

DEPARTMENT OF HEALTH CARE SERVICES

WOMEN AND CHILDREN'S RESIDENTIAL TREATMENT SERVICES PROGRAM

2022 ANNUAL REPORT TO THE LEGISLATURE

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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 State Fiscal Year (SFY) 2012-13, requiring the Department of Health Care Services (DHCS) to work collaboratively with counties 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 consists of residential perinatal substance use disorder (SUD) treatment programs in the following six counties: Alameda, Los Angeles, Marin, San Diego, San Francisco, and San Joaquin.

DHCS closely collaborated with the counties to realign reporting requirements for the WCRTS Program 2022 Annual Report to the Legislature. Included are the allocation and expenditure data for SFY 2017-18 through SFY 2021-22 submitted by WCRTS program county coordinators. Additionally incorporated is the WCRTS program SUD treatment services data obtained from the California Outcomes Measurement System Treatment (CalOMS Tx) for SFY 2017-18 through SFY 2021-22. Lastly entailed are the programmatic updates for SFY 2020-21 and SFY 2021-22, obtained through direct survey methods to capture data from our WCRTS program county coordinators and their providers.

BACKGROUND

The WCRTS program was originally funded in 1993 through a national competitive bidding process from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), specifically, the Center for Substance Abuse Treatment (CSAT). The outcome of the bidding process led to a five-year demonstration grant from the CSAT to achieve the WCRTS program. As a demonstration grant, the program focused on the special needs and circumstances of pregnant and parenting women (PPW), when few specialized treatment programs existed. The terms of the demonstration provided the foundation of the WCRTS program goals and outcomes described in this report.

The SFY 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 SFY 1999-00, the SGF for the WCRTS programs increased to \$3.6 million to offset a decrease in federal support.

In SFY 2000-01, the SGF allocation increased to \$6.1 million as the federal grant award expired for all programs. Under 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.

INTRODUCTION

DHCS is required to collaborate with WCRTS counties and annually report the programmatic, fiscal, and treatment data to the Legislature. Pursuant to HSC §11757.65, the WCRTS programs must pursue four primary goals and achieve four outcomes for PPW in residential SUD treatment settings.

The four primary goals are:

1. Demonstrate that alcohol and other drug (AOD) 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" (also known as SUD.)

FISCAL AND PROGRAMMATIC STATUS

Expenditures

One-twelfth of the annual WCRTS program allocation is distributed monthly to each of the participating counties. WCRTS program providers must report detailed expenditures for the annual cost reporting process to their respective county. As part of the reporting realignment, the expenditures of the WCRTS programs are now submitted by the counties to the DHCS perinatal services program. WCRTS program funding is continuously appropriated, does not expire, and can be retained for use in subsequent SFYs; therefore, counties may expend under or over their WCRTS allocation in a single SFY.

As noted, this report displays the WCRTS expenditure data information for SFY 2017-18 through SFY 2021-22 (See Table 1).

Table 1. Annual Allocation and Expenditure by County

WCRTS County	Annual Allocation	SFY 2017-18 Expenditure	SFY 2018-19 Expenditure	SFY 2019-20 Expenditure	SFY 2020-21 Expenditure	SFY 2021-22 Expenditure
Alameda	\$687,665	\$687,665	\$450,936	\$356,303	\$450,856	\$338,195
Los Angeles	\$2,132,488	\$603,086	\$24,430	\$8,339	\$280,604	\$1,732,661
Marin	\$728,485	\$51,407	\$248,258	\$400,869	\$383,965	\$254,408
San Diego	\$553,940	\$553,940	\$553,940	\$553,940	\$553,940	\$553,940
San Francisco	\$182,286	\$182,286	\$182,286	\$182,286	\$182,286	\$182,286
San Joaquin	\$819,136	\$819,136	\$1,251,713	\$1,902,897	\$2,036,218	\$1,925,917
Total	\$5,104,000	\$2,897,520	\$2,711,563	\$3,404,634	\$5,887,869	\$4,987,407

Client Outcomes at Discharge – California Outcomes Measurement System Treatment Data

Client outcomes were assessed by examining the percentage of discharged participants who met or did not meet the criteria for each specified outcome measure (e.g., no primary drug use at discharge). Missing and unknown data exists due to administrative discharges when clients decline to state or are unable to answer during standard discharges.

