DEPARTMENT OF HEALTH CARE SERVICES

WOMEN AND CHILDREN'S RESIDENTIAL TREATMENT SERVICES PROGRAM

2025 ANNUAL REPORT TO THE LEGISLATURE

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EXECUTIVE SUMMARY

Health and Safety Code (HSC) Section 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. The Department of Health Care Services (DHCS) is required to work collaboratively with counties and the eight WCRTS programs receiving funds from the WCRTS Special Account under the 2011 Realignment to develop reporting requirements and to provide an annual report to the budget committees of the Legislature on the fiscal and programmatic status of the Women and Children's Residential Treatment Services (WCRTS) program (HSC Section 11757.65(c)).

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 collaborated closely with the counties to gather data for the 2025 WCRTS Program Annual Report to the Legislature. Included are the allocation and expenditure data for SFY 2023-24 and SFY 2024-25 submitted by WCRTS program county coordinators. Additionally, incorporated is the WCRTS program SUD treatment services data obtained from the California Outcomes and Measurement System Treatment (CalOMS Tx) for SFY 2023-24 and SFY 2024-25. Also included are the programmatic updates for SFY 2023-24 and SFY 2024-25, obtained through direct survey methods to capture data from WCRTS program county coordinators and their providers.

BACKGROUND

The WCRTS program was initially funded in 1993 through a national competitive bidding process from the United States Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, specifically the Center for Substance Abuse Treatment (CSAT). The outcome of the bidding process led to a five-year demonstration grant from the CSAT that created 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. SB 1020 (Committee on Budget and Fiscal Review, Chapter 40, Statutes of 2012, SEC. 6) dedicated specified funds in the WCRTS Special Account, which totaled 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 Section 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. Reducing or eliminating distress caused by the symptoms of a SUD for women and their families.

FISCAL AND PROGRAMMATIC STATUS

Annual Allocation and Expenditure

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 WCRTS expenditure data information for SFY 2023-24 and SFY 2024-25 (See Table 1). DHCS is collaborating with WCRTS counties to enhance service delivery and ensure full utilization of county WCRTS allocations.

Table 1. Annual Allocation and Expenditure by County

WCRTS County	Annual Allocation	SFY 2023-24 Expenditure	SFY 2024-25 Expenditure
Alameda	$687,665	$630,360	$687,665
Los Angeles	$2,132,488	$1,760,081	$1,453,581
Marin	$728,485	$172,548	$264,809
San Diego	$553,940	$553,940	$553,940
San Francisco	$182,286	$182,286	$182,286
San Joaquin	$819,136	$819,136	$819,136
Total	$5,104,000	$4,118,350	$3,961,417

Client Outcomes at Discharge CalOMS Tx Data

Measurement System Treatment Data

DHCS assessed client outcomes 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 the time of the recipient's admission and discharge. DHCS uses CalOMS Tx data, along with the percentage of administrative discharges, to measure and compare service recipients' outcomes across multiple years.

There are substantial variations in the percentage of administrative discharges 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 these cases, 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, 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.

It is reasonable to assume that the outcomes for service recipients discharged administratively would be less favorable than for those who complete their program with a planned discharge. Thus, generalizing outcomes from only treatment service recipients with standard 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 to include consideration of administrative discharge data. The results incorporated in this report, starting in SFY 2023-24, reflect the use of the revised methodology.

Client Outcomes at Discharge Table

In SFY 2023-24, Table 2 indicates approximately 285 clients were served in the WCRTS program.

Table 2. Client Outcomes at Discharge, SFY 2023-24

California Health and Safety Code Section 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	141	49.5%	76	26.7%	68	23.9%
	Social/Family	Stable Housing	127	44.6%	90	31.6%	68	23.9%
		No Children Living Elsewhere	98	34.4%	90	31.6%	97	34.0%
	Medical/ Physical Health	No Medical Problems	159	55.8%	29	10.2%	97	34.0%
		HIV Tested	149	52.3%	23	8.1%	113	39.7%
	Mental Health (MH)	No Emergency Services for MH	181	63.5%	7	2.5%	97	34.0%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict	142	49.8%	46	16.1%	97	34.0%
		No Arrests	206	72.3%	11	3.9%	68	23.9%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Needle Use	184	64.6%	4	1.4%	97	34.0%
		No Use of Primary Drug	141	49.5%	76	26.7%	68	23.9%
(b)(3) Enabling Children to Thrive	Social/Family	Parental Rights Not Terminated	146	51.2%	42	14.7%	97	34.0%

California Health and Safety Code Section 11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data	
			n	%	n	%	n	%
(b)(4) Reduce or eliminate the distress caused by the symptoms of a SUD for women and their families	Employment/ Education	Employed	3	1.1%	214	75.1%	68	23.9%
		Enrolled in Job Training	70	24.6%	118	41.4%	97	34.0%
	Social/Family	Social Support >= 8days	176	61.8%	41	14.4%	68	23.9%

In SFY 2024-25, Table 3 indicates that approximately 211 clients were served in the WCRTS program.

