnotics; other amphetamines; other stimulants; Phencyclidine; other hallucinogens; Benzodiazepines; other tranquilizers; non-prescription methadone; OxyContin/Oxycodone; other opiates; inhalants, over-the-counter; Ecstasy; other Club Drugs; and other (specify).

The following graph shows the percent of admissions by primary drug. The most commonly reported drug is methamphetamine (28%); marijuana was second (24%); followed by alcohol (21%).



Primary Drug Use by Subpopulation

This section of the report shows the primary drug reported at admission among the following subpopulations: gender, race/ethnicity and age. The total number of admissions for each subpopulation varies; it is these numbers that are used as the denominator to calculate the percent of primary drug use. For example, to calculate the percent of primary drug use among Hispanic clients, the number of admissions for Hispanic persons (53,127) is used as the denominator.

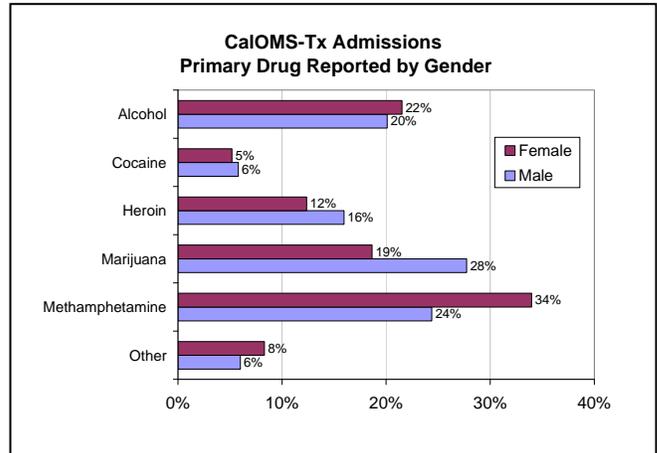
As the following data illustrate, the top three primary drugs reported at admission and/or their rankings vary when examined by subpopulation.

Primary Drug Use: Gender Subpopulations

The next graph shows the percent of admissions by primary drug for males and females. The percentages for women were calculated using the number of admissions for women (55,830 admissions) as the denominator; percentages for men use the number of admissions for men (84,165 admissions) as the denominator.

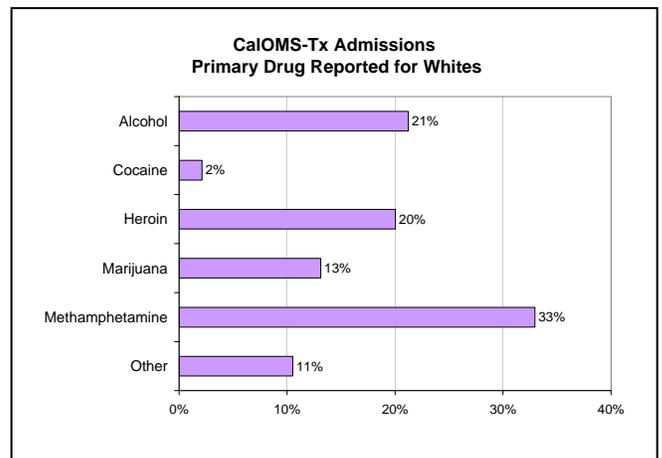
For both genders, alcohol, marijuana and methamphetamine are the top 3 most commonly reported drugs. However, among women,

methamphetamine is the most frequently reported primary drug (34%), followed by alcohol (22%) and marijuana (19%). Among men, marijuana is the most frequently reported drug (28%) followed by methamphetamine (24%) and alcohol (20%).



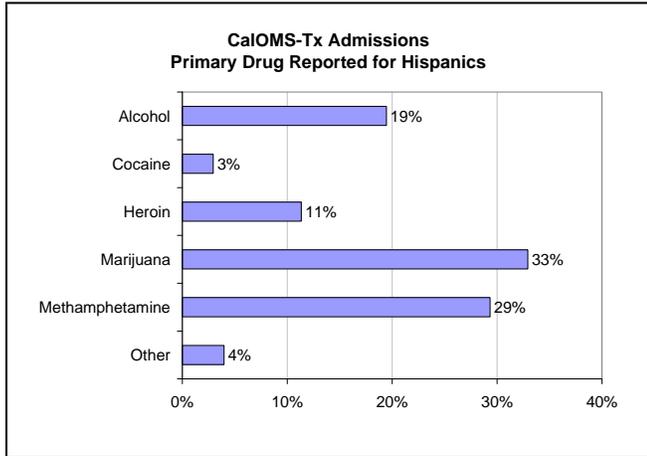
Primary Drug Use: Race/Ethnic Subpopulations

The graph below shows the percent of admissions for each primary drug for the White subpopulation (56,421 admissions). Methamphetamine is the most frequently reported primary drug among this group (33%), followed by alcohol (21%) and heroin (20%).

