



# California Alcohol & Other Drug (AOD) Treatment Report: Fiscal Year (FY) 2007-08



This report contains data on admissions to treatment opened and discharges from treatment closed from July 1, 2007 through June 30, 2008 (FY 2007-08). The data in this report are from the California Outcomes Measurement System – Treatment (CalOMS-Tx). For additional information on CalOMS-Tx data collection, refer to the *CalOMS-Tx Data Collection Guide* or the *CalOMS-Tx Data Dictionary*, available on the CalOMS-Tx web page at <http://www.adp.ca.gov/CalOMS/CalOMSmain.shtml>.

The Department of Alcohol and Drug Programs' (ADP) mission is to lead efforts to reduce alcoholism, drug addiction and problem gambling in California by developing, administering and supporting prevention, treatment, and recovery programs. Our vision is that Californians understand that alcoholism, drug addiction and problem gambling are chronic conditions that can be successfully prevented and treated.

The following data come from CalOMS-Tx, through which ADP collects demographic and treatment outcome data from all publicly funded and ADP-licensed AOD treatment programs. Outcome data is collected from clients by treatment providers and includes the following life areas: alcohol/drug use, criminal involvement, employment/education, family/social, mental health, and physical health. These data are collected at admission, on the one-year anniversary date of admission (for those in treatment one year or more), and at discharge.

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### CalOMS-Tx Data Considerations

This report contains treatment admission, discharge, and outcome data from CalOMS-Tx. There are 83 different data elements collected in CalOMS-Tx. There are three different points in time data CalOMS-Tx data is collected from treatment clients at:

1. Admission to treatment – data is collected within seven days of the first treatment service. All 83 CalOMS-Tx data elements are collected at this time.
2. Annual update – this applies only for clients who have been in the same type of service, in the same program for twelve months or more. The first annual update is collected on the one year anniversary date of the admission, and is collected annually thereafter until the client leaves the program. Treatment outcome data is collected again from clients.
3. Discharge from treatment – clients available to answer CalOMS-Tx questions are interviewed at the time of discharge. For clients who leave treatment against the program's advice or due to other circumstances such as death, the provider completes and abbreviated discharge records.

This report does not contain annual update data.

A portion of the 83 CalOMS-Tx data elements was used to provide the data contained in this report. In addition, many of the data elements used for the following statistics were re-formatted in order to provide summary data or to create useful categories in which to analyze the data. In some cases multiple values of a single data element were summarized into categories. This is exemplified in the primary drug graphs in this report; the twenty values for primary drug were summarized into six drug categories. In

other cases, two CalOMS-Tx data elements were combined to create a single data element. This is exemplified in the graphs for race/ethnicity; race is one CalOMS-Tx data element and ethnicity is a separate CalOMS-Tx data element.

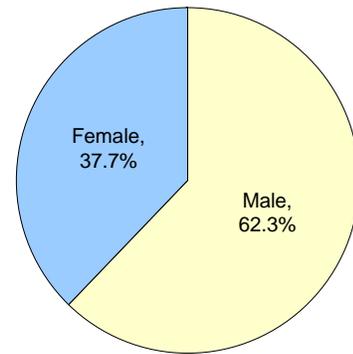
For information on each of the CalOMS-Tx data elements, reportable values, and data collection rules please refer to the documentation cited at the top of this page, on the CalOMS-Tx web page.

### Admission Data

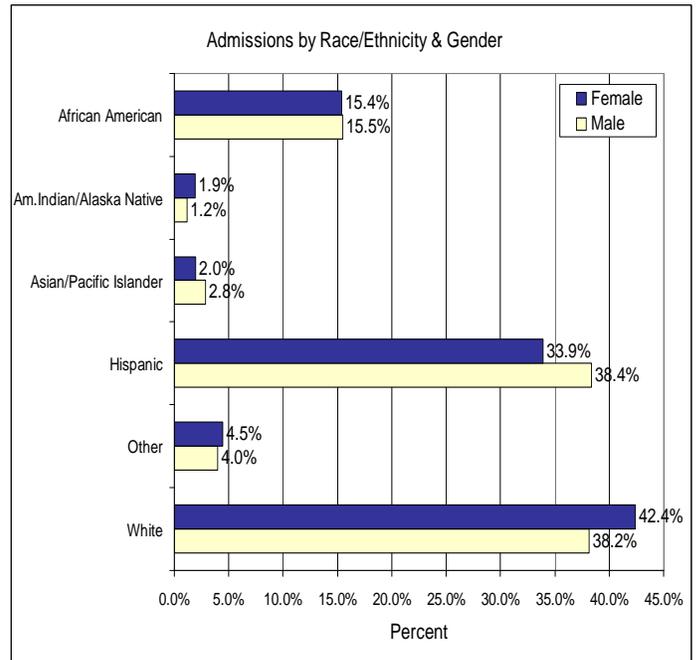
There were 222,345 admissions to treatment opened between July 1, 2007 and June 30, 2008 (FY 2007-08). The number of individuals (clients) admitted to treatment during the year was 174,066 and on any given day there were 115,677 clients in treatment. Clients may have multiple admissions to treatment during a year. This accounts for the difference between the number of admissions and the number of clients. These figures include admissions to outpatient, narcotic replacement, day care rehabilitative, detoxification (detox), and residential services.

The pie chart on the right shows admissions by gender. Clients self report gender by selecting from one of three options: "male," "female," and "other." The largest percent of admissions (116,566 admissions) was for clients identifying as "male." There were 70,518 admissions for clients identifying as "female," and 83 (<1%) admissions for clients reporting "other" for gender.

