Department of Health Care Services

Women and Children's Residential Treatment Services Program

Annual Report to the Legislature

January 2021

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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 (PPW) in residential substance use disorder (SUD) treatment settings. The four primary goals are:

1. Demonstrate that alcohol and other drug (AOD) 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 2016-17 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 2019-20 programmatic data. An analysis of FY 2016-17 CalOMS Tx client data and FY 2019-20 programmatic data reported to DHCS by the WCRTS programs confirms that all programs achieved the required goals and outcomes.[1]

[1] San Francisco and Los Angeles Counties transitioned WCRTS funding to new providers in FY 2018-19. FY 2017-18 allocation/expenditure and CalOMS TX data and FY 2019-20 WCRTS survey programmatic data are for separate providers.

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, the 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. 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 2016-17 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 2016-17, WCRTS expenditures varied across the counties as follows:

- Alameda, San Diego, San Joaquin, and San Francisco County expended their annual WCRTS allocation.
- Los Angeles County and Marin County did not expend their entire annual WCRTS allocation.

Table 1. Annual Allocation and Expenditures by County, FY 2016-17

County	FY 2016-17 Allocation	FY 2016-17 Expenditures
Alameda	687,665.00	687,665.00
Los Angeles	2,132,488.00	2,062,441.00
Marin	728,485.00	505,309.00
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**	**4,921,930.00**

WCRTS Programmatic Survey Results – FY 2019-20

According to HSC §11757.65 (c), DHCS is responsible for collaborating with the counties to complete the annual WCRTS 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 the incorporation of physical health, mental health, and social services for women and children in a residential program. The six counties reported the WCRTS programs provided women and their children with referrals to medical and mental health care, including referrals to for obstetrics and gynecological (OBGYN) exams. Additional services included, but were not limited to: prenatal care, housing, food, and linking the women to other providers for services. The six counties reported their WCRTS programs provided comprehensive screenings and intake assessments which assisted with the identification and mitigation of various areas of need for PPW in recovery. All six counties indicated that they provided social services directly and/or through external program contracts. These social service programs also provided linkages to counseling services for trauma, domestic violence, family issues, and sex trafficking. WCRTS providers also referred women and their children to mental health services, medical and dental care, and children's health services at neonatal and pediatric clinics.

All WCRTS programs provided case management services to help women navigate systems such as: child welfare, probation, and/or collaborative courts. Upon intake, clients receive medical assessments, comprehensive physical exams and mental health evaluations by trained staff and clinicians. Case management services are offered to all clients in the WCRTS programs to ensure the physical and mental health, along with social service needs, are maintained. All WCRTS programs provided a variety of evidence-based behavioral health practices such as: psychotherapeutic services,

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, San Diego County provides on-site behavioral health services and reported their clinical department provided a total of 2,080 individual mental health therapy sessions to clients in FY 2019-20. Additionally, multiple WCRTS programs indicated working collaboratively with medicated assistance treatment programs, also known as MAT.

The WCRTS program also eliminated childcare barriers for women to receive services by providing childcare at no cost in all six counties. Childcare in a WCRTS program may be offered in the following methods: an on-site parent cooperative, in partnership with a local licensed childcare facility, or as a licensed childcare program. On-site parent cooperatives are often a childcare service coupled with mother/child habilitative services. For example, Alameda County reported that residents completed weekly shifts at the provider's on-site Child Enrichment Program, in which residents practiced appropriate parenting skills with real-time feedback from counselors and child development specialists. San Diego County is the only WCRTS County with an on-site licensed childcare facility. A total of 338 children were provided with childcare services in all six counties' WCRTS programs.

All six counties indicated they incorporated services for children beyond child care to improve overall treatment outcomes for women, children, and the family unit as a whole, including providing care coordination with child welfare services within their county and with other community providers. These additional services may have included referrals to: First 5, the Help Me Grow Program, and developmental services for children. In addition, children in the WCRTS programs received counseling, play/art therapy and other age-appropriate therapeutic interventions. All six counties also reported providing comprehensive psychoeducation to women to assist with parenting. The comprehensive psychoeducation included: evidence-based parenting classes, domestic violence prevention and healthy relationship courses, mother-baby bonding classes, and family skills courses.