Data Collection and Report Methodology

CalOMS Tx is California's data collection and reporting system for SUD treatment services. Data collection includes time of the recipient's admission and discharge. The CalOMS Tx data, along with the percentage of administrative discharges, can be used to measure and compare service recipients' outcomes across multiple years.

There are substantial variations in the percentage of administrative discharges found across years, counties, and specific treatment service types. An administrative discharge is intended to be 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, outcome data is not available to be collected. In contrast, when a service recipient remains in treatment as planned and is available for a standard discharge interview (in person or by phone), a standard discharge report is completed and contains the necessary service recipient functioning data to measure outcomes. For some discharge questions, a client may decline to answer or be unable to answer.

In general, it is reasonable to assume that the outcomes for service recipient discharged administratively would be less favorable than for those who complete their program with a planned discharge. Thus, generalizing outcomes from only treatment service recipient with standard discharges (from the service recipient with planned discharges) creates a positive bias. Outcome measurement bias and variability are reduced when the administrative/missing discharge data are factored into comparisons across fiscal years and between counties or providers. Based on these findings, the methodology was revised in 2020 and the results incorporated in this report starting in SFY 2020-21 reflect the use of the revised methodology.

Client Outcomes at Discharge Tables

In SFY 2017-18, Table 2 indicates approximately 469 clients were served in the WCRTS program.

Table 2. Client Outcomes at Discharge, SFY 2017-18

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	AOD Use	No Use of Primary Drug	268	57.2%	62	13.2%	139	29.6%
		Stable Housing	195	41.6%	135	28.8%	139	29.6%
		No Children Living Elsewhere	166	35.4%	164	35.0%	139	29.6%
	Medical/ Physical Health	No Medical Problems	268	57.2%	62	13.2%	139	29.6%
		HIV Tested	303	64.6%	16	3.4%	150	32.0%
	Mental Health (MH)	No Emergency Services for MH	294	62.7%	36	7.7%	139	29.6%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict	304	64.8%	26	5.6%	139	29.6%
		No Arrests	324	69.1%	6	1.3%	139	29.6%
(b)(2) Promoting	AOD Use	No Needle Use	319	68.0%	11	2.4%	139	29.6%

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
Healthy Pregnancies		No Use of Primary Drug	268	57.2%	62	13.2%	139	29.6%
(b)(3) Enabling Children to Thrive	Social/Family	Parental Rights Not Terminated	262	55.9%	61	13.0%	146	31.1%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment/ Education	Employed	47	10.0%	283	60.4%	139	29.6%
		Enrolled in Job Training	59	12.6%	270	57.6%	140	29.8%
	Social/Family	Social Support > = 8 days	243	51.8%	87	18.6%	139	29.6%

In SFY 2018-19, Table 3 indicates approximately 774 clients were served in the WCRTS program.

Table 3. Client Outcomes at Discharge, SFY 2018-19

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	AOD Use	No Use of Primary Drug	236	30.5%	67	8.7%	471	60.9%
		Stable Housing	193	24.9%	110	14.2%	471	60.9%
		No Children Living Elsewhere	224	28.9%	74	9.6%	476	61.5%
	Medical/ Physical Health	No Medical Problems	266	34.4%	32	4.1%	476	61.5%
		HIV Tested	213	27.5%	70	9.0%	491	63.4%
	Mental Health (MH)	No Emergency Services for MH	295	38.1%	3	0.4%	476	61.5%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict	272	35.1%	25	3.2%	477	61.6%
		No Arrests	297	38.4%	6	0.8%	471	60.9%
(b)(2) Promoting	AOD Use	No Needle Use	281	36.3%	17	2.2%	476	61.5%

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
Healthy Pregnancies		No Use of Primary Drug	236	30.5%	67	8.7%	471	60.9%
(b)(3) Enabling Children to Thrive	Social/Family	Parental Rights Not Terminated	275	35.5%	23	3.0%	476	61.5%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment/ Education	Employed	27	3.5%	276	35.7%	471	60.9%
		Enrolled in Job Training	45	5.8%	245	31.7%	484	62.5%
	Social/Family	Social Support >= 8 days	189	24.4%	114	14.7%	471	60.9%

In SFY 2019-20, Table 4 indicates approximately 279 clients were served in the WCRTS program.