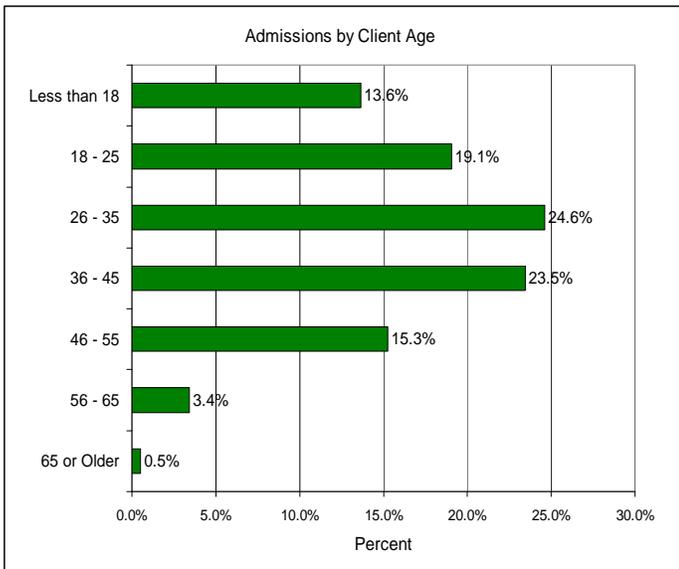
Gender Reported at Admission



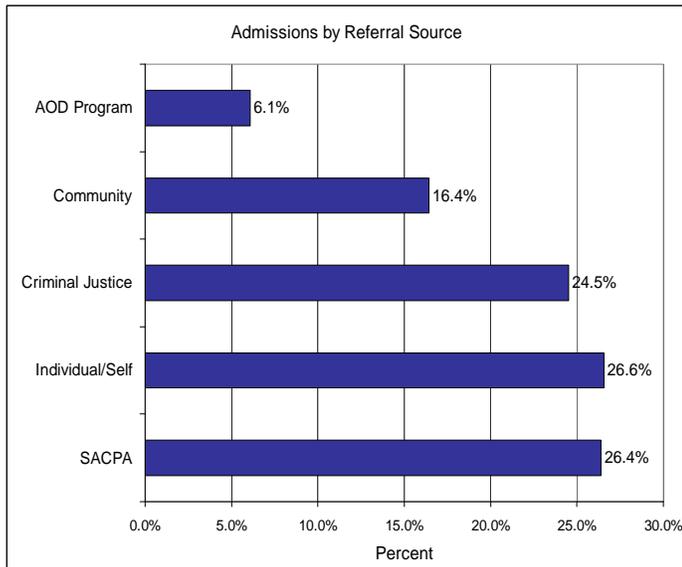
The following graphs in this section provide treatment admission data for the above listed treatment services except detox (35,178 admissions). This is because detox services alone do not constitute complete treatment; such services tend to be short in duration and are often repeated multiple times in a given year. Therefore, including detox admission data would bias demographic characteristics in this report.



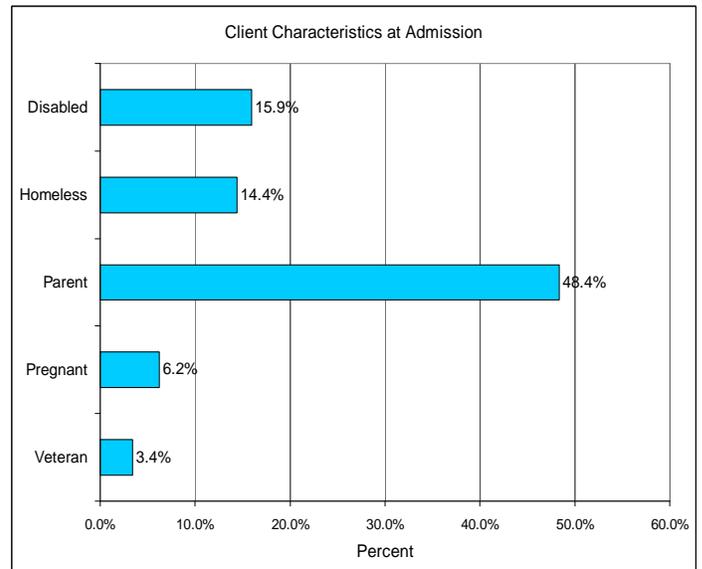
The graph above shows admission percentages by race/ethnicity and gender. The race/ethnic categories shown in the graph above were created by combining values from the race and ethnicity data elements. Most admissions were for clients identifying themselves as either White or Hispanic.



The graph above shows admission percentages by client age at admission. Nearly one-fourth of admissions (24.6%) were for clients 26 to 35 and 23.5 percent were for clients 36 to 45 years old. The third largest age group was clients 18 to 25 years of age (19.1%).



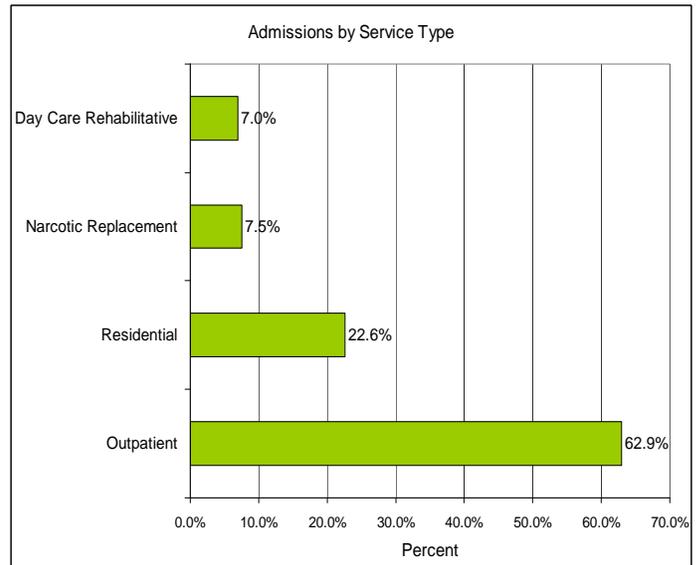
The graph above shows admission percentages by referral source. Half (50.9%) the admissions to treatment resulted from referrals from the criminal justice system; either from the Substance Abuse and Crime Prevention Act (SACPA) or other courts (i.e. drug courts, non-SACPA court/criminal justice, or Driving Under the Influence (DUI) programs). Over a quarter (26.6%) of admissions were for clients referred to treatment by themselves, a relative, or a friend (individual/self).



The graph above provides data on key characteristics of clients:

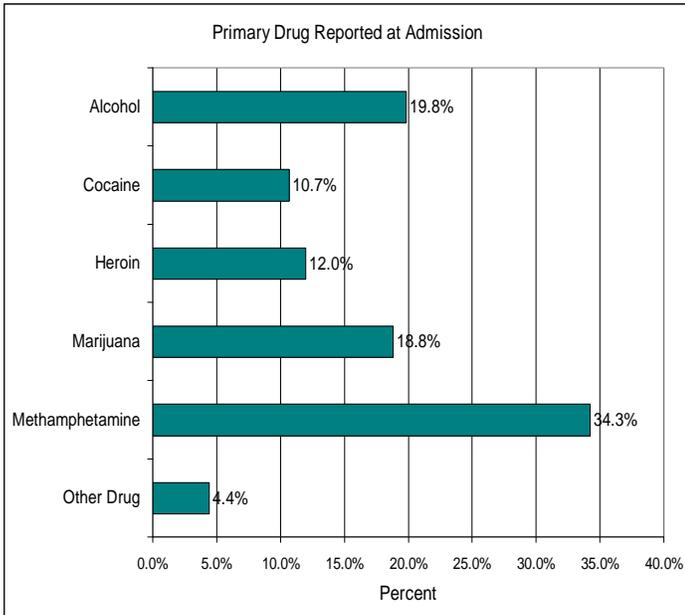
- 48.4 percent of admissions to treatment were for parents of children under the age of 18.
- 15.9 percent of admissions were for clients who reported having one or more disabilities.
- 14.4 percent of admissions were for clients who reported being homeless at admission.

Note: Clients may fit into one or more of the categories above, so percentages do not add up to 100.



The graph above shows the percent of admissions to treatment by type of service. The largest percent of admissions (117,819 admissions) to treatment were for Outpatient (non-detox) services. Of the 187,167

admissions, 22.6 percent were for residential treatment. Seven percent of admissions were for day care rehabilitative services and nearly eight percent (7.5%) were for narcotic replacement therapy.



The graph above shows the highest percent of admissions to treatment was for methamphetamine (34.3%). Alcohol was the second most commonly reported primary drug at admission (19.8%). The third highest reported primary drug at admission was marijuana (18.8%).

