Department of Health Care Services

Women and Children's Residential Treatment Services Program

Annual Report to the Legislature

January 2020

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Executive Summary

Health and Safety Code (HSC) §11757.65 was added by Senate Bill (SB) 1014 (Committee on Budget and Fiscal Review, Chapter 36, Statutes of 2012) for Fiscal Year (FY) 2012-13, requiring 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.

Pursuant to HSC §11757.65, the WCRTS programs must pursue four primary goals and achieve four outcomes for pregnant and parenting women in residential substance use disorder (SUD) treatment settings. The four goals include the following:

1. Demonstrate that alcohol and other drug 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. Demonstrate the effectiveness of six-month or 12-month stays in a comprehensive residential treatment program.
3. Develop models of effective comprehensive service delivery for women and their children that can be replicated in similar communities.
4. Provide services to promote safe and healthy pregnancies and perinatal outcomes.

The four outcomes include:

1. Preserving family unity.
2. Promoting healthy pregnancies.
3. Enabling children to thrive.
4. Freeing women and their families from substance abuse.

The WCRTS program consists of a network of residential perinatal SUD treatment programs in the following six counties: Alameda, Los Angeles, Marin, San Diego, San Francisco, and San Joaquin. This report provides information on FY 2015-16 WCRTS allocation and expenditure data and California Outcomes Measurement System-Treatment (CalOMS Tx) data which is the most current data available. The WCRTS program survey results are based on FY 2018-19 programmatic data. An analysis of FY 2015-16 CalOMS Tx client data and FY 2018-19 programmatic data reported to DHCS by the WCRTS programs confirms the six WCRTS programs achieved the required goals and outcomes.[1]

[1] San Francisco and Los Angeles Counties transitioned WCRTS funding to a new providers in FY 2018-19. FY 2015-16 allocation/expenditure and CalOMS TX data and FY 2018-19 WCRTS survey programmatic data are separate providers.

Background

The WCRTS program was originally funded in 1993 through a national competitive bidding process that led to a five-year grant from the U.S. Department of Health and Human Services' Center for Substance Abuse Treatment (CSAT). The FY 1998-99 budget for the former Department of Alcohol and Drug Programs included $3.1 million of State General Fund (SGF) allocated to WCRTS programs previously funded by CSAT grants. In FY 1999-2000, SGF for the WCRTS programs increased to $3.6 million to offset a decrease in federal support.

In FY 2000-01, the SGF allocation increased to $6.1 million as the federal grant award expired for all programs. Under the 2011 Realignment, funds are now allocated to the counties by the State Controller's Office from the WCRTS Special Account. The Special Account is within the Behavioral Health Subaccount of the Local Revenue Fund 2011. The passage of SB 1020 (Committee on Budget and Fiscal Review, Chapter 40, Statutes of 2012) included language that specifies funds in the WCRTS Special Account would total approximately $5.1 million annually.

Current Fiscal and Programmatic Status

Expenditures

One-twelfth of the annual WCRTS allocation is distributed to each of the participating counties on a monthly basis. WCRTS providers are required to report detailed expenditures for the annual cost reporting process. The expenditures of the WCRTS programs are reviewed through a query from entries submitted by the counties to the DHCS SUD Cost Report. Table 1 displays each county's annual WCRTS allocation and their FY 2015-16 expenditures. Note that WCRTS funding does not expire and funds can be retained for use in subsequent FYs; therefore, counties may expend under or over their WCRTS allocation in a single fiscal year.

In FY 2015-16, WCRTS expenditures varied across the counties as follows:

- Alameda, San Diego, San Joaquin and San Francisco Counties expended all of their WCRTS allocation.
- Los Angeles and Marin County did not expend their entire annual WCRTS allocation.[2]
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[2] Marin County reports they did not expend due to limited bed capacity.

Table 1. Annual Allocation and Expenditures by County, FY 2015-16

County	FY 2015-16 Allocation	FY 2015-16 Expenditures
Alameda	687,665.00	687,665.00
Los Angeles	2,132,488.00	2,055,874.00
Marin	728,485.00	509,720.00
San Diego	553,940.00	553,940.00
San Francisco	182,286.00	182,286.00
San Joaquin	819,136.00	819,136.00
Total	**5,104,000.00**	**4,897,673.00**

WCRTS Programmatic Survey Results – FY 2018-19

According to HSC §11757.65 (c), DHCS is responsible for collaborating with the counties to complete the annual report. To meet this requirement, as done in previous reporting periods, DHCS disseminated a survey to the six WCRTS counties.