Table 3. Client Outcomes at Discharge, SFY 2024-25

California Health and Safety Code Section 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	88	41.7%	52	24.6%	71	33.6%
	Social/Family	Stable Housing	84	39.8%	56	26.5%	71	33.6%
		No Children Living Elsewhere	57	27.0%	38	18.0%	116	54.9%

California Health and Safety Code Section 11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Discharges Containing Missing/ Unknown Data	
			n	%	n	%	n	%
	Medical/ Physical Health	No Medical Problems	75	35.5%	20	9.4%	116	54.9%
		HIV Tested	89	42.1%	5	2.3%	117	55.4%
	Mental Health (MH)	No Emergency Services for MH	93	44.0%	2	0.9%	116	54.9%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict	86	40.7%	9	4.2%	116	54.9%
		No Arrests	140	66.3%	0	0%	71	33.6%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Needle Use	94	44.5%	1	0.4%	116	54.9%
		No Use of Primary Drug	88	41.7%	52	24.6%	71	33.6%
(b)(3) Enabling Children to Thrive	Social/Family	Parental Rights Not Terminated	76	36.0%	19	9.0%	116	54.9%
(b)(4) Reduce or eliminate the distress caused by the symptoms of a SUD for women and their families	Employment/ Education	Employed	7	3.3%	133	63.0%	71	33.6%
		Enrolled in Job Training	22	10.4%	73	34.5%	116	54.9%
	Social/Family	Social Support >= 8days	74	35.0%	66	31.2%	71	33.6%

Programmatic Data

Program Goals

This section describes the four primary WCRTS programs goals as outlined in HSC Section 11757.65. DHCS requested counties and providers submit programmatic data to demonstrate how WCRTS programs successfully achieved each primary goal. DHCS' summary of the program goal data submitted for SFY 2023-24 and SFY 2024-25 is below.

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, mental health, and social service needs were identified and addressed. For example, in SFY 2024-25, a San Diego County provider partnered with La Maestra Community Health Centers, a nonprofit 501 (c)(3), to offer weekly services including perinatal care, harm reduction strategies, and psychiatric services. This provider also offered alumni-led exercise classes three times per week, weekly mindfulness walks to the beach, periodic DreamKeeper visits to teach recovery through gardening, enabling clients to maintain an on-site garden, and bi-weekly karaoke fitness to promote joy and engagement in recovery.

The WCRTS programs provided a variety of evidence-based practices such as: Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Motivational Interviewing, relapse prevention, and the Wellness Recovery Action Plan (WRAP). In SFY 2023-24, Los Angeles, Marin, and San Joaquin Counties reported the successful integration of Medications for Addiction Treatment, an evidence-based treatment

approach, with counseling and other therapeutic techniques to adopt a whole-person care strategy.

In SFY 2023-24, a Marin County provider invested in training all staff members in evidence-based practices covering Cognitive Behavioral Therapy, Motivational Interviewing, Seeking Safety, the American Society of Addiction Medicine Placement Criteria, and Stages of Change methodologies. Trainings were aimed at enhancing staff knowledge to effectively address the criteria for SUD and related mental health disorders, as detailed in the Diagnostic and Statistical Manual of Mental Disorders (5th edition). This preparation helps both clients and staff better identify needs and develop strategies for long-term stabilization and recovery, ultimately improving the recognition and management of symptoms.

Furthermore, in SFY 2023-24, a Los Angeles County provider implemented a fidelity-monitoring program to ensure that evidence-based practices were applied correctly, allowing for their continued effective use in treatment.

Demonstrate Effectiveness of 6-12 Month Stays

Counties reported that longer stays in residential treatment led to more successful outcomes. Providers approach treatment planning by developing problem lists that guide treatment and recovery needs using a multidimensional and integrated approach. Problem lists are reviewed every 30 days and play a significant role in determining the length of stay in care.