For all the “primary drug” graphs in this report, the drug categories collected in CalOMS-Tx have been rolled up to create summary drug categories, defined as follows:

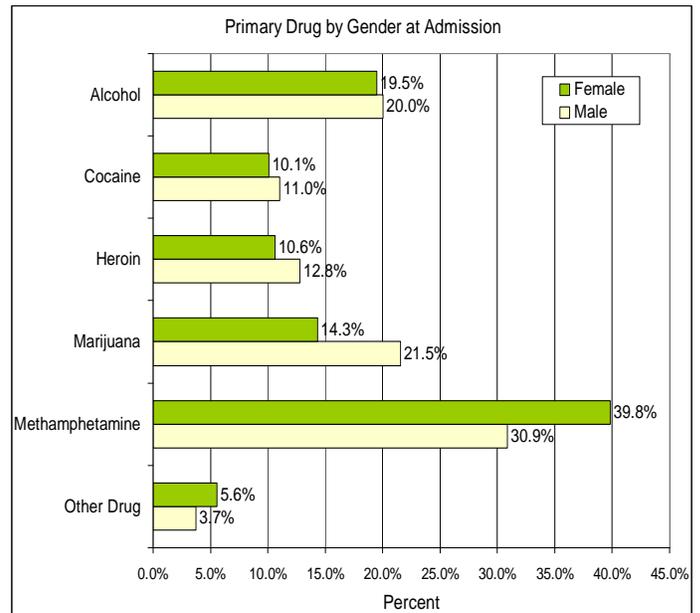
- *Alcohol*: includes only admissions where the primary drug reported was alcohol.
- *Cocaine*: includes only admissions where the primary drug reported was cocaine or crack.
- *Heroin*: includes only admissions where the primary drug reported was heroin.
- *Marijuana*: Includes only admissions where the primary drug reported was marijuana.
- *Methamphetamine*: Includes only admissions where the primary drug reported was methamphetamine.

- *Other Drug*: Includes admissions where one of the following primary drugs were reported: barbiturates, other sedatives/hypnotics, other amphetamines, other stimulants, phencyclidine, other hallucinogens, benzodiazepines, other tranquilizers, non-prescription methadone, oxycontin, other opiates, inhalants, over-the-counter, ecstasy, other club drugs, and other.

### Primary Drug Use by Subpopulation

This section of the report shows the primary drug reported at admission among various subpopulations of the entire treatment population. The subpopulations examined are: gender, race/ethnicity, and age. Each subpopulation comprises a different proportion of the treatment population (187,167).

Each of the following graphs is based on the total number of admissions for a given subpopulation. For example, the graph of primary drug use among Hispanic persons (next page) uses the number of admissions for Hispanic persons (68,685) as the denominator. As the following data demonstrate, the top three primary drugs reported at admission vary when primary drug is examined at the subpopulation level.



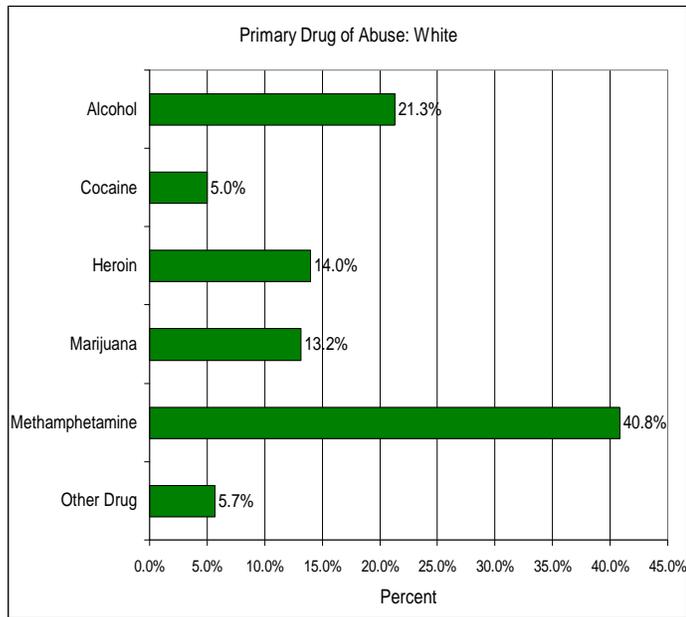
In the graph above admissions for the male treatment subpopulation are compared to admissions for the female treatment subpopulation. Percentages displayed for women

were calculated using the number of admissions for women (70,518 admissions) as the denominator and percentages displayed for men use the number of admissions for men (116,566 admissions) as the denominator.

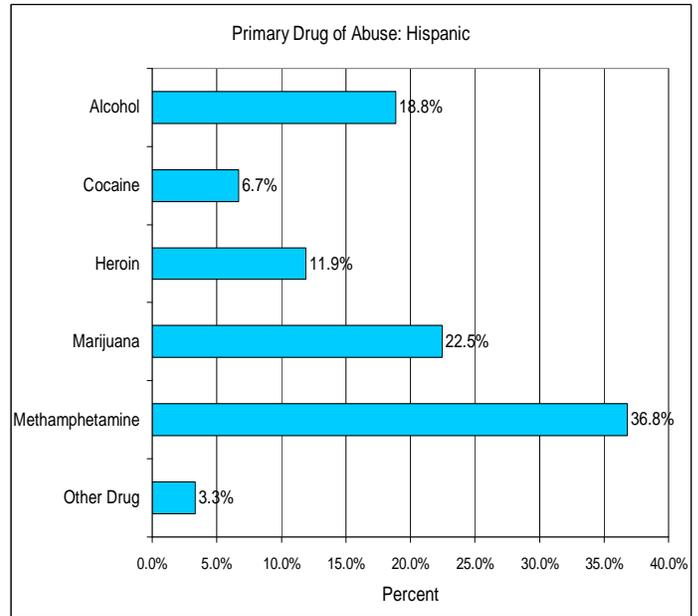
Methamphetamine is the top reported primary drug for both men and women. However, for women, the percent of admissions for methamphetamine is much higher than it is among men; 39.8 percent vs. 30.9 percent, respectively. Marijuana is the second highest primary drug (21.5%) for men. In contrast, the second highest primary drug reported among women is alcohol (19.5%).

Primary Drug Use: Race/Ethnic Subpopulations

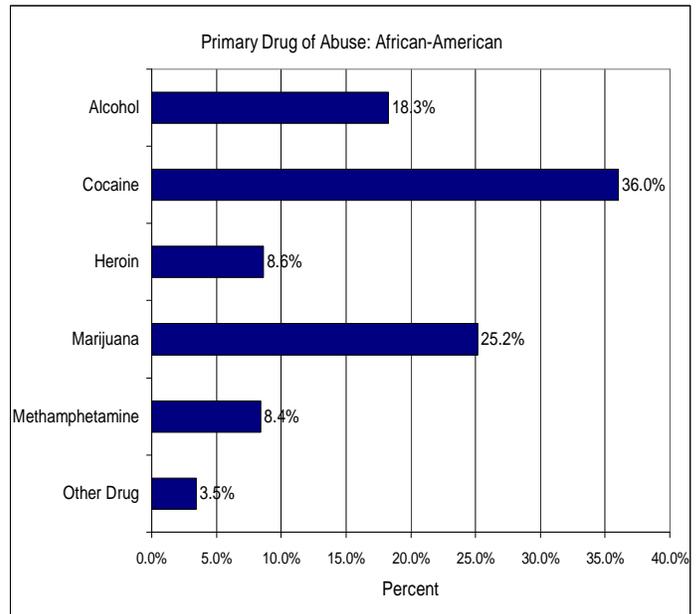
The following graphs provide admissions by primary drug for each race/ethnic subpopulation. Though race and ethnicity are different data fields in CalOMS-Tx, the data from both fields have been combined to create race/ethnic subpopulation groups for the purpose of examining drug use at the race/ethnicity subpopulation level.