All six counties self-reported how they incorporated physical health, mental health, and social services for women and children in a residential program. The six counties reported that their WCRTS programs provided comprehensive screenings and assessments that helped identify and mitigate various areas of need for pregnant or parenting women in recovery. All six counties addressed mental health, physical health and other social service needs, including prenatal care, housing, food, and self-sufficiency needs. They reported helping women receive services from the mental health provider they had upon entry or provided referrals to mental health care, as needed. The WCRTS programs also provided linkages to counseling services for trauma, sex trafficking, domestic violence, and family issues. Multiple WCRTS programs referred women and their children to medical and dental care, including referrals for physical exams, obstetrician/gynecological appointments, and children's health services at neonatal and pediatric clinics.

San Diego County reported coordinating with Medicated Assisted Treatment providers, when necessary, to ensure access to this treatment. All six counties' WCRTS programs communicated that they provided case management services to help women navigate systems such as child welfare, probation, and/or collaborative courts. Women and children are also provided comprehensive case management to link to other supportive services.

Five of the six counties indicated they provided residential services with six to 12 month stays or longer. These counties reported that WCRTS program participants experienced

increased opportunities to have successful reunification with their children, completed the necessary child welfare requirements, showed an increase in overall stability/functioning (e.g., not using alcohol and/or other drugs), and demonstrated higher interest in overall health, such as an increase in use of primary care services. The counties also indicated that they provided time for participants to develop critical parenting skills. Furthermore, longer stays in treatment allowed providers to support women in obtaining educational goals and valuable vocational training, as well as secure temporary or permanent housing. Alameda, San Diego, and Los Angeles counties reported women who completed six to 12 month stays showed investment in their recovery and greater stability in their mental health. Los Angeles County reported women who completed more than six months of treatment had an increase in employment at discharge and a decrease in homelessness. Marin County indicated they did not have any clients in residence for six months or longer and therefore were unable to maintain compliance with Objective 2 of the Health and Safety Code.

All six of the counties reported providing comprehensive psychoeducation including: parenting classes, domestic violence prevention classes, healthy relationship groups, and parent education that included information about mother baby bonding. Multiple programs reported children housed in a residential program with their mother are linked with comprehensive child development services. These services can include early learning programs like Head Start, therapeutic nursery schools, regional centers and other supportive services.

Program Outcomes

All six counties indicated they met the outcome of preserving family unity by providing comprehensive family services and collaborating with family service providers. When possible, treatment providers allowed children to stay with their mother throughout the course of treatment, allowed children not in residence to participate in family services onsite, and assisted with family reunification plans. Treatment providers also collaborated with a variety of agencies, including, but not limited to, child protective service agencies, dependency drug courts, local family shelters, recovery residences, low-income housing programs, and family resource centers.

All six counties reported providing services that promote safe and healthy pregnancies through direct service delivery and collaboration with prenatal programs. Counties and programs reported ensuring placement in the appropriate level of care (e.g., detox, residential), providing substance use education and counseling, ensuring women received prenatal care, and assisting them with transportation to prenatal appointments. Counties also provided parenting/family related education, counseling services, and dietary/nutritional and health education classes. Providers also collaborated and referred women to local children's hospitals, homeless prenatal

programs, public health nurses, and the Women and Infant Children's Program.

All six counties reported they met the outcome of enabling children to thrive through providing developmentally appropriate children's services and activities to ensure children are adequately bonding with their mother. The array of services provided include play therapy, child counseling, on-site parenting courses, child and mother visitations prior to official reunification, and frequent meetings with a Child Development Specialist. Lastly, all counties reported implementing Child Enrichment Centers where children are encouraged to play, read, and interact in developmentally appropriate ways.

All six counties reported they met the objective of freeing women and their families from substance use through case management, referral to treatment and social supports. These services include family-focused programs to support family strengthening and reunification, social and recreational family activities, connection to affordable and safe housing after discharge, and community reintegration services. Women are also provided healthy relationship courses, domestic violence education classes, and in some cases, a home visitation program implemented by community-based organizations after discharge.