Table 4. Client Outcomes at Discharge, SFY 2019-20

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	AOD Use	No Use of Primary Drug	163	58.4%	21	7.5%	95	34.1%
		Stable Housing	111	39.8%	73	26.2%	95	34.1%
	Medical/ Physical Health	No Children Living Elsewhere	113	40.5%	68	24.4%	98	35.1%
		No Medical Problems	146	52.3%	35	12.5%	98	35.1%
	Mental Health (MH)	HIV Tested	159	57.0%	21	7.5%	99	35.5%
		No Emergency Services for MH	178	63.8%	3	1.1%	98	35.1%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict	158	56.6%	23	8.2%	98	35.1%
		No Arrests	181	64.9%	3	1.1%	95	34.1%
(b)(2) Promoting	AOD Use	No Needle Use	178	63.8%	3	1.1%	98	35.1%

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
Healthy Pregnancies		No Use of Primary Drug	163	58.4%	21	7.5%	95	34.1%
(b)(3) Enabling Children to Thrive	Social/Family	Parental Rights Not Terminated	146	52.3%	35	12.5%	98	35.1%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment/ Education	Employed	3	1.1%	181	64.9%	95	34.1%
		Enrolled in Job Training	16	5.7%	165	59.1%	98	35.2%
	Social/Family	Social Support >= 8 days	152	54.5%	32	11.5%	95	34.1%

In SFY 2020-21, Table 5 indicates approximately 1,169 clients were served in the WCRTS program.

Table 5. Client Outcomes at Discharge, SFY 2020-21

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	AOD Use	No Use of Primary Drug	400	34.2%	117	10.0%	652	55.8%
		Stable Housing	364	31.1%	153	13.1%	652	55.8%
	Social/Family	No Children Living Elsewhere	208	17.8%	285	24.4%	676	57.8%
		No Medical Problems	414	35.4%	79	6.8%	676	57.8%
	Medical/ Physical Health	HIV Tested	348	29.8%	106	9.1%	715	61.2%
		Mental Health (MH)	475	40.6%	18	1.5%	676	57.8%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict	411	35.2%	46	3.9%	712	60.9%
		No Arrests	512	43.8%	5	0.4%	652	55.8%
(b)(2) Promoting	AOD Use	No Needle Use	481	41.2%	12	1.0%	676	57.8%

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
Healthy Pregnancies		No Use of Primary Drug	400	34.2%	117	10.0%	652	55.8%
(b)(3) Enabling Children to Thrive	Social/Family	Parental Rights Not Terminated	413	35.3%	80	6.8%	676	57.8%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment/ Education	Employed	32	2.7%	485	41.5%	652	55.8%
		Enrolled in Job Training	32	2.7%	458	39.2%	679	58.1%
	Social/Family	Social Support >= 8 days	332	28.4%	185	15.8%	652	55.8%

In SFY 2021-22, Table 6 indicates approximately 995 clients were served in the WCRTS program.