The graph above shows the percent of admissions for each primary drug for the White treatment subpopulation (74,379 admissions). Methamphetamine is the number one drug among this group (40.8%), followed by alcohol (21.3%) and heroin (14.0%).

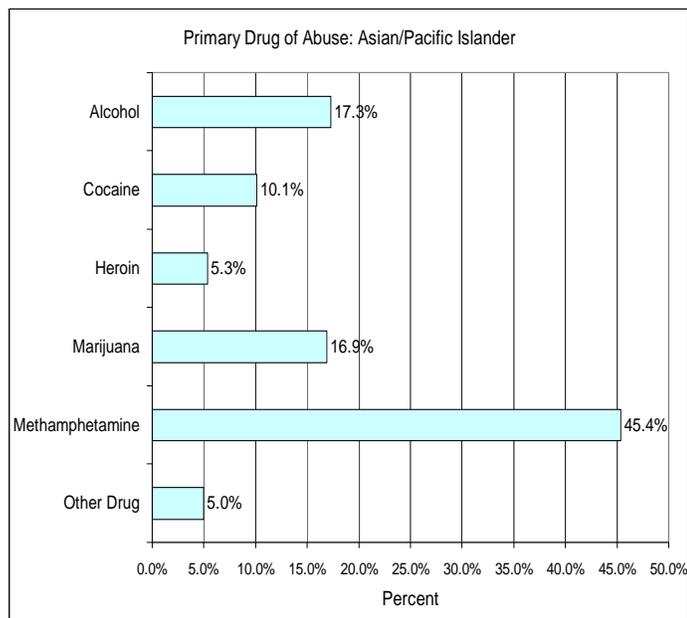


The graph above shows data for the second largest race/ethnic treatment subpopulation, the Hispanic subpopulation (68,685 admissions). Methamphetamine is the number one primary drug among this group at 36.8 percent. In contrast to the White subpopulation, the second primary drug among Hispanics was marijuana (22.5%) followed by alcohol (18.8%).

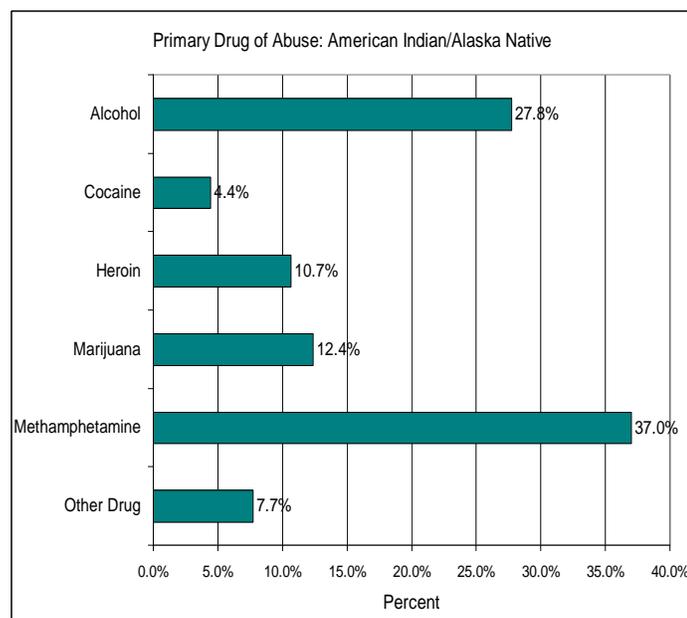


The third largest race/ethnic subpopulation in treatment is African-American (28,923 admissions). The graph above shows the percent of admissions for each primary drug reported by African-Americans at admission to treatment. In contrast to other subpopulations, the number one drug

for African-Americans was cocaine (36.0%), followed by marijuana (25.2%) and alcohol (18.3%).



The graph above shows the percent of admissions by drug among the Asian/Pacific Islander treatment subpopulation (4,696 admissions). The top primary drug for Asians/Pacific Islanders is methamphetamine (45.4%). Compared with other race/ethnic treatment subpopulations, this group has the highest percent of admissions for methamphetamine, followed by alcohol (17.3%) and marijuana (16.9%).

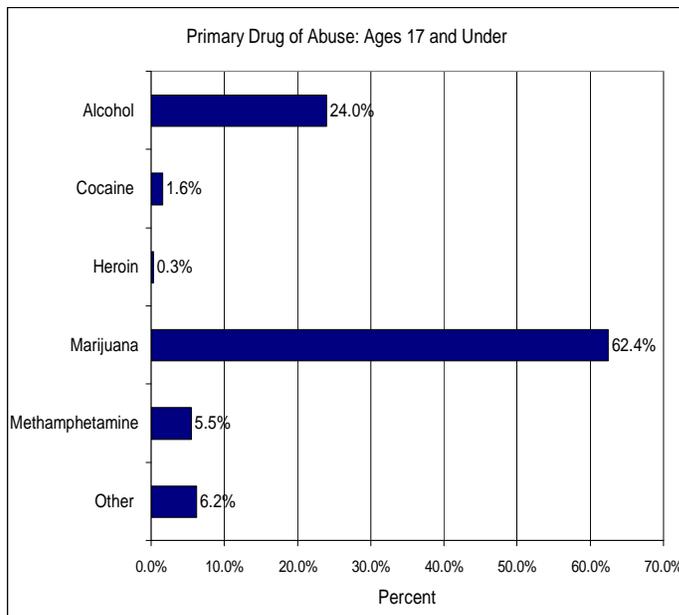


The graph above shows the percent of admissions by drug among the American Indian/Alaska Native treatment

subpopulation (2,717 admissions). Among this group the top primary drug was methamphetamine (37.0%), followed by alcohol (27.8%) and marijuana (12.4%).

Primary Drug Use: Age Subpopulations

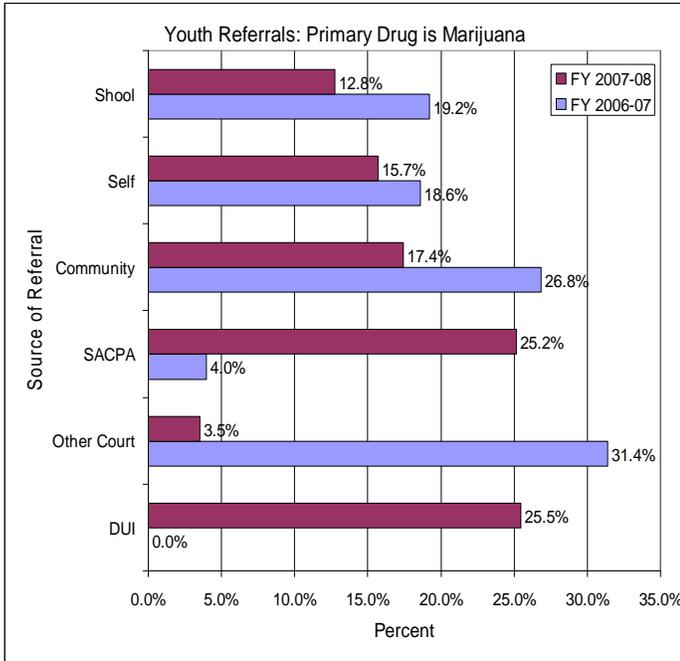
The following graphs provide primary drug use data for various age subpopulations. Client age is calculated using the treatment admission date and the client's date of birth.