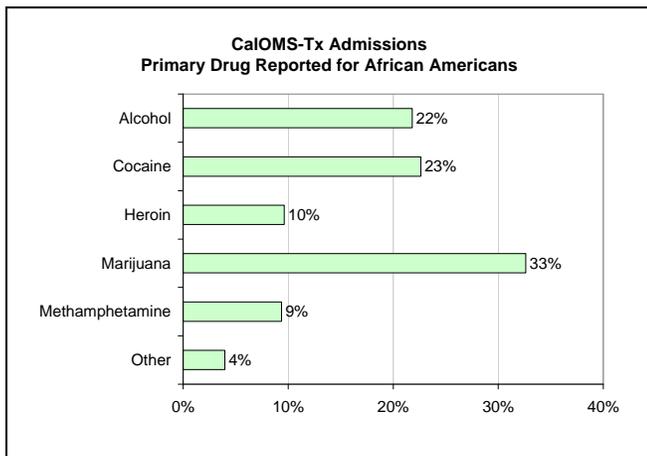


The next graph shows data for Hispanics, the second largest race/ethnic treatment subpopulation (53,127 admissions). Marijuana is the most commonly reported primary drug at admission among this group, at 33%. The

second most frequently reported primary drug among Hispanics was methamphetamine (29%), followed by alcohol (19%).

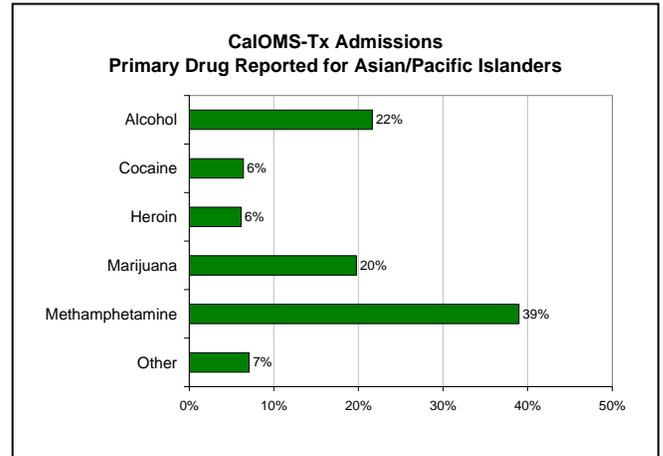


African-Americans (19,999 admissions) reflect the third largest race/ethnic subpopulation in treatment. The graph below shows the percent of admissions for each primary drug reported by African-Americans at admission to treatment. The most commonly reported primary drug for African-Americans was marijuana (33%), followed by cocaine (23%) and alcohol (22%). This is the only race/ethnic subpopulation with cocaine reported as one of the top three drugs.

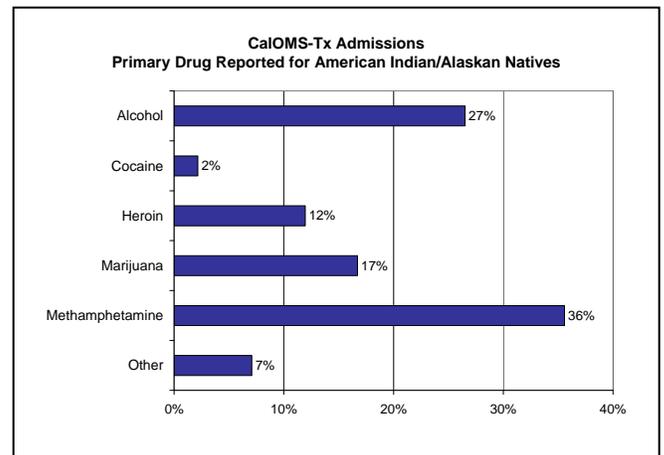


The graph below shows the percent of admissions by drug among the Asian/Pacific Islander treatment subpopulation (3,330 admissions). The most commonly reported primary drug for Asians/Pacific Islanders is methamphetamine (39%). Compared with all other race/ethnic groups, Asian/Pacific Islanders

have the highest percent of admissions for methamphetamine. Alcohol (22%) and marijuana (20%) are the 2nd and 3rd most reported drugs for Asians/Pacific Islanders.



