



Department of Health Care Services

Women and Children's Residential Treatment Services Program

Annual Report to the Legislature

May 2019

For Calendar Year 2018

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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. An analysis of client data reported by the WCRTS programs to DHCS during FY 2014-15 confirms that five of the six WCRTS programs achieved the required goals and outcomes of the HSC. San Francisco did not participate this reporting period as their program closed in June 2017.¹

¹San Francisco County has identified a new WCRTS provider (HealthRight360 Women's Hope) with an effective date of July 1, 2018.

Background

The WCRTS program was originally funded in 1993 through a national competitive bidding process. The outcome of the bidding process 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 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.

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. The fiscal expenditures of the WCRTS programs are reviewed through a query from entries submitted by the counties to the DHCS SUD Cost Report. SUD providers are required to report expenses accurately on their annual cost reports. Table 1 displays each county's annual WCRTS allocation and their FY 2014-15 expenditures, as this is the most current fiscal data available. 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 2014-15, WCRTS expenditures varied across the counties as follows:

- Alameda, San Diego and San Francisco Counties expended their WCRTS allocation.
- Los Angeles and Marin Counties did not expend their entire annual WCRTS allocation.
- San Joaquin County's expenditures exceeded their annual WCRTS allocation for FY 2014-15; however, they reconciled their prior year expenditures and used FY 2011-12 funds to cover the FY 2014-15 costs.

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Table 1. Annual Allocation and Expenditures by County, FY 2014-15

County	FY 2014-15 Allocation	FY 2014-15 Expenditures
Alameda	687,665.00	687,665.00
Los Angeles	2,132,488.00	2,000,696.00
Marin	728,485.00	412,640.00
San Diego	553,940.00	553,940.04
San Francisco	182,286.00	182,286.00
San Joaquin	819,136.00	820,092.97
Total	5,104,000.00	4,657,320.01

Note: San Joaquin County incorrectly reported WCRTS expenditures for FY 2014-15. The county worked with DHCS to revise their expenditures. Table 1 reflects the corrected amount. Furthermore, county allocations do not expire and counties may expend under or over their WCRTS allocation in a single fiscal year.

WCRTS Survey Results

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 (i.e. a list of questions “survey”) to the six WCRTS counties. NOTE: San Francisco did not participate in the survey as their WCRTS provider closed at the beginning of FY 2017-18; therefore, the information in this report only reflects the responses that were provided by the five remaining counties that operated WCRTS during the survey period.

All five counties self-reported how they incorporated physical health, mental health and social services for women and children in a residential program. The five counties reported that the WCRTS program provided medical care, including referrals for physical exams and for obstetrician/gynecological appointments at neonatal and children’s clinics. Mental health care was also addressed by all five counties. They reported helping the women receive services from the mental health provider they had upon entry or they linked the women with referrals for mental health care, as needed. The programs linked the women to trauma care counseling, domestic violence counseling, family counseling, group therapy and related mental health services. All five county WCRTS programs communicated that they provided social services through external program contracts. Examples of social services include educational and treatment groups based on the assessment of the mother, including case management and navigation services with Child Protective Services agencies. One program reported providing the following social services for the women: housing, food, self-sufficiency needs, and linking the women to additional providers for services.

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Four of the five counties indicated that they provided residential services with six to twelve month stays or longer. These counties reported that WCRTS participants experienced increased opportunities to have successful reunification with their children, followed through with their child welfare cases, showed an increase in overall stability/functioning (e.g., not using alcohol and/or other drugs, which are typical signs of increased stability), and demonstrated higher interest in overall health, such as decreasing tobacco use. The counties also indicated that they provided time for participants to develop critical parenting skills. Two counties reported that women who stayed longer than six months showed more investment in their recovery and showed greater stability in their mental health. The counties reporting on six to twelve month stays shared that the women had better overall outcomes, including no arrests.

All five counties reported having effective and comprehensive service delivery. Examples of evidenced-based approaches in the treatment programs include anger management; domestic violence; and parenting skills development, such as a program for mothers to learn how to bond with their child. One of the county programs reported that they rotate the participating parents in their staff-supervised childcare center to assist them with practicing their recently learned parenting skills.

Program Outcomes

All five counties indicated that they met the outcome of preserving family unity by providing weekly family educational groups coupled with the opportunity to practice what is learned in the treatment program in their family group sessions.

All five counties reported providing services that promote safe and healthy pregnancies by providing services and activities, such as conducting weekly family groups, assisting women with prenatal appointments, and providing case management to establish appointments with their primary care provider.

All five counties reported that they met the outcomes enabling children to thrive and freeing women and families from substance abuse through the following activities: linking women to Women, Infants, and Children, commonly known as WIC, offering food assistance; tobacco cessation classes; and referrals to the women's children for nursery school. These counties also communicated that outcomes were met by providing educational classes on substance abuse, co-dependency, and supporting the women while in recovery. In addition, counties said that they had provided information and referrals to children's resources, such as Head Start. Three counties reported providing aftercare services to focus on further development and stabilization. Those aftercare programs provided education, recreation, and sober events. Alumni also contributed to the women's success by providing mentoring and support.