Furthermore, WCRTS program clients gained the tools necessary to become stable, well-functioning parents during their treatment. Longer stays allowed women to build the parenting and life skills they lacked upon admission, develop healthy coping strategies, and make progress toward their reunification goals. For example, in SFY 2023-24, San Francisco County reported that 19 of the 24 women discharged from the program successfully completed the program and transitioned to transitional or supportive housing. Seventeen out of these 19 women also reunited with their children and resumed full-time caregiving as they continued their recovery. In SFY 2024-25, an additional 17 women who successfully completed the program were likewise reunited with their children and moved into housing where they could provide full-time care, helping restore family bonds and strengthen parent-child relationships.

Comprehensive Service Delivery Models

All WCRTS programs provided a continuum of care for women and their children through various resources and referrals 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.

Most WCRTS programs incorporated culturally responsive and gender-specific curricula with trauma-informed practices. Providers used quality improvement strategies to identify patterns in treatment, change treatment approaches, if applicable, and explore new service delivery models to ensure they applied best practices.

In SFY 2023-24, a Marin County provider noted that using trauma-informed, culturally responsive, and gender-specific approaches led to clients experiencing longer periods of abstinence. Women in treatment with these focuses freely discuss how they manage their triggers and cravings, cope with stressors, and generally feel less guilt and shame during treatment. Additionally, this approach led to women experiencing higher self-esteem, better self-care, and increased treatment participation, resulting in longer stays in the program.

San Diego County noted in SFY 2024-25 that they were actively working to strengthen and expand their integrated service delivery method through the implementation of a cross-disciplinary training portal for their staff. This cross-training ensures staff are equipped to deliver comprehensive, whole-person care, and lays the foundation for a more integrated and replicable model of care.

All WCRTS programs used evidence-based practices such as Cognitive Behavioral Therapy, Seeking Safety, WRAP, and peer support services. Additionally, PPWs were offered domestic violence education and health education groups, as indicated through their assessments and problem lists.

Services for Safe and Healthy Pregnancies and Perinatal Outcomes

All WCRTS programs offered health and nutrition groups that promoted healthier eating habits and lifestyles for women and their children. Parenting education and bonding opportunities were in place to teach mothers the best practices in child development and self-care, breaking destructive coping patterns developed as a result of SUD. Women were also educated through SUD education and individual counseling guided by best practices determined by each county. In SFY 2023-24, an Alameda County provider successfully incorporated holistic approaches, such as acupuncture and the use of doulas, into their already extensive range of resources aimed at facilitating safe and healthy pregnancies. Furthermore, in SFY 2024-25, another Alameda County provider reported plans to introduce new services for safe and healthy pregnancies by implementing group sessions focused on healthy eating, balanced nutrition, and safe, regular exercise during pregnancy.

Resources were in place to ensure women received prenatal care and transportation to their scheduled appointments or support navigating telehealth options. Additionally, WCRTS clients received education on the harmful effects 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. For example, in SFY 2023-24, a Los Angeles County provider offered culturally specific services to the Asian community and aimed to enhance their Sexual and Reproductive Health Care classes, recognizing that these discussions are crucial for supporting overall health and well-being.

WCRTS programs reported that perinatal support was provided to women through parent-child therapy, individualized parenting plans, and recurring mental health services. In SFY 2023-24, a few Los Angeles County providers reported utilizing the Maternity Assessment Management Access and Service (MAMAS) Neighborhood program, a regional name for the "Strong Start for Mothers and Newborns" initiative created by the U.S. Department of Health and Human Services to reduce preterm births and improve outcomes for newborns and pregnant women. One specific MAMAS Neighborhood program collaboration developed by a provider is with the local hospital, creating a valuable community link to the PPW they serve.

Program Outcomes

This section reviews the four program outcomes for the WCRTS program as outlined in HSC Section 11757.65. The following summary of SFY 2023-24 and SFY 2024-25 programmatic outcome data reported to DHCS by the WCRTS programs and Client Outcomes at Discharge, CalOMS Tx data, demonstrated that all programs achieved the intended outcomes.

Preserving Family Unity

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

Reunification strengthened WCRTS clients' confidence in parenting and problem-solving within a family unit and supports retention in ongoing treatment and stability in sobriety. For example, in SFY 2023-24, Marin County reported their services act as a lifeline for women experiencing homelessness and hopelessness. Through a comprehensive program that connects them to vital community services, these women

demonstrate resilience in overcoming addiction. They regain their health, reunite with their children, find stable housing, and rediscover hope. Many return to school, participate in outpatient programs, and secure new jobs, often supporting other women in recovery. Their children also benefit from services, creating a multi-generational impact that begins with the mother's choice to seek treatment. By addressing the whole person, the treatment team collaborates with a network of partners across the continuum of care, forming a supportive community dedicated to helping PPW.