Table 6. Client Outcomes at Discharge, SFY 2021-22

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	AOD Use	No Use of Primary Drug	418	42.0%	143	14.4%	434	43.6%
		Stable Housing	382	38.4%	179	18.0%	434	43.6%
	Medical/ Physical Health	No Children Living Elsewhere	312	31.4%	214	21.5%	469	47.1%
		No Medical Problems	439	44.1%	87	8.7%	469	47.1%
	Mental Health (MH)	HIV Tested	374	37.6%	125	12.6%	496	49.9%
		No Emergency Services for MH	509	51.2%	17	1.7%	469	47.1%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict	449	45.1%	53	5.3%	493	49.6%
		No Arrests	555	55.8%	6	0.6%	434	43.6%
(b)(2) Promoting	AOD Use	No Needle Use	515	51.8%	11	1.1%	469	47.1%

California Health and Safety Code §11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data*	
			n	%	n	%	n	%
Healthy Pregnancies		No Use of Primary Drug	418	42.0%	143	14.4%	434	43.6%
(b)(3) Enabling Children to Thrive	Social/Family	Parental Rights Not Terminated	442	44.4%	84	8.4%	469	47.1%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment/ Education	Employed	30	3.0%	531	53.4%	434	43.6%
		Enrolled in Job Training	36	3.6%	477	47.9%	482	48.4%
	Social/Family	Social Support >= 8 days	395	39.7%	166	16.7%	434	43.6%

Improved Treatment Outcomes

WCRTS programs indicated that best practices involve integrated care, which combines SUD treatment, mental health treatment, medical treatment, and coordination with other social service providers.

Demonstrated in previous tables are the following highlights in improving overall AOD treatment outcomes:

- » In the span of the reporting years of SFY 2017-18 through SFY 2021-22 women reported largely positive outcomes for their parental rights not being terminated, with a high point in SFY 2017-18 of nearly 56 percent of women keeping their families intact.
- » Also, in the span of the reporting years of SFY 2017-18 through SFY 2021-22 women reported favorable outcomes of no needle use at discharge, with SFY 2019-20 being a highlight at nearly 64 percent of women reporting no needle usage.
- » SFY 2017-18 and SFY 2021-22 had strong outcomes for no arrests reported by the mother at discharge at 69.1 percent and 55.8 percent, respectively.
- » Notably, during the heightened stress of the early pandemic in SFY 2019-20, 63.8 percent of women reported no need for emergency services for their mental health at discharge.

Programmatic Data

Program Goals

This section reviews each of the four primary goals the WCRTS programs pursue as outlined in HSC §11757.65. DHCS requested counties and providers to submit programmatic data to demonstrate how WCRTS programs successfully achieved each primary goal. Below is DHCS' analysis of the program goal data submitted for SFY 2020-21 and SFY 2021-22.

Demonstrate Comprehensive Alcohol & Other Drug Treatment Services

All six counties reported providing integrated services for the families served by their programs. Comprehensive screening and intake assessments were conducted to identify the needs for PPW in recovery, with a whole person approach to coordinated care. As a result, women and their children were referred to appropriate physical and mental health care services, including obstetrics and gynecological prenatal care, dental, mental health, vision care, and children's health services at neonatal and pediatric clinics. In

addition, social services such as housing, food, transportation, mental health treatment, and counseling services for trauma, domestic violence, family issues, sex trafficking, and co-occurring disorders were provided through the WCRTS programs and/or through external contracts.

All WCRTS programs provided case management services to help women navigate systems such as: child welfare, probation, and/or collaborative courts. Upon intake, clients received medical assessments, comprehensive physical exams, and mental health evaluations by trained staff and clinicians. All clients in the WCRTS programs were offered case management services to ensure that physical and mental health and social service needs were maintained.

All WCRTS programs provided a variety of evidence-based practices such as: dialectical behavioral therapy, motivational interviewing, relapse prevention, and/or cognitive-behavioral therapy. Behavioral health services were provided on-site or through a third-party organization. For example, in SFY 2020-21 San Joaquin County provided both on-site behavioral health services and contracted with full-service mental health treatment providers such as Black Awareness Community Outreach Program, La Familia, Trans-Cultural Center, and the Southeast Asian Recovery Services. Moreover, San Joaquin County reported their WCRTS program provided the following evidence-based curriculum: Seeking Safety, Wellness Recovery Action Plan, and Matrix. Marin County added options for WCRTS program providers in SFY 2021-22, therefore, offering clients more choice in provider and service location for full-service mental health treatment. The expanded provider network included providers such as Orchid Women's Recovery Center Bi-Bett Corporation and Women's Recovery Services.

