



Fact Sheet

Parents in Treatment



The data in this fact sheet is based on admissions and discharges from publicly funded treatment services in California during the 2006 calendar year as reported in the California Outcomes Measurement System (CalOMS) unless otherwise stated.

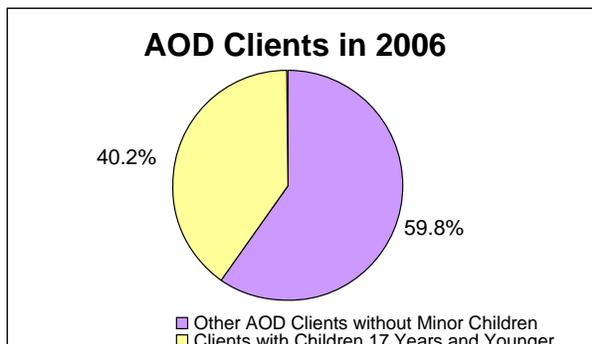
"Every child will live in a safe, stable, permanent home, nurtured by healthy families and strong communities." This is the first of the five major goals established by the Department of Health and Human Services, the Agency to which the Department of Alcohol and Drug Programs (ADP) reports.

When parents of children are treated for their AOD problems and addictions, they are given tools to improve their lives and the lives of their children. This fact sheet shows that treatment works for families in California. Parents respond positively to treatment and make changes to improve the environment in which their children live. There were demonstrated improvements in parental custody, criminal justice involvement, living arrangements, employment, family harmony, and use of support systems. It is clear that progress is being made and that a steadily increasing number of parents are making a better life for their children.

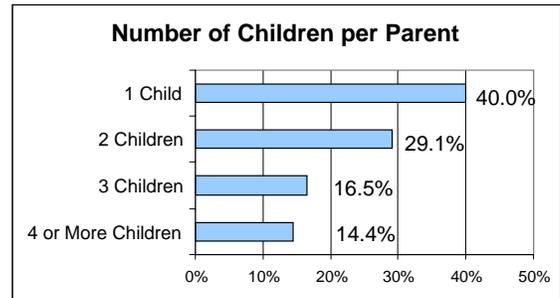
The following statistics provide some insight into how treatment works and how ADP works toward the goal of creating a better environment for children.

Characteristics of Parents in Treatment

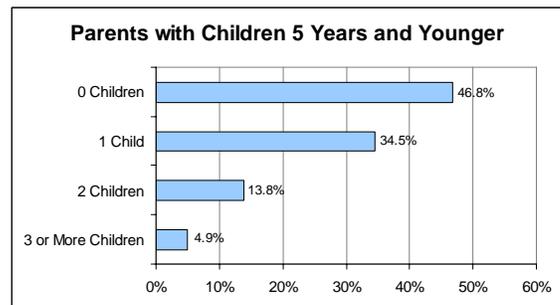
- There were 214,614 admissions to publicly funded AOD treatment in 2006. Of these admissions, 86,201 or 40.2 percent were parents of children aged 17 years and younger.



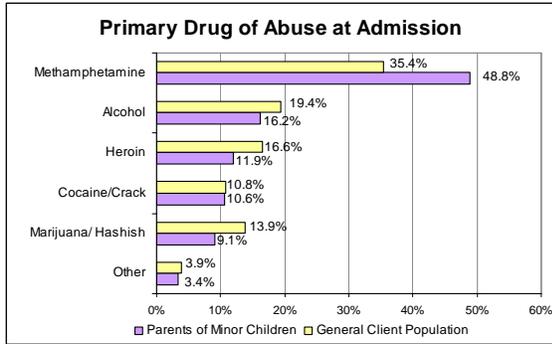
- Forty percent of parents (34,493) had one child while 60 percent (51,708) had two or more children aged 17 years and younger.



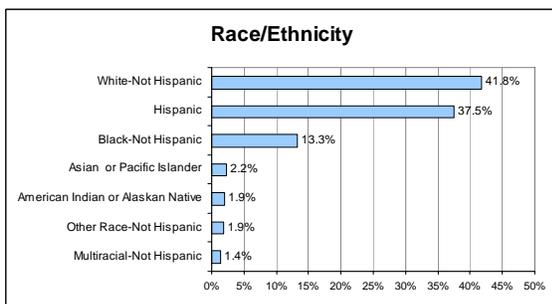
- Fifty-three percent (45,860) of the 86,201 parents had children aged five years and younger. Of the total, 29,754 (34.5%) had one child, and 16,106 (18.7%) had two or more children aged five years and younger.