In SFY 2023-24, an Alameda County provider achieved a 100 percent success rate in reuniting parents with their children after completing WCRTS programs. When mothers complete the program successfully, their children, previously removed by Child Protective Services, are returned to them, allowing these women to regain custody.

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, with many programs recognizing that the long-term holistic approach better assists a mother in managing SUD issues during pregnancy. Additionally, 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 mothers with concerns and/or issues they encountered upon discharge. As shown in Table 2. Client Outcomes at Discharge, SFY 2023-24, only one percent of women reported intravenous drug use at discharge.

For example, in SFY 2023-24, San Diego County described how four pregnant women experiencing symptoms of SUD were served by the WCRTS program. These women learned tools to promote safe and healthy pregnancies and successfully gave birth to healthy, substance-free babies while in the residential program.

Moreover, in SFY 2024-25, a Los Angeles County provider noted achieving a 90 percent success rate in smoking cessation among participants, which reflects the effectiveness of their evidence-based interventions, individualized support, and comprehensive counseling.

Enabling Children to Thrive

A variety of children's 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 parent-child therapy, referrals to child counseling, parenting groups, on-site child visitations, and collaboration with agencies such as county public

health departments. In SFY 2024-25, two Los Angeles County providers reported offering activities such as field trips to the movies, the beach, and food places. 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 parenting classes, domestic violence prevention education, healthy relationship courses, mother-baby bonding classes, and family skills courses, to assist women with parenting. As demonstrated in Table 2, Client Outcomes at Discharge, SFY 2023-24, just over 51 percent of the women reported that their parental rights were not terminated at discharge.

All childcare services provided through WCRTS programs were therapeutic and developmentally appropriate, addressing a child's developmental delays, including emotional and behavioral issues, and were tailored to each child to support their individual needs. In SFY 2023-24, a Marin County provider described an on-site cooperative program serving their program participants in multiple ways beyond childcare. An experienced childcare provider who has passed background checks and is skilled with diverse populations guides the clients. Mothers take turns assisting with childcare and learning effective interaction techniques that promote positive behavior and socialization skills. The program offers parent-child skill-building activities, such as interactive play, reading, and outings, to strengthen bonding and parenting skills. The clinical team, including parenting educators and case managers, collaborate to address each family's needs and ensure access to additional services as needed. The provider shared that over the years, the program has effectively supported many mothers in understanding their children's needs and fostering healing from adverse childhood experiences. The on-site cooperative program promotes awareness of trauma's impact on families while helping mothers find community resources for their children's emotional, developmental, and physical well-being.

Reducing or Eliminating Distress Caused by the Symptoms of SUD for Women and Their Families

Services, such as SUD counseling, therapy, and connection to outside natural support systems, help relieve women from stress and pressure that exacerbate SUD. Other services reported included teaching mindfulness and meditation, walking and other exercise, and care coordination to address 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, financial support and planning, housing stability in sober environments,

and relapse prevention. A San Diego County provider reported in SFY 2024-25 that its recovery support services helped women navigate the system of care and overcome barriers to recovery. They noted that many program alumni continue to seek guidance, referrals, and emotional support from the clinical team after transitioning out of the program, demonstrating the trust and sense of safety they associate with these services.

In SFY 2024-25, a San Francisco County provider admitted 33 clients. Of those, seven remained in treatment, while 26 clients were discharged. Twenty of the discharged clients successfully completed the program, and 17 of the 20 clients reunited with their children, where they transitioned to either permanent or transitional housing.

Additionally, program collaboration with law enforcement and justice systems, mental health programs, and local government agencies encouraged mothers to remain in treatment. Educational and vocational training were included in clients' treatment plans to ensure clients' self-sufficiency and full functioning, which further encourages, strengthens, and reinforces the recovery. As indicated in Table 2, Client Outcomes at Discharge, SFY 2023-24, about 25 percent of women reported being enrolled in job training at discharge, and 62 percent had social supports in place for more than eight days in the first month after discharge.

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 identifying 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 on program

operations to address meeting each of the HSC Section 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.
- 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 surveys and 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 Section 11757.65, for participating WCRTS program counties. In addition, DHCS will continue working to improve data quality, collection, and reporting processes. These efforts remain a high priority as DHCS continually seeks to improve outcomes for PPW with SUD.