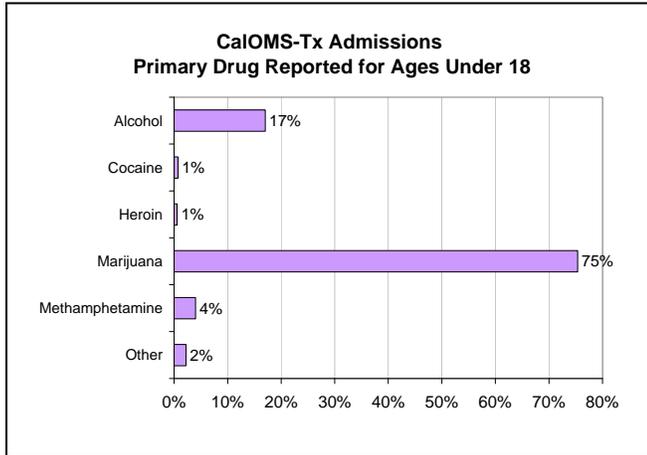
The following graph shows the percent of admissions by drug among the American Indian/Alaska Native treatment subpopulation (1,765 admissions). Among this group the most commonly reported primary drug was methamphetamine (36%), followed by alcohol (27%) and marijuana (17%).



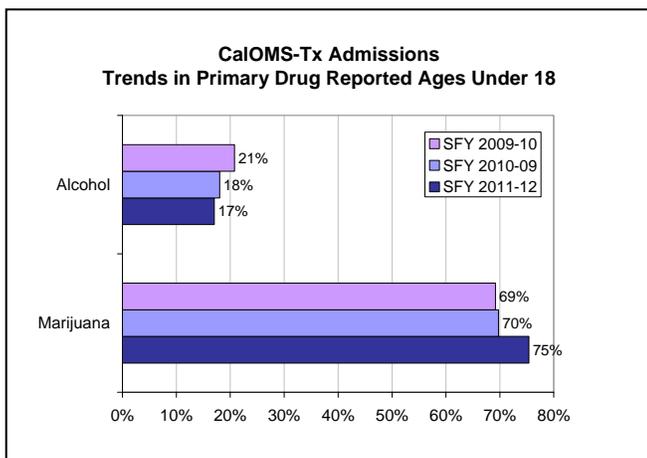
Primary Drug Use: Age Subpopulations

Clients under 18 years of age make up 18% (25,235 admissions) of the treatment population for SFY 2011-12. While the percentage of admissions for clients 18 years of age and older decreased over the past 3 years, youth admissions increased nearly 2% from SFY 2009-10 to SFY 2011-12. Marijuana continues to be

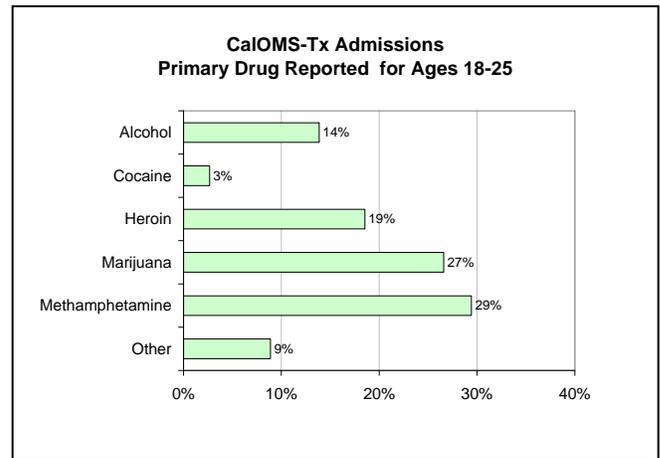
the most frequently reported drug (75%) among youth. No other treatment subpopulation shows admission percentages this high for a given primary drug. Alcohol is the second most commonly reported drug (17%), followed by methamphetamine (4%).