Demonstrate Effectiveness of 6-12 Month Stays

Counties reported that longer stays in treatment lead to more successful outcomes. Alameda County indicated in SFY 2020-21 the residents who remained in treatment for 6-12 months and completed treatment had an increased opportunity to reunify with their children and families. Moreover, these women followed through with their child protective services case plans to completion and discharge, adhered to probation guidelines, and regularly met with their probation officer.

Furthermore, WCRTS program clients gained the tools necessary to become stable, well-functioning parents during their time in treatment. Lengthier stays allowed women to develop the parenting skills they lacked upon admission, learn life skills and healthy coping strategies, and support with reunification goals. Los Angeles County noted in SFY 2021-22 women who brought their children with them into treatment reported more

positively about the care and services they received, noting that 90 percent reported the treatment received helped improve their relationship with their children, and 100 percent reported the treatment helped improve their ability to address their addiction. Additionally, the mothers felt they had achieved the skills and received the support necessary to balance parenting and management of their recovery from addiction.

Comprehensive Service Delivery Models

All WCRTS programs provided a continuum of care for women and their children through various resources and referral to community-based services. Services included, but were not limited to, on-site recovery meetings and supportive sponsorship opportunities; individual and group counseling education sessions with AOD counselors, therapists, and case managers; and utilization of evidence-based practices.

Additionally, services utilized in most of the WCRTS programs included evidence-based curriculum revolving around trauma-informed, gender-specific, and culturally appropriate care, like Helping Women Recover and Beyond Trauma. In SFY 2021-22, Los Angeles County noted using the SAMHSA TIP 51: Substance Abuse Treatment Addressing Specific Needs of Women publication as a guide to best practices in treatment strategies for women living with SUD.

All WCRTS programs indicated implementation of evidence-based programs such as: Nurturing Parenting, Seeking Safety, Wellness Recovery Action Plan, and support services from peers. Additionally, PPW were offered domestic violence education and health education groups as designated through their assessments and treatment plans. San Joaquin County shared in SFY 2021-22 that, instead of a standard treatment plan, they are moving forward with implementing the California Advancing and Innovating Medi-Cal Behavioral Health Initiative's Specialty Mental Health Services, Drug Medi-Cal Initiative's SMHS, DMC, and Drug Medi-Cal Organized Delivery System DMC-ODS problem list referenced in DHCS' guidance outlined in [Behavioral Health Information Notice 23-068](#) The problem list is a list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters. It is designed to capture a person's unique needs. Providers can add problems to the problem list that are not diagnoses, therefore embracing a whole person integrated approach to care.

Services for Safe and Healthy Pregnancies and Perinatal Outcomes

All WCRTS programs indicated health and nutrition groups that promoted healthy eating habits and a healthier lifestyle for women and their children. Women were also educated through SUD education and individual counseling guided by best practices

determined by each county. In SFY 2021-22, Marin County reported PPW were able to bring their children under six years to their entire course of treatment, where the children's needs were also assessed and children were linked to resources such as counseling, play and art therapy, and occupational, speech and physical therapies. Resources were in place to ensure women received prenatal care and transportation to their scheduled appointments or support in navigating telehealth options. Additionally, WCRTS clients received education on the harmful effect that tobacco, drugs, and alcohol have on the unborn fetus, parenting education classes, family education groups, and assistance with referrals to the Women, Infants, and Children program.

WCRTS programs reported that perinatal support was provided to women through the delivery of parent-child therapy, individualized parenting plans, and recurring mental health services. Alameda County reported in SFY 2020-21 about a notable program where a child development specialist engaged with the mothers in conducting developmental and socio-emotional assessments, providing child development education, and supporting the mother individually in learning more about parenting best practices for their new infant. Mothers parenting their children in this facility were given individualized parenting plans and weekly one-on-one support empowering them to be the parents they strived to be.