Persons 17 and under (youth) represent 13.6 percent (25,528 admissions) of the treatment population for FY 2007-08. This represents a 31% increase in the number of youth admissions from FY 2006-07 (19,434 admissions in FY 2006-07). As the graph above shows, the largest percent of admissions for this treatment subpopulation were for marijuana (62.4%), representing nearly two thirds of admissions for youth. No other treatment subpopulation shows admission percentages this high for a given primary drug.

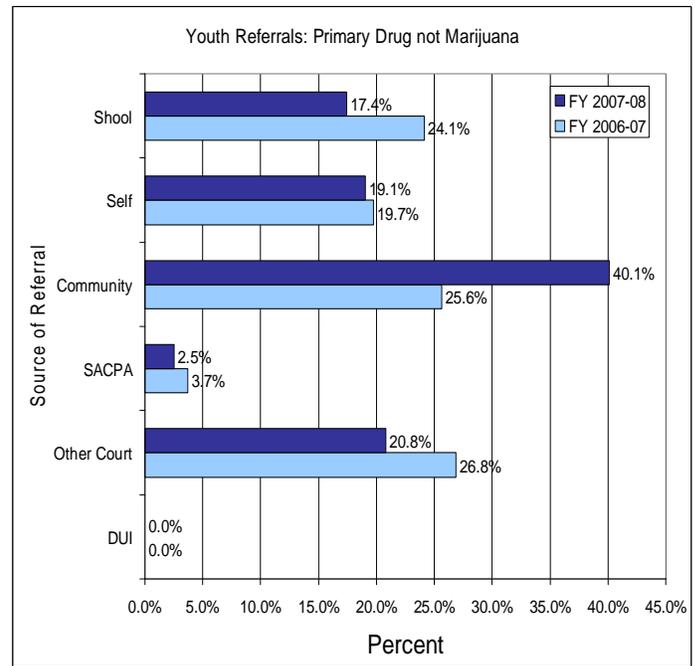
Considering that there were over 6,000 more admissions for youth in FY 2007-08 than in FY 2006-07 and considering that the same percent of admissions (62.4%) was for reported primary marijuana use among youth, while percentages for other drug types changed between the two fiscal years, the reported sources of referral for the youth treatment subpopulations were examined for FY 2006-07 and FY 2007-08. For this purpose, the source of referral categories were defined slightly differently here than for other source of referral graphs shown in this report. In

addition, source of referral percentages reported among youth were calculated for youth admissions where marijuana was the primary drug reported (15,935 admissions in 2007-08) and where the primary drug reported was not marijuana (9,593 admissions in FY 2007-08).



The graph above shows admission percentages by referral source reported by youth in treatment for marijuana. In both years shown the percentages are distributed fairly evenly across the referral sources. For FY 2006-07 the top three reported referrals were: other court (31.4%), community (26.8%), and school (19.2%). Adding up the percentages from criminal justice referrals shows that 35.4 percent of youth admissions for marijuana were from criminal justice referrals (DUI, SACPA, and other courts). So, just over sixty-four percent of referrals were from non-criminal justice referral types.

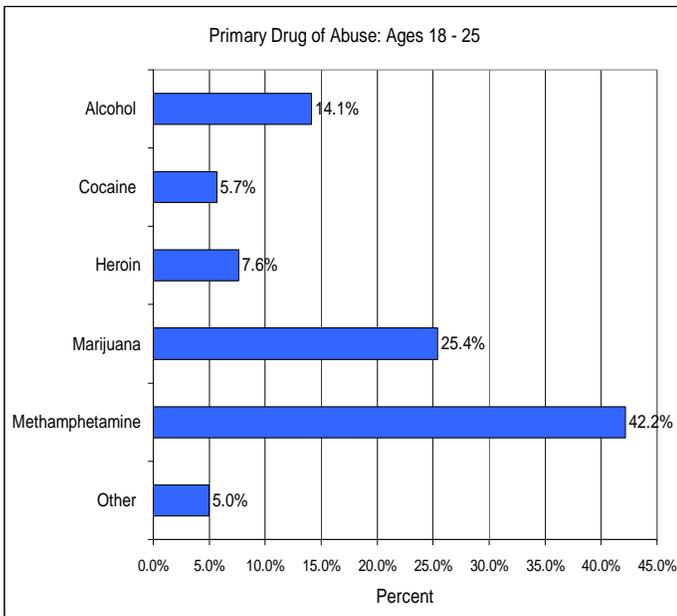
For FY 2007-08 the top three reported referrals for youth reporting their primary drug as marijuana (15,935 admissions) were: DUI (25.5%), SACPA (25.7%) and community (17.4%). However, adding up the percentages from criminal justice referral sources shows that the percent of such referrals for this portion of the youth treatment subpopulation is significantly higher in FY 2007-08 at 54.2 percent of admissions.



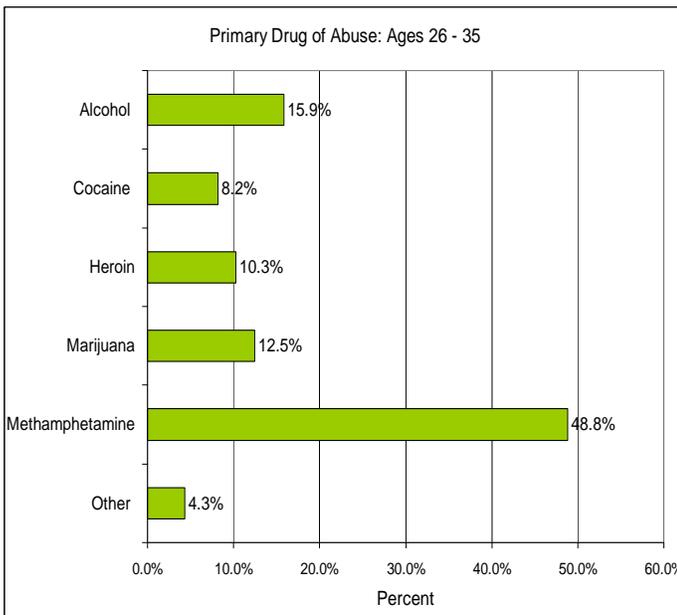
The graph above shows admission percentages by referral source reported for youth in treatment for primary drugs other than marijuana. The top three referral sources reported in FY 2006-07 for youth using drugs other than marijuana were: other court (26.8%), community (25.6%), and school (24.1%). For FY 2006-07 nearly 70 percent (69.4%) of this portion of the youth in treatment subpopulation reported referrals from non-criminal justice sources (schools, themselves/family/friends, or community), while 30 percent reported being referred from criminal justice sources.

In FY 2007-08 the top three referral sources of youth reporting a primary drug other than marijuana (9,593 admissions) were: community (40.1%), other court (20.8%), and self (19.1%). Nearly 77 percent (76.6%) indicated they were referred from non-criminal justice sources and 23 percent reported criminal justice sources of referral.