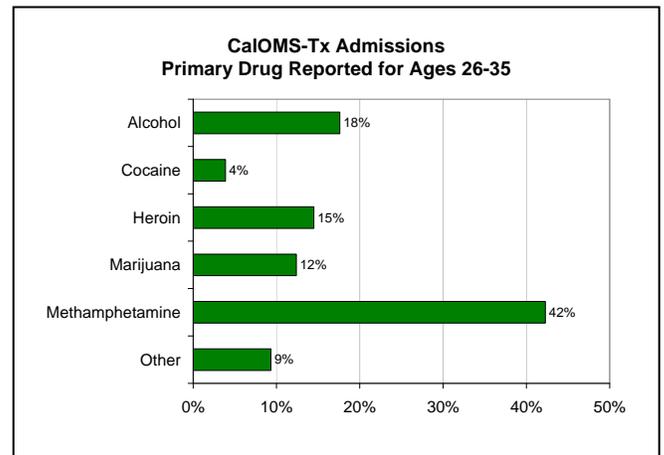
The graph below shows the trends in marijuana and alcohol use among youth over the past 3 years. Primary drug admissions for marijuana increased 6%, from 69% in SFY 2009-10 to 75% in SFY 2011-12. During the same time span, primary drug admissions for alcohol decreased by 4%, from 21% to 17%.



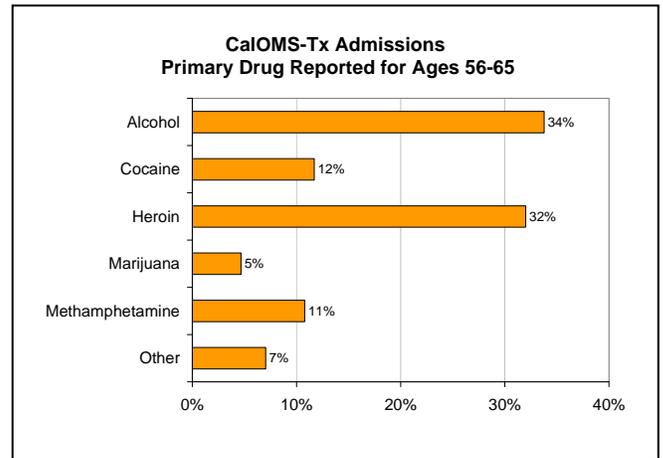
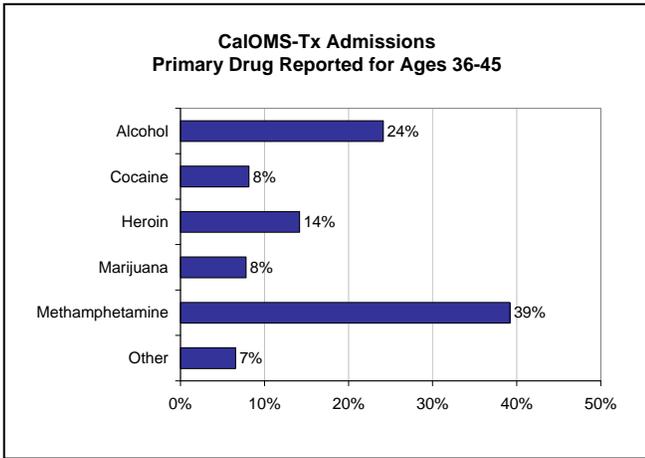
The next graph shows percentages of admissions by primary drug among clients 18 to 25 years old (25,743 admissions). The highest percent of admissions among this group was for methamphetamine (29%), followed by marijuana (27%) and heroin (19%).



The graph below shows percentages of admissions by primary drug among clients from 26 to 35 years old (36,300 admissions). This age group is the largest group in treatment, making up 26% of total SFY 2011-12 treatment admissions. The most frequently reported primary drug for this group is methamphetamine (42%). Compared with other age subpopulations, this age group has the highest percent of admissions for methamphetamine. Alcohol (18%) and heroin (15%) are the next most frequently reported primary drugs.