All counties' WCRTS programs collaborated with child welfare programs to reunify mothers with their children, when applicable. Reunification has shown to increase clients' confidence in parenting and problem solving within a family unit. Counselors and child development specialists also provided services and skill based opportunities to help children thrive, including feeding-techniques, trauma-informed parenting, and guidance regarding mother-child bonding. For example, San Diego County reported that children of clients were provided with biofeedback therapy, neurodevelopmental and psychological testing if necessary. Alameda County reported they collaborated with the Services to Enhance Early Development (SEED) program to provide medical and behavioral health services to children and their families. The SEED program provided women and children

in the WCRTS program with the following services: consultations with child welfare and juvenile court staff, social and emotional assessments, infant-parent psychotherapy and comprehensive support through home visits and weekly team meetings that promoted cross discipline discussions.

Research shows that longer stays in treatment lead to outcomes that are more successful. Alameda County indicated that residents that remained in treatment for 6-12 months had better outcomes, because women developed parenting skills they lacked upon admission and obtained necessary support in achieving educational and vocational goals. Los Angeles County reported women who remained in treatment for 6-12 months demonstrated more attentiveness to their children's needs, had greater understanding of how to communicate with their children and how to respond appropriately. Los Angeles County indicated that parental guidance and discipline improved, and became less corporal, as mothers developed more insight into parenting effectively. Longer stays provided more time for mothers to be reunited with children who may have not been in their care. Longer stays also provided a safe and structured environment for women and their newborns. Women with longer stays showed more investment in their recovery, obtaining sponsors, and building a positive network of support in their community. Marin County shared that they did not have any clients in residence for six months or longer.

All WCRTS programs reported providing women and children with a variety of resources and linkages to community based services. Beyond residential treatment, PPW were provided with educational opportunities and skills-based programming geared towards supporting their sustained recovery and growth within their communities. Alameda County reported that stable and affordable housing options were provided to women post treatment from a variety of local community based agencies and government programs. San Joaquin and Alameda County noted that their WCRTS programs provided support for educational and vocational attainment.

All six counties successfully provided WCRTS programming during the COVID-19 response; however, some counties reported a decrease in referrals to treatment and a decrease in clients' length of stay. In FY 2019-20, the average length of stay in WCRTS programs was 86 days. The COVID-19 response and state mandated physical distancing requirements led to a reduction in the number of available beds in some programs. Despite challenges related to the COVID-19 response, WCRTS providers prioritized collaboration with local child welfare agencies for women in the WCRTS program. San Joaquin and Alameda County reported child-parent visitations were conducted via Zoom, in partnership with local Child Protective Services. Counties also reported that procedures were implemented in alignment with the COVID-19 response and state guidelines, such as increased sanitation and social distancing.

Program Outcomes

All six counties indicated they met the outcome of preserving family unity by providing comprehensive family services, which included family educational groups and habilitative services, in partnership with local child welfare agencies. All counties reported providing therapeutic interventions, individualized parenting plans and curriculum geared towards successful reunification of parents and children, when applicable.

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 women with transportation to prenatal appointments. Counties also provided parenting/family related education, counseling services, and dietary/nutritional and health education classes.

All six counties reported they met the objective of enabling children to thrive and freeing women and families from substance abuse by linking women to the Women, Infants, and Children federal program, also known as WIC, offering food assistance, providing women and children with referrals and transportation to medical and behavioral health services and providing parenting groups. Counties also indicated that outcomes were met by providing educational classes on substance abuse, co-dependency and healthy relationships.

Client Outcomes at Discharge

The CalOMS Tx system collects outcome data measures at the time of the recipient's admission and discharge. These CalOMS Tx measures, along with the percentage of administrative discharges, can be used to measure and compare service recipient outcomes across multiple years.