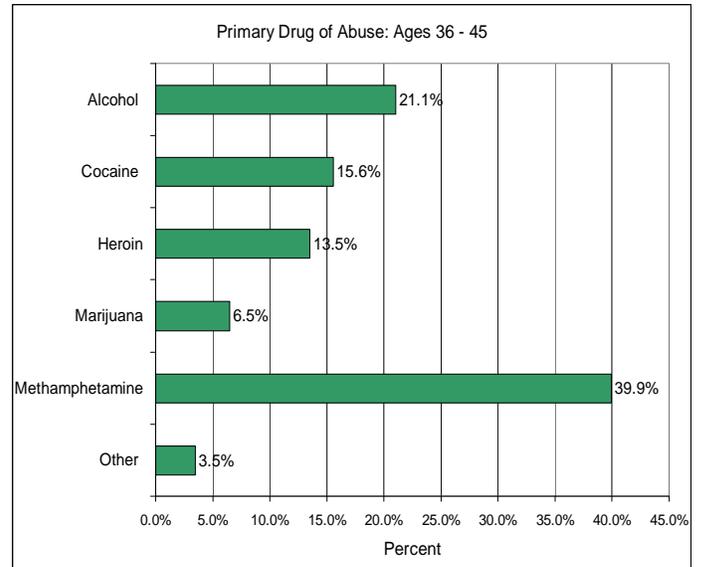
Looking at the source of referral treatment admission data for youth using marijuana vs. youth using drugs other than marijuana it appears that a significant proportion of youth in treatment for marijuana are being referred to treatment from the criminal justice system. In contrast, it appears the majority of referrals for youth in treatment for drugs other than marijuana come from non-criminal justice sources.



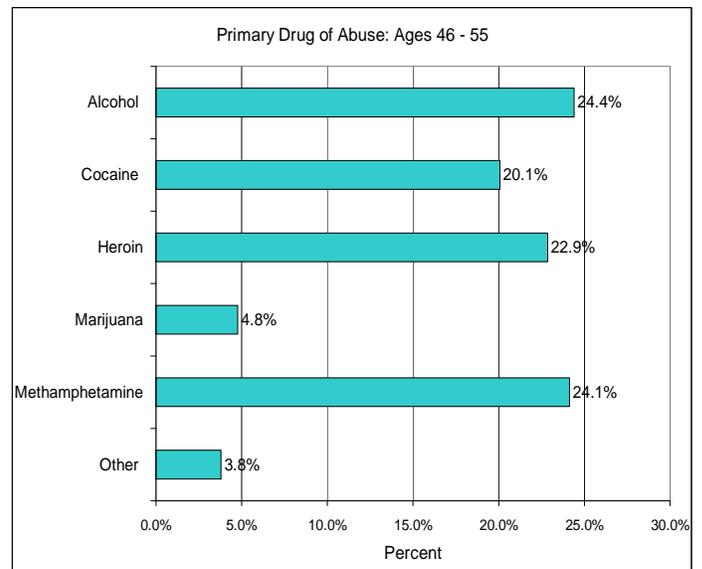
The next age grouping (above) is clients 18 to 25 years old (35,696 admissions). The highest percent of admissions among this group was for methamphetamine (42.2%), followed by marijuana (25.4%) and alcohol (14.1%).



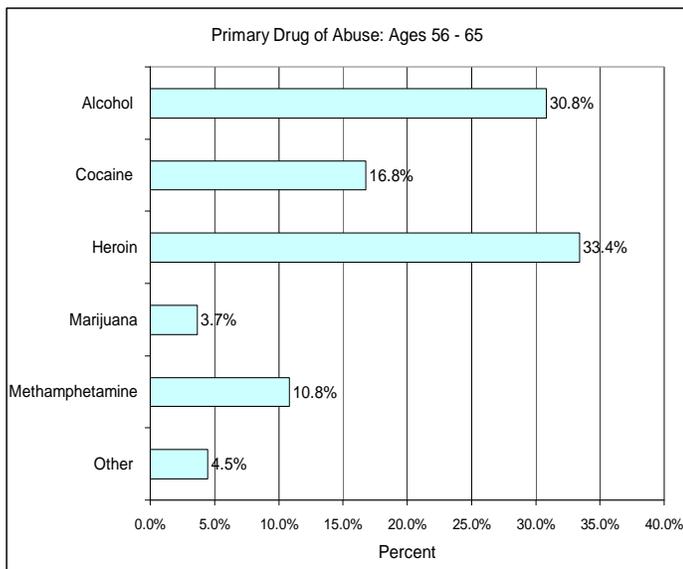
The graph above shows admission percentages by primary drug among clients from 26 to 35 years old. This age group represents 24.6 percent of admissions. As the graph shows the top primary drug for this group is methamphetamine (48.8%). Compared with other age subpopulations, this age group has the highest percent of admissions for methamphetamine. Methamphetamine is followed by alcohol (15.9%) and marijuana (12.5%).



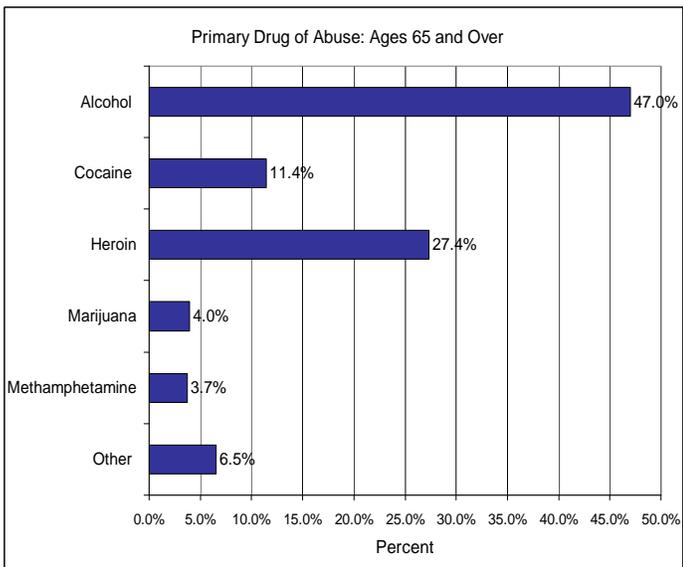
The graph above shows the percent of admissions by drug among adults 36 to 45 years old. This age group is nearly one-fourth (23.5%) of treatment admissions. As the graph shows 39.9 percent of adults between 36 and 45 reported methamphetamine as their primary drug, followed by alcohol (21.1 %) and cocaine (15.6 %).



The graph above shows the percent of admissions for each drug for clients ages 46 to 55 (28,562 admissions). As this graph displays, three drugs were reported in similar proportions: alcohol (24.4%), methamphetamine (24.1%), and heroin (22.9%).



The graph above displays primary drug admissions among persons 56 to 65 years of age (6,443 admissions). Like the under 18 age group, methamphetamine is not among the top three drugs for clients between 56 and 65 years of age. For this group, the top three primary drugs are heroin (33.4%), alcohol (30.8%), and cocaine (16.8%).



The smallest percent (<1%, 936) of treatment admissions was for persons 66 years of age or older (graph above). For this group, the top primary drug was alcohol (47.0%), the second drug was heroin (27.4%), and the third drug was cocaine (11.4%). Though the top three drugs for this group remain the same as in FY 2006-07, the percent of this subpopulation reporting alcohol for their primary drug in FY 2007-08 increased 6.6 percent.

The treatment subpopulation data that have been provided in this section demonstrate the value of looking at data for different subpopulations within the treatment population. As we have seen in the graphs presented, the top three primary drugs are different for each treatment subpopulation.