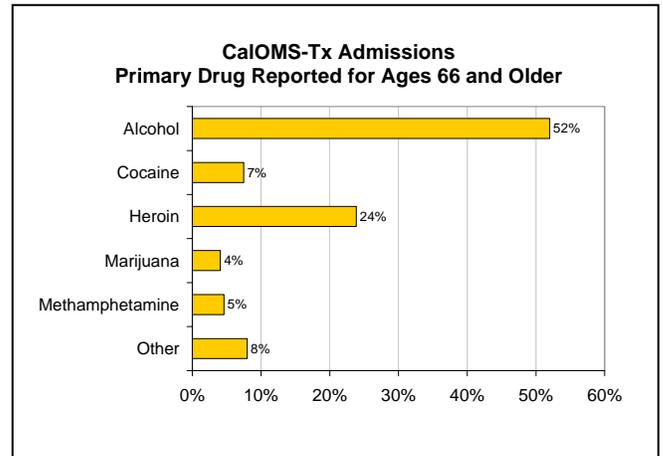
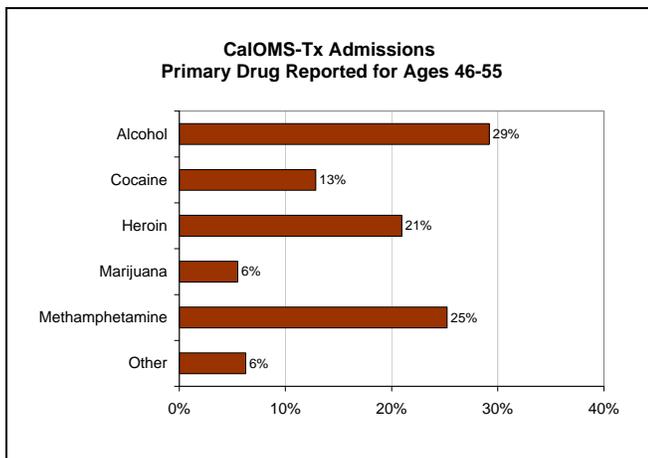


The next graph shows the percent of admissions by drug among adults 36 to 45 years old (24,630 admissions). As the graph shows, 39% of these clients reported methamphetamine as their primary drug, followed by alcohol (24%) and heroin (14%).



The graph below shows the percent of admissions for each drug for clients ages 46 to 55 (20,536 admissions). The top three drugs reported in descending order are: alcohol (29%), methamphetamine (25%) and heroin (21%).

The graph below displays the group with the smallest percent (<1%) of treatment admissions (977)—persons 66 years of age or older. The top three primary drugs are alcohol (52%), heroin (24%), and cocaine (12%).



The next graph displays primary drug admissions among persons 56 to 65 years old (6,689 admissions). As with the previous age group, alcohol is the most frequently reported drug (34%). Heroin (32%) and cocaine (12%) are the next most frequently reported drugs.

In summary, the data in this section demonstrate the value of looking at treatment subpopulations to note differences. As seen in the graphs, the top three primary drugs and/or their rankings differ among treatment subpopulations.

Discharge Data

This section provides data related to treatment discharges from individual treatment service stays, with a discharge date between July 1, 2011, and June 30, 2012, regardless of when they were admitted.

Discharges from treatment may be grouped into two main categories:

1. *Standard discharge* – The client is asked all the CalOMS-Tx discharge questions;
2. *Administrative discharge* – The client is not available to answer all CalOMS-Tx questions at discharge (i.e., stopped attending treatment sessions, died or was incarcerated).

During SFY 2011-12 there were 156,256 discharges from treatment (outpatient, residential, detoxification) for 127,413 individual clients. Like admissions, clients may have multiple discharges in a given year since a discharge is submitted at the end of each treatment service to which they were admitted. This accounts for the difference between discharge counts and client counts.

For the following graphs, detoxification services were excluded because detoxification services tend to be short in duration and may be repeated multiple times in a given year. To include detoxification discharges would bias percentages relevant to treatment length of stay and discharge status. As a result, the total number of discharges (excluding detoxification) used for the following graphs was 128,590.

There are 8 specific reportable discharge statuses in CalOMS-Tx:

1. **Completed Treatment, Referred/Standard:** Captures clients who completed the treatment goals for that service provider and are referred to receive additional treatment services. This status is used for clients who are moving from one treatment service type to another (e.g., from residential to outpatient) as part of a treatment plan. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Outcomes can be measured for clients discharged with this status.