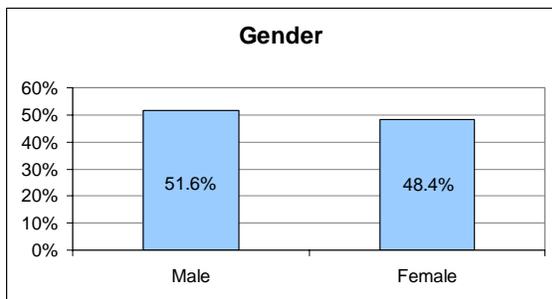
- The chart on the next page shows the primary drug of abuse of parents in treatment compared to the general CalOMS treatment population. At the time of admission, 49 percent of parents in treatment reported that methamphetamine was their primary drug of choice compared to 35 percent of the general client population. Alcohol was the second most commonly reported drug by both parents and non-parents.



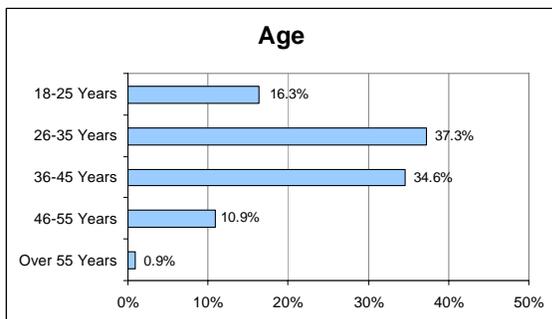
- The chart below shows the percentage of parents in each race/ethnic category.



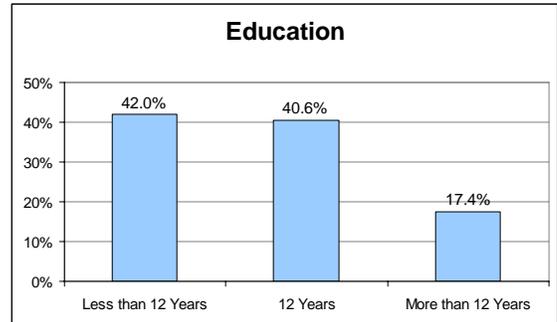
- In 2006, there were slightly more male parents in treatment than female parents.



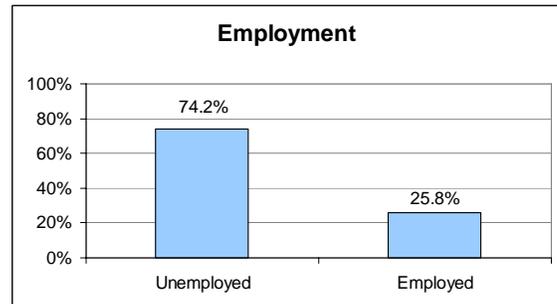
- There were more admissions in 2006 for parents in age groups 26 to 35 (37.3%) and 36 to 45 (34.6%) than parents less than 25 and more than 46 years of age.



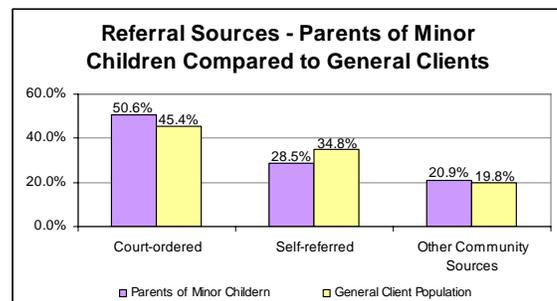
- Of the 86,201 parents in treatment, 82.6 percent had 12 years of education or fewer while 17 percent had more than 12 years of school at the time of admission.



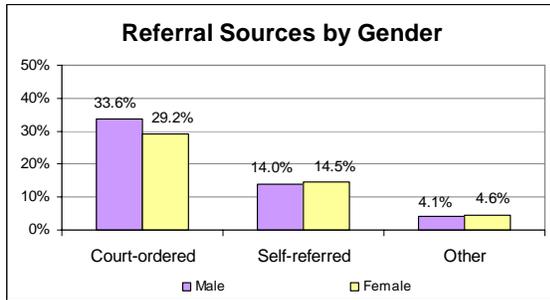
- Most parents (74.2%) in treatment were unemployed at the time of admission.