### Discharge Data

This section provides data related to treatment discharges. During FY 2007-08 there were 196,680 discharges from treatment. There were 158,383 clients discharged from treatment. Like admissions, clients may have multiple discharges in a given year. This accounts for the different between admission counts and client counts

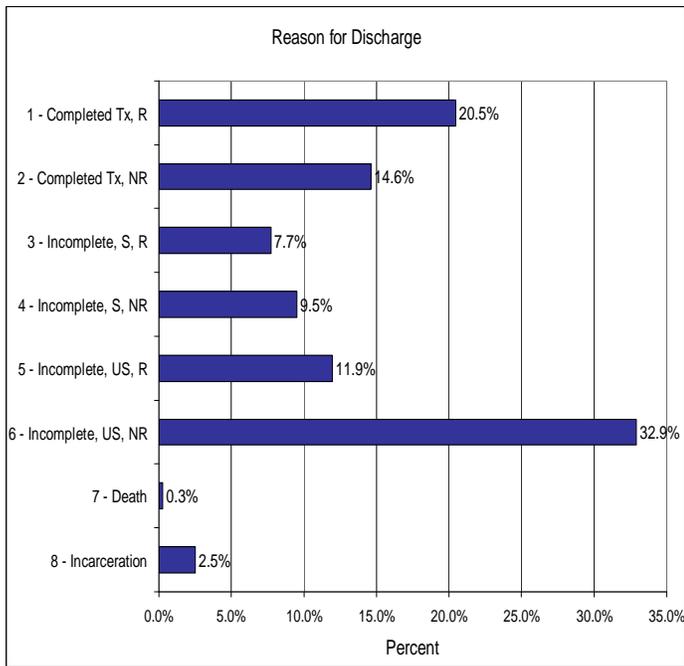
For the following graphs, detox services have been excluded. This is because detox services tend to be short in duration and may be repeated multiple times in a given year. Including detox discharges would bias percentages relevant to treatment length of stay and discharge status. So, the total number of discharges used for the following graphs was 167,199.

The number of discharges is different than the number of admissions. This is because the admission count is obtained by pulling all admissions where the admission date was between July 1, 2007 and June 30, 2008. Discharges are pulled by discharge date; so the discharges included in the following data had a discharge date between July 1, 2007 and June 30, 2008. Depending on the type of service, client needs, and client's progress in treatment, the length of treatment varies from a number of to several years following a treatment admission.

For example, some outpatient service types may last one year or more, so the discharge count could include discharges for admissions submitted last year (FY 2006-07) as well as discharges for admissions submitted this year (FY 2007-08). The following graphs provide demographic and other information obtained from client discharge records.

The graph on the next page, titled *Reason for Discharge*, shows percentages for each of the eight reportable discharge statuses in CalOMS-Tx. Each discharge status is defined below.

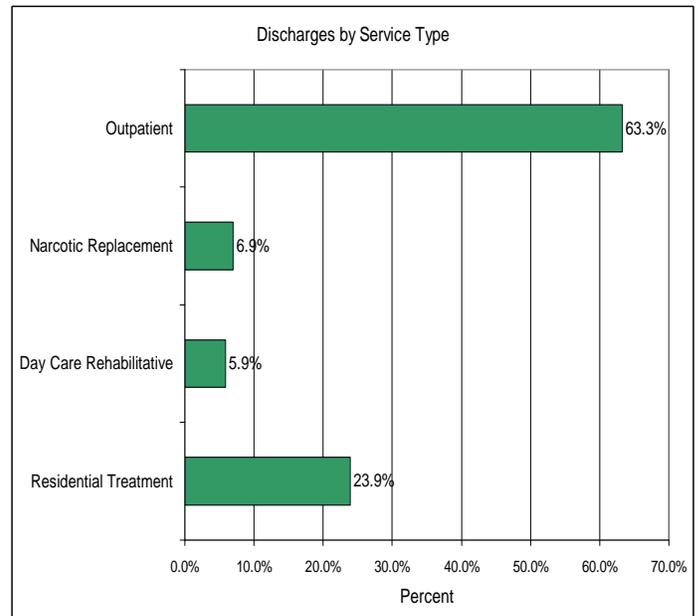
1. **Completed Treatment, Referred:** This captures clients referred to receive additional treatment services in a treatment episode. This status is used for clients who are moving from one treatment service type (e.g. residential) into another treatment service type (e.g. outpatient) as part of a treatment plan. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.
2. **Completed Treatment, Not Referred:** This captures clients that finished a treatment episode and were not referred for further treatment service because they have completed the goals of their treatment plan. This category may also include clients who finished a single treatment service, who did not have further treatment services planned. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.
3. **Incomplete, Satisfactory Progress, Referred:** This captures clients who were referred from one treatment program to another prior to completing their treatment service as planned. This discharge status may capture clients who were responding very well to the service in which they were enrolled and were referred to receive a different level of service. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.
4. **Incomplete, Satisfactory Progress, Not Referred:** This includes clients who were making good progress in their treatment, but stopped appearing for services on their own accord, against the advice of the treatment program. For example, a client may feel s/he is ready to discontinue treatment and simply stops coming in for counseling sessions even though s/he has not completed the services as planned by the provider. Under such circumstances the provider has to prepare an "administrative discharge" to close the client's service record. Clients discharged administratively do not answer the CalOMS-Tx questions at discharge. Therefore, outcomes, such as percent change, cannot be calculated.
5. **Incomplete, Unsatisfactory Progress, Referred:** This captures clients who were referred from one treatment program to another prior to completing their treatment service as planned. This discharge status may capture clients who were not responding well to the service in which they were enrolled and were thus referred to another program or to receive a different level of service. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged for this reason.
6. **Incomplete, Unsatisfactory Progress, Not Referred:** This captures clients who were not doing well in treatment and left the treatment program on their own accord prior to completing their treatment as planned by the provider. This discharge status is an administrative discharge. Because the client left treatment without notice the CalOMS-Tx discharge questions were not collected from the client. Therefore, treatment outcomes, such as percent change, cannot be calculated for clients discharged for this reason.
7. **Death:** This is also an administrative discharge category. This status captures clients who passed away prior to completing their treatment as planned by the provider. Clients discharged for this reason do not complete the CalOMS-Tx discharge questions and thus outcomes like percent change cannot be calculated.
8. **Incarceration:** This captures clients discharged from treatment because they became incarcerated prior completing treatment. Discharges that fall in this category are also administrative discharges and thus treatment outcomes, such as percent change, cannot be calculated for these clients.



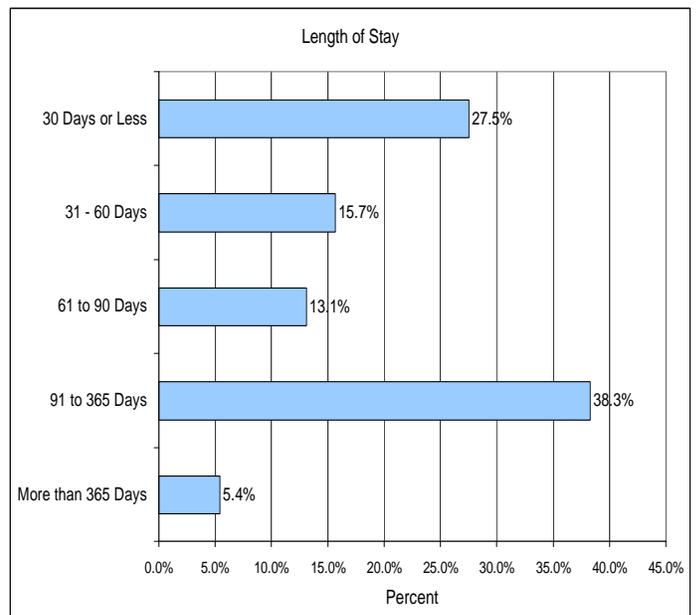
Note, in order to make the graph more visible, the discharge statuses have been abbreviated; treatment is indicated by "Tx"; "unsatisfactory" and "satisfactory" are indicated by "US" and "S," respectively; and "referred" and "not referred" are indicated by R and NR, respectively.