Program Outcomes

This section reviews the four program outcomes for the WCRTS program as outlined in HSC §11757.65. The following analysis of SFY 2020-21 and SFY 2021-22 programmatic outcome data reported to DHCS by the WCRTS programs and the SFY 2017-18 through SFY 2021-22 Client Outcomes at Discharge, CalOMS Tx data, demonstrated that all programs achieved the intended outcomes and met the challenges of the pandemic with diligence and creativity.

Preserving Family Unity

All six counties indicated meeting the outcome of "preserving family unity" through case management strategies and partnership with multiple services, including referral to affordable housing following residential treatment and collaboration with agencies like the Department of Children and Family Services to promote family reunification, child visitation and family stability.

Reunification has increased WCRTS clients' confidence in parenting and problem solving within a family unit. For example, an Alameda WCRTS provider reported in SFY 2020-21 that they schedule clients to have weekly shifts at the on-site child enrichment program where they are supervised by counselors/child development specialists in their

application of parenting skills learned in a group (e.g., positive discipline, behavior management, and distress tolerance) with both their own children and other residents' children. During these visits and weekly shifts, WCRTS clients received real-time feedback and practiced appropriate parenting skills, even if they were not currently with their child and/or working on reunification.

In SFY 2021-22, a provider of the Los Angeles County WCRTS program reported that they used "peer navigators." Peer navigators are individuals who have similar lived experiences as the clients being served. The peer navigators assist other mothers by offering housing application support and community partner referrals. This practice resulted in improved program utilization and better family stability.

Promoting Healthy Pregnancies

Promotion of healthy pregnancies was a focus of all WCRTS programs. All programs reported that pregnant women received necessary medical services through a network of medical clinics and on-site services. Women received nutritional education, parenting skills training, pregnancy planning, infant bonding, child development training, and post-partum depression screening. Individual and group services were provided to assist WCRTS clients with concerns and/or issues they encountered upon discharge. As shown in Table 5 SFY 2020-21, only 1 percent of women reported intravenous drug use at discharge, and displayed in Table 6 SFY 2021-22, 42 percent of women were not using substances upon discharge.

Additionally, in SFY 2020-21, San Diego County reported 16 clients were pregnant at admission. Of those, nine women gave birth to newborns who tested negative for substances and the remaining women completed the residential level of care before giving birth. In SFY 2021-22, a Los Angeles County WCRTS program provider noted that they were providing services within a culturally responsive "family concept" model to help support long-term recovery with strong success.

Enabling Children to Thrive

A variety of children services and activities were in place in all WCRTS program counties to fulfill the outcome of "enabling children to thrive." These services included but were not limited to mother/child therapy, referrals to child counseling, parenting groups, and on-site child visitations and collaboration with agencies such as County Public Health Departments. In many cases, cooperative childcare was provided in shifts supervised by staff to ensure each mother could participate fully in education and support groups. All six counties also reported providing comprehensive psychoeducation such as evidence-based parenting classes, domestic violence prevention, healthy relationship courses,

mother-baby bonding classes, and family skills courses to assist women with parenting. Demonstrated Table 2 SFY 2017-18, nearly 56 percent of the women reported that their parental rights were not terminated at discharge, and in Table 4 SFY 2019-20, the percentage was 52.3 percent.

All childcare services provided through WCRTS programs were therapeutic and developmentally appropriate to address a child's developmental delays, including emotional and behavioral issues, and were tailored to each child to support their individual needs. In SFY 2020-21, San Diego County reported that childcare services are available at the program site with a fully developed program of age-specific activities. Their licensed childcare program offers care in a structured setting while the parent participates in on-site treatment services. The residential program also maintains on-site facilities to support therapeutic interventions for children whose mothers are in treatment, including speech, occupational therapy, and services such as infant massage. The program also has designated staff to serve as the point of contact for care coordination for child welfare services, Healthy Developmental Services, Visitation Contractor, and any other community service provider related to services for children.

As a result, 472 children received childcare services within all WCRTS programs during SFY 2020-21.