WCRTS program outcomes are based on client data submitted by each of the WCRTS providers to DHCS' CalOMS Tx for FY 2015-16.[3] Data submitted to CalOMS Tx includes information about the clients' experiences at discharge in the following domains:

- Alcohol and Other Drug (AOD) Use
- Employment/Education
- Medical/Physical health
- Mental health
- Social/Family

Definitions for each of the data elements within each of these domains are found in the Appendix.

For FY 2015-16, the six counties' outcome data were assessed by examining the percentage of discharged participants who met or did not meet the criteria for each of the specified outcome measures (e.g., no primary drug use at discharge). Data is available

[3] Per state and federal reporting requirements, all publicly funded and/or monitored SUD treatment service providers in California, including narcotic treatment programs, are required to report client data into the CalOMS Tx system.

for 483 of the 728 clients served by the six counties (66%; see Table 2).[4] [5] More than half (57%) of those clients with missing discharge data were in treatment 30 days or less.

[4] Clients served represent the total clients that received treatment during FY 2015-16, including any open admissions from the previous FY.

[5] An increasing number of discharge records reported to DHCS are incomplete, missing levels of functioning from treatment admission to discharge (e.g., pre-post outcomes measurement). It is possible, and perhaps even likely that the outcomes for service recipients with incomplete data (i.e., administratively discharged) would be worse than for those with planned discharges. Thus, generalizing outcomes of all treatment service recipients based on data from planned discharges could create a positive bias.

Table 2. Client Outcomes at Discharge, FY 2015-16

HSC §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges with complete N=483			
			Discharges Meets Desired Criteria		Discharges Not Meeting Desired Criteria	
			n	%	n	%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict in Past 30 Days	449	93.0%	34	7.0%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Needle Use in Past 30 Days	472	97.7%	11	2.3%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Use of Primary Drug	419	86.7%	64	13.3%
(b)(3) Enabling Children to Thrive	Social/Family	No Children Living Elsewhere with Parental Rights Terminated	401	83.0%	82	17.0%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment	Employment Status	99	20.5%	384	79.5%
(b)(4) Freeing Women and their Families from Substance Abuse	Social/Family	Social Support More Than 8 days	406	84.1%	77	15.9%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Medical/ Physical Health	No Medical Problems in Past 30 Days	415	85.9%	68	14.1%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	AOD Use	No Use of Primary Drug	419	86.7%	64	13.3%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Mental Health	No Emergency Services Used for Mental Health Needs in Past 30 Days	476	98.6%	7	1.4%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Social/Family	Stable Housing	215	44.5%	268	55.5%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Social/Family	No Children Living Elsewhere	241	49.9%	242	50.1%

As shown in Table 2, at the time of discharge:

- 93% reported no family conflict in the last 30 days
- 98% reported no needle use in the last 30 days
- 83% reported that their parental rights were not terminated
- 21% reported being employed
- 84% reported a minimum of eight days of social support recovery activities within 30 days
- 86% reported no medical problems in the past 30 days
- 87% reported no primary drug use
- 99% reported no emergency mental health services used in the past 30 days
- 45% of the women reported they were in stable housing
- Half of the women reported that their children were not living with others

Research shows that longer stays in treatment lead to outcomes that are more successful. The National Institute on Drug Abuse states "…unequivocally that good outcomes are contingent on adequate lengths of treatment. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited or no effectiveness, and treatments lasting significantly longer often are indicated" (https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iii/6-duration-treatment). The Substance Abuse and Mental Health Services Administration data shows that those that complete their residential and outpatient treatment are in treatment almost 50% longer than the average client. (https://www.samhsa.gov/data/report/teds-2011-discharges)

Data Limitations

There are several limitations to the data presented in this report due to the following:

- Federal and state privacy laws regulate the data that can be shared for public release and publication. Given the small number of participants, this report does not include the number of admissions or discharges by program or county due to privacy regulations and the potential risk of identification of program participants.
- A large number of CalOMS Tx discharges are submitted to DHCS as "administrative discharges," which do not include the client functioning data necessary to measure treatment outcomes.
- CalOMS Tx does not collect information on the children accompanying their mothers to treatment. Therefore, outcomes are limited to the clients' experiences and to those clients who completed the discharge process at each program.
- The summarized information provided by counties through the survey, under WCRTS Survey Results, gives an overview of how the programs operate. The information provided by the counties includes evidence-based programs utilized by

the providers for groups, and information of program operation to address meeting each of the statutory goals and objectives. Data limitations of this section include the following:

- Limitations of self-reporting with no verification procedure in place.
- Not all of the programs provided detailed information about how they met each statutory goal and objective.
- The statutory goals and objectives overlap, thereby causing repetitive responses from counties in the survey.
- The survey may have been interpreted differently by each county.
- Some county responses provided unnecessary information, leaving interpretation of answers to the survey questions to the analyst.
- Because there is no control group, it is difficult to determine if the resulting outcomes are due to the WCRTS program model or if these outcomes are due to chance.

Conclusion

The county and provider survey reports and the CalOMS Tx data indicate that the WCRTS program has a positive impact on program participants. DHCS will continue to monitor program goals and client outcomes for those counties participating in the WCRTS program. In addition, DHCS will continue to work to improve data collection and reporting processes with the counties using the new survey collaboration process. Enhancing services for pregnant and parenting women with an SUD is a high priority at DHCS.

Appendix

CalOMS Tx Data Elements

CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
AOD Use Life Domains			
Social/Family Life Domain			
Family Conflict Last 30 Days	This field indicates the number of days in the last 30 days the client had serious conflicts with their family.	*How many days in the past 30 days has the client had serious conflicts with members of their family?*	Numeric value from 0-30; client declined to state; client unable to answer.
Social Support	This is the number of clients that participated in any social support recovery activities for at least 8 of the last 30 days.	*How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings, Other self-help meetings, religious/faith recovery meetings, meetings of organizations other than those listed above, interactions with family member and/or friend support of recovery?*	Numeric value from 0-30; client declined to state; client unable to answer.

CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
Current Living Arrangements	This field identifies the client's current living arrangements.	*What is the client's current living arrangement?*	Homeless; Dependent; Independent
Number of Children Living with Someone Else	This field indicates the number of the client's children (birth or adopted) living with someone else due to a child protection court order.	*Number of days the client's children age 17 and under are living with someone else because of a child protection court order?*	Numeric value from 0-30; client declined to state; client unable to answer.
Number of Children Living with Someone Else and Parental Rights Terminated	This field indicates the number of the client's children (birth or adopted) living with someone else because of a child protection court order and for whom their parental rights have been terminated.	*If the client has children living with someone else because of a child protection court order, were any of the client's parental rights terminated in past 30 days?*	Numeric value from 0-30; client declined to state; client unable to answer.
Primary Drug Frequency	This field is used to record the frequency of use for the primary drug.	*How many days in the past 30 days has the client used their primary drug?*	Numeric value from 0-30; None or not applicable
Needle Use Last 30 days	This field is used to record the number of days the client has used a needle for drug injection in the last 30 days.	*How many days has the client used needles to inject drugs in the past 30 days?*	Numeric value from 0-30; client declined to state; client unable to answer.

CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
Employment/Education Life Domain			
Employment Status	This field is used to record the client's current employment status	*What is the client's current employment status?*	Employed Full Time (35 hrs. or more); Employed Part Time (less than 35 hrs.); Unemployed, looking for work; Unemployed, not in the labor force (not seeking); Not in the labor force (not seeking)
Enrolled in Job Training	This field is used to record whether the client is currently enrolled in job training.	*Is the client currently enrolled in a job-training program?*	Yes; No; client declined to state; client unable to answer.
Medical/Physical Health Life Domain			
Medical Problems Last 30 Days	This field is used to record the number of days in the past 30 days the client has experienced physical health problems.	*How many days in the past 30 days has the client experienced physical health problems?*	Numeric value from 0-30; Client unable to answer

CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
Mental Health Life Domain			
Mental Health Emergency Room Use	This field indicates whether the client has visited the emergency room for mental health needs in the last 30 days.	*How many times in the past 30 days has the client received outpatient emergency services for mental health?*	Numeric value from 0-30; Client unable to answer