2. **Completed Treatment, Not Referred/Standard:** Captures clients who completed the treatment goals for that service provider and were not referred for further treatment services as part of their treatment plan. This category may include clients who finished a single treatment service type, who did not have further treatment service types planned. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Outcomes can be measured for clients discharged with this status.
3. **Left Before Completion, Satisfactory Progress-Standard:** Captures clients who were making good progress in their treatment, but stopped appearing for services on their own accord, against the advice of the treatment program. The provider is able to conduct discharge interviews with the clients before their departure. Outcomes can be measured for clients discharged with this status.
4. **Left Before Completion, Satisfactory Progress/Administrative:** Captures clients who were making good progress in their treatment, but stopped appearing for services on their own accord, against the advice of the treatment program. The provider is not able to conduct an exit interview with the clients before their departure so prepares an “administrative discharge” to close the client’s service record. Clients discharged administratively do not answer the CalOMS-Tx questions at discharge. Outcomes cannot be measured.
5. **Left Before Completion, Unsatisfactory Progress/Standard:** Captures clients who were not making good progress in their treatment, but stopped appearing for services on their own accord, against the advice of the treatment program. The provider is able to conduct exit interviews with the clients before their departure. Outcomes can be measured for clients discharged with this status.

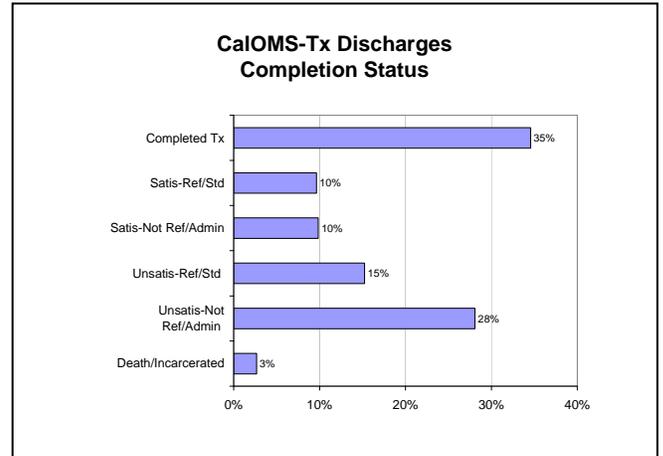
6. Left Before Completion, Unsatisfactory Progress/Administrative: Captures clients who were not doing well in treatment and left the treatment program on their own accord prior to completing the provider's treatment plan. This status also captures clients who were expelled from treatment prior to completing the service type. For example, if a client is found with drugs on the premises of the treatment program, s/he may be expelled from the program. The provider is unable to complete an exit interview with the clients so prepares an "administrative discharge" to close the client's record. Outcomes cannot be measured.

7. Death: Captures clients who died prior to completing the provider's treatment plan. This is an administrative discharge category so outcomes cannot be measured.

8. Incarceration: Captures clients discharged from treatment because they became incarcerated prior to completing treatment. Discharges in this category are administrative discharges so outcomes cannot be measured.

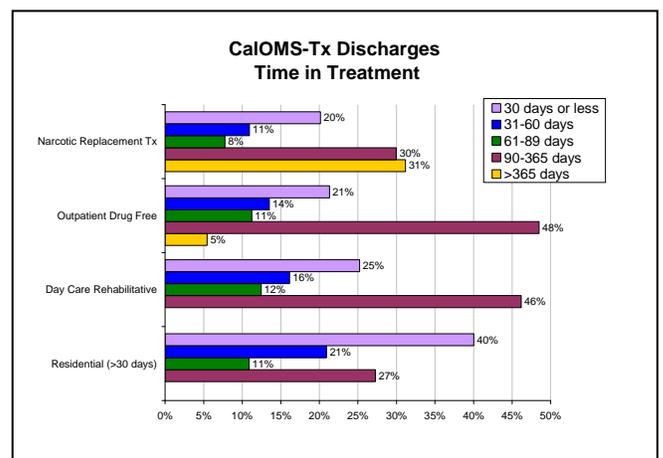
During SFY 2011-12, standard discharges (collecting all discharge questions) made up 12% of all discharges. 41% were administrative discharges.

The following chart shows more specific discharge statuses. 35% of discharges were clients who completed treatment; 10% made satisfactory progress in their treatment goals but left treatment early and participated in the discharge interview; 15% of the discharged clients made unsatisfactory progress, left treatment early yet responded to the discharge interview questions.