Freeing Women and their Families from Substance Misuse and Use Disorder

Services such as SUD counseling, therapy, and parenting skills help relieve women from stress and pressure that can lead to SUD. Other services included teaching mindfulness and meditation, walking and other exercise strategies, and case management to fill clients' immediate and ongoing needs. All WCRTS program counties reported various stress-relieving and trauma-informed approaches, such as coaching on building healthy relationships, domestic violence intervention, parenting education, financial support and planning, housing stability in sober environments, alcohol and drug education, and relapse prevention. In Table 3 SFY 2018-19, 38 percent of women reported that they did not use emergency mental health services at the time of discharge.

Educational and vocational training were included in clients' treatment plans to ensure clients are self-sufficient and fully functioning, which encourages, strengthens, and reinforces the recovery of the populations served. As indicated in Table 2 SFY 2017-18, approximately 10 percent of the women reported being employed at discharge, and about 13 percent reported being enrolled in job training at discharge. Those numbers trended lower in subsequent years, largely due to the impacts of the COVID-19 pandemic.

WOMEN AND CHILDREN'S RESIDENTIAL TREATMENT SERVICES PROGRAM AND COVID-19

All six counties successfully provided WCRTS programming during the continued COVID-19 Public Health Emergency response. Many counties reported a low census and delayed enrollment due to continued COVID-19 guidelines. All WCRTS programs modified treatment delivery services to adhere to Center for Disease Control guidelines, regulations, and health and safety orders. WCRTS programs implemented and excelled in providing effective telehealth services. For example, in SFY 2020-21, a Los Angeles County WCRTS program reported that Samsung tablets were provided to clients, and they assisted mothers with obtaining cellphones to prevent service interruption. Another Los Angeles County WCRTS program reported in SFY 2021-22 that program participants were permitted to use their cellphones while in isolation or quarantine to fully participate in telehealth activities. Additionally, iPad tablets were provided to clients to prevent any telehealth service interruption. WCRTS program modifications included reducing capacity to mitigate the risk of COVID-19 exposures, use of testing and quarantine, maintaining social distancing, and stringent use of personal protective equipment.

All WCRTS programs have implemented the practice of quarantining clients who test positive for COVID-19 until their test results come back negative. In SFY 2021-22, a San Diego County WCRTS program reported that residents received isolated drug treatment services, case management, therapeutic services, and modified structured activities during their quarantine periods. Additionally, mothers received modified quarantine to ensure their children received exercise and appropriate child therapy and childcare services. San Diego County's Public Health Department guided programs to mitigate the risk of exposure and trained on the proper use of facial coverings and other personal protective equipment. All WCRTS programs practiced isolation and quarantine protocols, and all safety and sanitation procedures recommended by the Center for Disease Control were strictly adhered to.

The COVID-19 response added additional tasks and duties to the WCRTS program staff and required the need for closer oversight of clients to ensure that they were also complying with all health and safety protocols. All WCRTS Counties indicated that despite the barriers and challenges of the COVID-19 Public Health Emergency, SUD perinatal services continued effectively and uninterrupted.

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 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.
- » Many CalOMS Tx discharges are submitted to DHCS as administrative discharges, which do not include the client functioning data necessary to measure treatment outcomes.
- » When a client declines to provide an answer or is unable to answer a question during a standard discharge, the treatment outcome is unknown.
- » 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, per self-report. The information provided by the counties includes evidence-based programs utilized by the providers for groups and information of program operations to address meeting each of the HSC §11757.65 goals and objectives. Data limitations of this section include the following:
 - Limitations of self-reporting with no verification procedure in place.
 - Not all programs provided detailed information about meeting each HSC goal and objective.
 - The HSC goals and objectives overlap, 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 survey reports, as well as the CalOMS Tx data, indicate that the WCRTS program has a positive impact on program participants. DHCS will continue to monitor program goals and outcomes, as described in HSC §11757.65, for those counties participating in the WCRTS program. In addition, DHCS will proceed to work to improve data collection and reporting processes with the counties using the new survey collaboration process. These efforts remain a high priority for DHCS as the Department continually seeks to enhance services for PPW with SUD.