- Sources of referral to treatment for parents compared to non-parents are shown in the chart on the next page. Sources of referral are: self-referral, court-ordered such as a referral to treatment under the Substance Abuse Crime Prevention Act (SACPA), and referral from other community programs. Parents were referred to treatment by court-order at a higher rate (50.6%) than the general CalOMS treatment population (45.4%). More non-parents (34.8%) referred themselves to treatment than parents (28.5%).



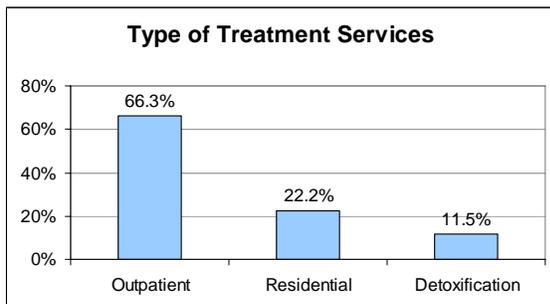
- More male parents (33.6%) were referred to treatment by court order than female parents (29.2%).



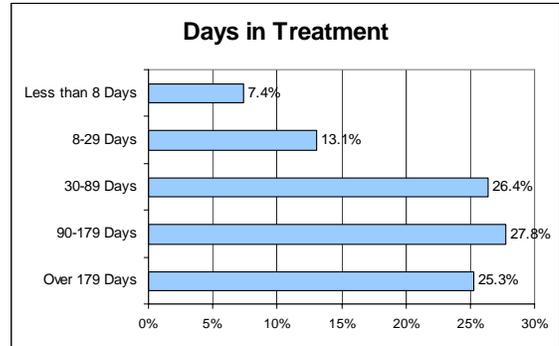
Utilization of Treatment Services

Of the 86,201 parents admitted in 2006 for AOD treatment, 44,581 were discharged as of July 2007 and 41,620 parents continued in treatment. The remainder of this fact sheet relates to the 44,581 parents who were discharged from treatment.

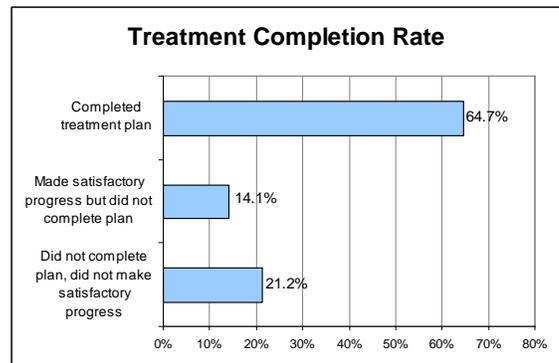
- Treatment services include group and individual counseling in residential, outpatient, and narcotic replacement therapy programs. Most parents (66%) received outpatient services.



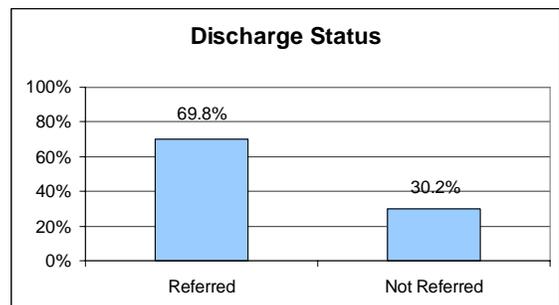
- The majority of parents (53%) spent over 90 days in treatment. A period of 90 days is widely cited as the minimum length of stay before treatment is likely to have a beneficial effect. Another 26 percent completed 30 to 89 days of treatment while the remaining 13 percent spent 29 days or fewer in treatment. A little over seven percent spent fewer than eight days in treatment. Not included in the chart are clients receiving detoxification services which are normally short-term services.



- When clients are discharged from treatment, service providers report their discharge status to ADP. The discharge status indicates whether the client completed their treatment plan or made satisfactory progress. Almost two thirds of parents (65%) completed their treatment and recovery plans and met their goals. Roughly 14 percent made satisfactory progress even though they did not complete their treatment plans. Around 21 percent did not complete their treatment plans nor did they make satisfactory progress.



- More than two thirds (69.8%) of parents discharged from treatment were referred to other services.