Time in treatment varies depending on the type of service and client needs. Research shows that longer treatment stays are associated with positive outcomes. However, some treatment services have time limitations. For example, most residential treatment services do not exceed 90 days, but are usually followed by outpatient services. The analyses in this report are based on individual service stays (e.g., residential treatment) rather than the entire treatment stay.

The following graph compares the type of treatment to length of stay—the number of days between admission and discharge for each service. Only services that may last 30 days or more are included. The data show that the longest stays occur in narcotic replacement treatment services, where 31% of the clients stayed over one year. Nearly half of the clients receiving outpatient drug-free services (48%) and day care rehabilitative services (46%) stayed for 90-365 days.



Client Outcomes

CalOMS-Tx asks clients about their experiences in a variety of subject areas such as AOD use, employment/education, criminal justice, physical health, mental health and family/social relationships. The same client functioning questions (e.g., frequency of primary drug use in the past 30 days) are asked at two points in time: once when they are admitted to treatment (A) and then again when they are discharged from treatment (D). Changes in client functioning are determined by matching the admission to the discharge record and comparing the responses to the same question at different times. For simplicity, responses are categorized into two groups: positive actions (e.g., no drug use) and negative actions (e.g., used drugs one or more times). The changes in client functioning resulting from AOD treatment are referred to as "client outcomes". The percent change (P) for the positive action in client functioning is measured using the following calculation, $P = [(D-A)/A]*100$. Most of these client functioning questions refer to experiences within 30 days of admission or discharge. Some refer to the current experience of clients at admission or discharge.

Some clients have multiple admissions to and discharges from treatment within a given year. The data in this section represents the group of all matched admission-discharge records (77,199) for each treatment service (excluding detoxification) with discharge dates from July 1, 2011 through June 30, 2012.

As with admission and discharge data, detoxification services were excluded from the treatment outcome analyses for three reasons: 1) It is a shorter duration so there is considerable overlap in the 30-day period before admission and discharge; 2) Most client functioning questions are not asked of clients in detoxification services so outcomes cannot be measured; 3) Detoxification services are a precursor to treatment.

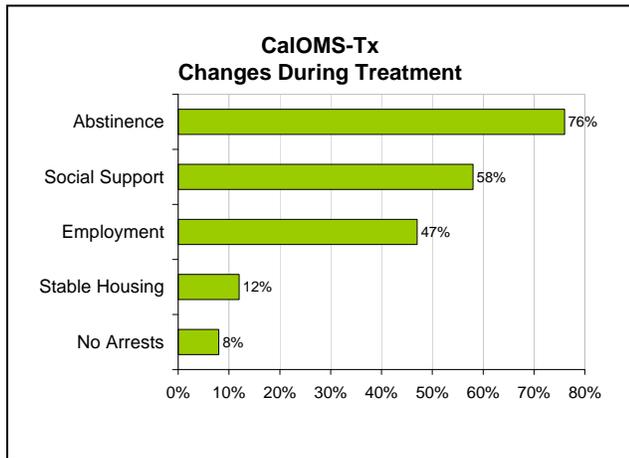
Also, these outcome analyses do not include the 41% of discharges that are administrative. Clients with administrative discharges stopped attending

treatment sessions and thus were unavailable to answer the client functioning questions at discharge. It is reasonable to assume that the outcomes for these clients would not be as good as the outcomes for clients who did answer the client functioning questions at discharge.

As with detoxification services, limited data on client functioning is collected from clients under the age of 18. However, unlike detoxification data, youth admissions-discharges records are included in this outcome analyses. Consequently, caution must be used in generalizing any conclusions about outcome measures relative to the entire treatment population since not all client functioning questions are asked of youth.

The following highlights and chart summarize the outcome data collected from both adult and youth clients. The table on page 1F shows a more extensive, although incomplete list, of outcome measures collected in CalOMS-Tx.

- An increase in clients reporting abstinence of the primary drug (76%)
- An increase in clients participating in social support services (58%). Research shows that participation in social support programs, such as 12-step programs, is associated with positive treatment outcomes and long-term, sustained recovery from addiction or abuse.
- An increase in clients employed full or part-time (47%)
- An increase in clients living in a stable environment (12%), such as in a home or apartment, and contributing to the living costs
- An increase in clients with no arrests (8%). When a high percentage of clients (90%) report no arrests at admission it is difficult to effect change during treatment.