There are substantial variations in the percentage of "administrative" discharges found across years, counties, and specific treatment service types. Administrative discharge is 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 all the necessary service recipient functioning data to measure outcomes.

In general, it is reasonable to assume that the outcomes for service recipients discharged administratively would be less favorable than for those who complete their program on a planned discharge. Thus, generalizing outcomes from only treatment service recipients with standard discharges (from the service recipients with planned discharges) creates a positive bias. This methodology was used in the previous reports. However, counties with larger percentages of administrative discharges may appear to produce more positive outcomes, since administrative discharges were excluded from calculating outcomes.

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 reflect the first use of the revised methodology. Prior to the Alcohol & Drug program being absorbed by DHCS, the former County Alcohol & Drug Program Administrators Association of California (CADPAAC) was also in agreement with this methodology for calculating client outcomes.

For the six counties participating in the WCRTS program that were operational during FY 2016-17, 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 2016-17, there were approximately 848 clients served by the six counties that participated in the WCRTS program. CalOMS Tx discharge data was missing for 337 clients (i.e., 39.7% missing data). Given the change in methodology from the previous use, a year-to-year comparison was excluded in this report. Table 2 reflects outcomes for the total 848 clients (511 for whom CalOMS Tx data was available and 337 clients for whom data was missing.

Table 2. Client Outcomes at Discharge, FY 16-17

Women and Children's Residential Treatment Services Program

California Health and Safety Code § 11757.65	CalOMS Tx Domain	Outcome Measure	Discharges Meeting Desired Criteria		Discharges Not Meeting Desired Criteria		Administrative Discharges (Missing Data)	
			n	%	N	%	n	%
(a)(2)(A) Demonstrate AOD Services Improve Treatment Outcomes	AOD Use	No Use of Primary Drug	437	51.5%	74	8.7%	337	39.7%
	Social/Family	Stable Housing	247	29.1%	264	31.1%	337	39.7%
		No Children Living Elsewhere	285	33.6%	226	26.7%	337	39.7%
	Medical/Physical Health	No Medical Problems	428	50.5%	83	9.8%	337	39.7%
	Mental Health	No Emergency Services for Mental Health	491	57.9%	20	2.4%	337	39.7%
(b)(1) Preserving Family Unity	Social/Family	No Family Conflict in the past 30 days	468	55.2%	43	5.1%	337	39.7%
(b)(2) Promoting Healthy Pregnancies	AOD Use	No Needle Use	496	58.5%	15	1.8%	337	39.7%
		No Use of Primary Drug	437	51.5%	74	8.7%	337	39.7%
(b)(3) Enabling Children to Thrive	Social/Family	Parental Rights not Terminated	434	51.2%	77	9.1%	337	39.7%
(b)(4) Freeing Women and their Families from Substance Abuse	Employment	Employment Status	91	10.7%	420	49.5%	337	39.7%
	Social/Family	Social Support ≥ 8 days	416	49.1%	95	11.2%	337	39.7%

As shown in Table 2, below is a summary of the findings:

- About 52% of the women reported no use of a primary drug at discharge.
- Approximately 55% of the women reported no family conflict at discharge.
- 15 of the 848 women reported intravenous drug use at discharge.
- Around 52% of the women reported that their parental rights were not terminated.
- Nearly 11% of the women reported being employed at discharge.
- Around 49% of the women reported a minimum of eight days of social support recovery activities within 30 days prior to their discharge.
- Approximately 50% of the women reported at discharge that they did not experience medical problems in the past 30 days.
- Nearly 58% of the women reported at discharge that they did not experience emergent mental health needs in the past 30 days.
- About 29% of the women reported that they were in stable housing at discharge.
- About 34% of the women reported that their children were not living with others at 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 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 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 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. 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 PPW with substance use disorders.

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.	*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.
Current Living Arrangements	This field identifies the client's current living arrangements.	*What is the client's current living arrangement?*	Homeless; Dependent; Independent

CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
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.
Employment/Education Life Domain			

CalOMS Tx Data Element	Explanation of Data Element	Question asked at admission and discharge	Values
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
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.	*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