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WCRTS program outcomes described by the quantitative data in this report are based on client data submitted by each of the WCRTS providers to DHCS' California Outcomes Measurement System - Treatment (CalOMS Tx) for FY 2014-15.² 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 the five counties participating in the WCRTS program that were operational during FY 2014-15, client outcomes were assessed by examining the percentage of discharged participants who met or did not meet the criteria for each of the specified outcomes measures (e.g., no primary drug use at discharge). Based on the data submitted to CalOMS Tx by each of the WCRTS providers for FY 2014-15, there were approximately 665 clients served by the five counties that participated in the WCRTS program.³ Because CalOMS Tx discharge data was missing for 220 clients (i.e., 33% missing data),⁴ Table 2 reflects outcomes for the 445 of the clients for whom CalOMS Tx data were available.

In addition, DHCS changed the methodology for reporting outcome measures from last year, to align with how other reports are completed, i.e.: the Statewide Needs Assessment Plan Report.

² 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.

³ Clients served represent the total clients that received treatment during FY 2014-15, including any open admissions from the previous FY.

⁴ There has been an increasing number of discharge records reported to DHCS without the data necessary to compare all clients 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 who are missing outcomes discharge data (i.e., administratively discharged) would be worse than for those with planned discharges, such as those reflected in this report. . Thus, generalizing outcomes of all treatment service recipients from the outcomes data collected from the planned discharges could create a positive bias.

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Table 2. Client Outcomes at Discharge, FY 14-15

HSC §11757.65	CalOMS Tx Domain	Outcome Measure	**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	400	89.9%	45	10.1%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Needle Use in Past 30 Days	437	98.2%	8	1.8%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Use of Primary Drug	387	87.0%	58	13.0%
(b)(3) Enabling Children to Thrive	Social/Family	No Children Living Elsewhere and Parental Rights not Terminated	377	84.7%	68	15.3%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment	Employment Status	93	20.9%	352	79.1%
(b)(4) Freeing Women and their Families from Substance Abuse	Social/Family	Social Support ≥ 8 days	350	78.7%	95	21.3%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Medical/Physical Health	No Medical Problems in Past 30 Days	378	84.9%	67	15.1%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	AOD Use	No Use of Primary Drug	387	87.0%	58	13.0%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Mental Health	No Emergency Services Used for Mental Health Needs in Past 30 Days	430	96.6%	15	3.4%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Social/Family	Stable Housing	225	50.6%	220	49.4%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	Social/Family	No Children Living Elsewhere	234	52.6%	211	47.4%

**Number of Discharges for whom Cal-OMS Discharge Data were Available N=445

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As shown in Table 2, for the 445 women for whom CalOMS Tx discharge data were available:

- Almost 90% of the women reported no family conflict 30 days prior to their discharge.
- All but 8 of the women reported no needle use 30 days prior to their discharge.
- 87% of the women reported no substance use 30 days prior to their discharge.
- About 85% of the women reported that their parental rights were not terminated.
- Around 21% of the women reported being employed at the time of their discharge.
- Almost 80% of the women reported an increase in social activities and contacts for a minimum of eight days within 30 days prior to their discharge.
- Approximately 85% of the women reported at discharge there were no medical problems in the past 30 days.
- 87% of the women reported at discharge there was no primary drug use.
- All but 15 of the women reported at discharge there were no emergent mental health needs in the past 30 days.
- About half of the women reported at discharge they were in stable housing.
- About half of the women reported at discharge that their children were not living with others.

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, per self-report. 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 HSC 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 HSC goal and objective.
 - The HSC 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 survey reports, as well as the CalOMS Tx data, indicate that the WCRTS program appears to be having a positive impact on program participants, though there is a notable amount of missing CalOMS Tx data, which may be causing a positive bias in the outcomes data. DHCS will continue to monitor program goals and client outcomes, as described in HSC §11757.65, 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 through the use of the new survey collaboration process. These efforts remain a high priority for DHCS as the Department continually seeks to enhance services for pregnant and parenting women with substance use disorders.

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Appendix

Cal OMS 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.	<i>How many days in the past 30 days has the client had serious conflicts with members of their family?</i>	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.	<i>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</i>	Numeric value from 0-30; client declined to state; client unable to answer.

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CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
		<i>friend support of recovery?</i>	
Current Living Arrangements	This field identifies the client's current living arrangements.	<i>What is the client's current living arrangement?</i>	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.	<i>Number of days the client's children age 17 and under are living with someone else because of a child protection court order?</i>	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.	<i>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?</i>	Numeric value from 0-30; client declined to state; client unable to answer.

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CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
Primary Drug Frequency	This field is used to record the frequency of use for the primary drug.	<i>How many days in the past 30 days has the client used their primary drug?</i>	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.	<i>How many days has the client used needles to inject drugs in the past 30 days?</i>	Numeric value from 0-30; client declined to state; client unable to answer.
Employment/Education Life Domain			
Employment Status	This field is used to record the client's current employment status	<i>What is the client's current employment status?</i>	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

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CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
			labor force (not seeking)
Enrolled in Job Training	This field is used to record whether the client is currently enrolled in job training.	<i>Is the client currently enrolled in a job training program?</i>	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.	<i>How many days in the past 30 days has the client experienced physical health problems?</i>	Numeric value from 0-30; Client unable to answer
Mental Health Life Domain			
Mental Health ER Use	This field indicates whether the client has visited the emergency room for mental health needs in the last 30 days.	<i>How many times in the past 30 days has the client received outpatient emergency services for mental health?</i>	Numeric value from 0-30; Client unable to answer