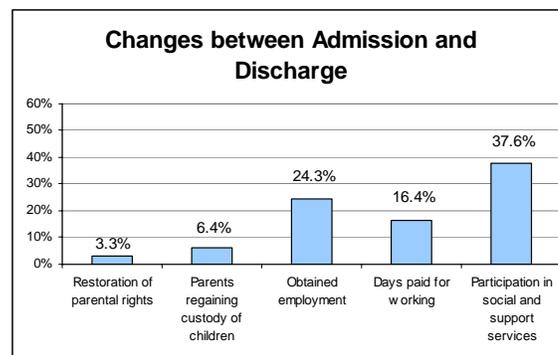
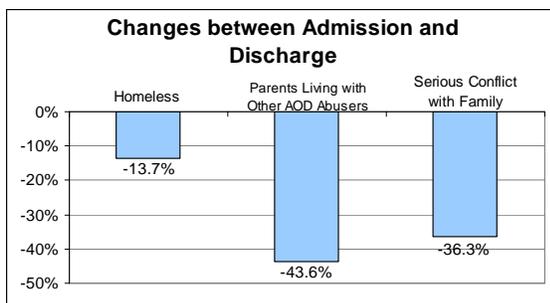


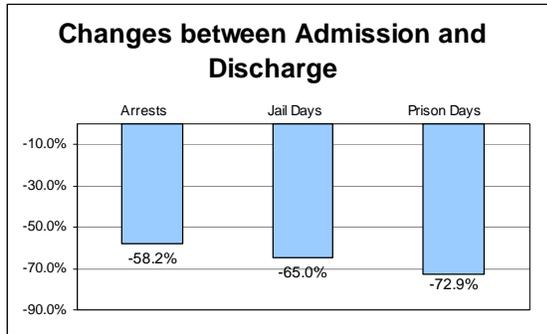
Client Outcomes

The table below summarizes the changes in the lives of parents in treatment between admission and discharge in the selected outcome measures collected in ADP's CalOMS. The information provided by CalOMS measures changes between 30 days prior to admission and 30 days prior to discharge in key life domains in the table below. Sixty-seven percent, or 29,683, of the 44,581 parents discharged from treatment during calendar year 2006, completed a full CalOMS discharge interview.

| Category | Outcome Measures | Status at admission | Status at discharge | Difference between admission and discharge | Percent Change |
|-------------------------|--|---------------------|---------------------|--|----------------|
| Parent Status | Clients with parental rights | 2,484 | 2,569 | 85 | 3.3% |
| | Clients with custody of children | 7,469 | 7,977 | 508 | 6.4% |
| Living Situation | Homeless clients | 5,387 | 4,648 | -739 | -13.7% |
| | Parents living with an AOD abuser | 4,093 | 2,308 | -1,785 | -43.6% |
| Employment | Employed clients | 7,465 | 9,866 | 2,401 | 24.3% |
| | Clients paid for working in last 30 days | 7,632 | 8,886 | 1,254 | 16.4% |
| Family Conflict | Clients reporting serious family conflicts | 4,214 | 2,683 | -1,531 | -36.3% |
| Criminal Justice | Arrests | 4,367 | 1,825 | -2,542 | -58.2% |
| | Jail days | 5,336 | 1,868 | -3,468 | -65.0% |
| | Prison days | 778 | 211 | -567 | -72.9% |
| Support Services | Participation in social support services | 15,664 | 21,554 | 5,890 | 37.6% |

The percent changes (from last column of the above table) in the key life domains for parents in treatment are displayed in the charts below and on the next page.





Conclusions

The outcome results presented on the previous page and the charts above show meaningful changes in the lives of parents and their children that take place during treatment.

- More parents obtained housing for themselves and their children. As a result, more children were off the street and in a better housing situation.
- Fewer recovering parents were living with other AOD users. When parents are not living with another AOD abuser, relapse is less likely to occur and children are in a more positive and safe environment.
- The incidence of serious family conflicts declined, thereby creating a more stable home environment for children.
- Contact with the criminal justice system fell significantly. As a result, parents had more time for their children.
- Parents regained custody and parental rights of their children after treatment, which allowed family units to be restored.
- After treatment, more parents obtained employment and were paid for working, thereby improving the economic well-being of themselves and their children.
- Parents participating in social support and recovery services are more likely to remain abstinent from AOD use, creating a safer and healthier environment for their children.