Changes in Client Functioning					
Client Functioning Areas	Outcome Measure	Admission (A)	Discharge (D)	Difference (D-A)	Percent Change (P)
Primary Drug Use	No Substance Use	31,784	55,930	24,146	76%
Criminal Involvement	No Arrests	69,315	74,875	5,560	8%
Employment	Employed	10,678	15,653	4,975	47%
	Enrolled in Job Training*	1,949	4,178	2,229	114%
Family & Social	No Serious Family Conflict(s)*	54,521	58,487	3,966	7%
	Not Living with AOD user*	53,290	57,912	4,622	9%
	Used Social Support Services	30,471	48,260	17,789	58%
Living Status	Stable Housing	25,733	28,825	3,092	12%
Medical/Physical Health	No Emergency Department Visits*	57,293	59,994	2,701	5%
	No Overnight Hospital Stay*	61,262	62,448	1,186	2%
	No Physical Health Problems*	51,759	56,094	4,335	8%
Mental Health	No Psychiatric Emergency Room Visits*	61,717	62,439	722	1%
	No 24-hour Psychiatric Hospital Stays*	61,994	62,844	850	1%

* Questions not asked of clients under 18 years of age.

Program Performance Measures

While client outcomes refer to changes in client functioning (e.g., substance use, employment, arrests, etc.) during treatment, performance measures evaluate the effectiveness of treatment programs in

providing care to their clients. Certain CalOMS –Tx data can also be used to develop program performance measures.

AOD treatment frequently involves clients receiving multiple treatment service types

(e.g., detoxification, residential, outpatient). Providers should facilitate the transfer of clients from one service type to another for continued care. Up to this point, detoxification services have mostly been excluded from this report. However, as detoxification is a precursor to treatment services, CalOMS-Tx data can be used to track the transfer of clients from detoxification to another non-detoxification treatment services and used as a program performance measure.

In detoxification services, alcohol is the most commonly reported non-narcotic drug. Statewide CalOMS-Tx data for SFY 2011-12 shows that only about one out of six clients discharged from alcohol detoxification services transferred to another non-detoxification treatment services. Further work is needed to develop additional program performance measures specific to the various types of service and to identify strategies that could improve program effectiveness.

Report Summary

The following bullet points reflect some notable findings from an analysis of CalOMS-TX data for the SFY 2011-12 reporting period:

- There are 140,110 (non-detoxification) admissions to treatment.
- Client Admission Characteristics:
 - The majority (60%) are male
 - Whites and Hispanics together make up 76% of the admissions
 - 26% are 26 - 35 years old
 - 37% are referred through the criminal justice system
 - 47% are parents of children under the age of 18
 - 60% receive outpatient drug-free services

- Overall the most commonly reported primary drug in CalOMS-Tx is methamphetamine (28%). However primary drug at admission varies by subgroup:
 - Methamphetamine is the top primary drug reported among: Women, Whites, American Indian/Alaskan Natives, Asian/Pacific Islanders, and clients 18-45 years of age
 - Marijuana is the most commonly reported drug (75%) among clients under 18 years of age. It is also the most frequently reported primary drug among men, and clients who are African-American or Hispanic
 - Alcohol is the top drug for clients 46 years of age and older
- Clients receiving Narcotic Replacement Treatment services have the longest time in treatment, with 31% staying more than a year.
- Client outcome data show that clients in California's AOD treatment system benefit from involvement in treatment. Notable changes include increases in alcohol and other drug abstinence (76%); employment (47%); and the use of social support services (58%).

The CalOMS-Tx data presented in this report describe clients who receive treatment services in publicly funded and/or monitored programs in California. Information on client characteristics can be used to identify emerging drug use trends; develop focus areas to implement prevention strategies; and develop client outcome and provider performance measures. This data supports that AOD treatment results in many positive changes in the lives of our clients.

Changes from SFY 2010-11

The following highlights reflect a few of the changes that occurred between SFY 2010-11 and SFY 2011-12.

- The total number of admissions decreased by 5%, to 169,875 from 179,332.
- The percentage of admissions reporting marijuana as the primary drug increased slightly. In SFY2010-11, the most commonly reported primary drug for males and Hispanics was methamphetamine. Marijuana is now the top drug in these subpopulations. Among youth, marijuana continues to be the most commonly reported primary drug, and the percentage of youth reporting marijuana increased to 75% in SFY 2011-12 from 70% in SFY 2010-11.