As the graph above shows, under half (45.0%) of the discharges submitted during FY 2007-08 were administrative discharges (discharge status 4, 6, 7, and 8). Again, an administrative discharge is when the client leaves treatment without completing a CalOMS-Tx discharge interview.

In FY 2007-08, 35.1 percent of discharges were for clients who completed treatment (discharge status 1 and 2) and 19.6 percent of discharges were for clients who did not complete treatment but were referred to receive additional treatment services. Therefore, 54.7 percent of discharges were for clients who completed a CalOMS-Tx discharge interview.



The graph above provides the discharge percentages by treatment type, excluding discharges from detox. Nearly two-thirds (63.3%) of the 167,199 discharges were from outpatient services. Almost a quarter (23.9%) of discharges was for short- or long-term residential treatment services.



The graph above shows discharge percentages by the number of days between admission and discharge. Research indicates that longer treatment stays are associated with positive outcomes, such as abstinence from AOD use. Over a third (38.3%) of discharges were for clients who were in treatment between 91 and 365 days.

## Treatment Outcomes

This section provides data about how treatment impacted clients served; i.e. how did the client's life or behaviors change between admission to treatment and discharge from treatment? The impact of treatment is assessed by collecting the same data from clients multiple times and comparing client responses provided at one point in time (e.g. admission) with client responses provided at a different point in time (e.g. discharge or annual update).

As mentioned on page 1, CalOMS-Tx data collection involves asking clients a series of questions covering: AOD use, criminal involvement, employment/education, family/social, mental health, and physical health. The data collected for these life domains are referred to as "outcome measures." An example of such an outcome measure is *in the past 30 days how many days were you in jail?*

The client responses provided at admission (A) are compared with the responses provided at discharge (D). The impact of treatment is then assessed by calculating the difference, or percent change, between the responses at admission and the responses at discharge. The calculation used to assess the impact of treatment is percent change. Percent change (P) is calculated as follows:  

$$P = [(D-A)/A]*100.$$

As was done for admission and discharge data, detox services were excluded from the following treatment outcome data. This is because detox services tend to be short in duration and do not constitute complete treatment. So, fewer CalOMS-Tx data elements are collected from detox clients as the shorter duration of these services and the fact that such services do not constitute complete treatment would produce biased outcome data.

### Treatment Outcomes: Matched Records

The data in the table on the following page represent pairs of admissions and discharges. Admission data is submitted for each client, for each treatment service they receive. Discharge data for these client admissions to each client service are submitted separately. A unique identification number, which is randomly generated based on various client information, is used to match client discharge records to their corresponding admission records. This enables us to

compare client responses to treatment outcome questions provided at admission with those provided at discharge. These pairs of client admission and discharge records are referred to as "matched records."

Some clients have multiple admissions to and discharges from treatment within a given year. Therefore, the data in the following subsection represents the group of all matched records for all treatment services, except detox, where the discharge date occurred between July 1, 2007 and June 30, 2008. As discussed previously, some clients are administratively discharged, meaning they leave treatment prior to answering the CalOMS-Tx discharge questions. The following data do not include administrative discharges since clients are unavailable to answer the treatment outcome questions.

The total number of matched records included in the table below is 77,093. Note that some clients may fit into more than one category for each life area (e.g. may have had days in jail and may have been arrested in the past 30 days). Using "primary drug use" for illustration, the admission figures shown for the three categories: "no use," "used 1 – 20 days" and "used 21 days or more" show the breakdown of responses provided at the time of admission within the group of matched records. The discharge figures for these same three categories show that 22,982 of the matched records resulted in the client reporting "no use" of their primary drug in the 30 days prior to discharge. This represents a 62.2 percent increase in the number of records for clients reporting "no use" of their primary drug between admission and discharge. So, we know there were a higher number of the matched records showing abstinence from primary drug use at discharge, but we do not know how many were for clients who stated "no use," "used 1 – 20 days," or "used 21 days or more" at both admission and discharge.

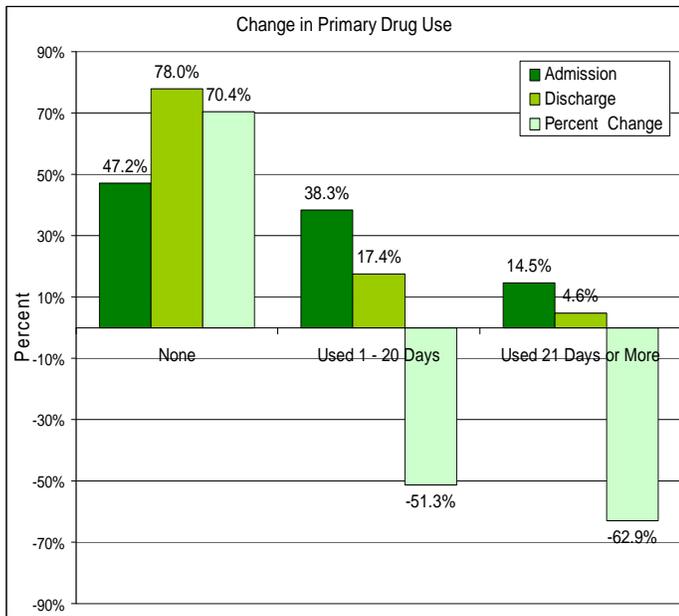
Life Domain	Outcome Measures	1	2	3	4
		Admission	Discharge	Difference (2 – 1)	Percent Change
Primary Drug Use	No Use	36,969	59,951	22,982	62.2%
	Used 1 – 20 Days	29,127	13,520	-15,607	-53.6%
	Used 21 Days or More	10,997	3,622	-7,375	-67.1%
Criminal Involvement	Arrests	1,209	428	-781	-64.6%
	In jail	13,978	3,206	-10,772	-77.1%
	In prison	2,330	393	-1,937	-83.1%
Employment	Employed	19,493	25,456	5,963	30.6%
	Enrolled in job training	2,158	4,288	2,130	98.7%
Family & Social	Had serious family conflict(s)	6,838	3,850	-2,988	-43.7%
	Lives with AOD user	9,456	4,722	-4,734	-50.1%
	Used social support services	34,045	53,814	19,769	58.1%
Living Status	Homeless/not in stable housing	13,779	12,183	-1,596	-11.6%
Medical & Health	Emergency room visit	1,778	1,247	-531	-29.9%
	Overnight hospital stay	1,643	819	-824	-50.2%
	Experienced health problems	10,240	6,482	-3,758	-36.7%
Mental Health	Psychiatric emergency room visit	980	739	-241	-24.6%
	24-hour hospital stay	1,082	557	-525	-48.5%

### Treatment Outcomes: Unique Clients

The following graphs provide a different way of looking at treatment outcome data; at the client level. Percent change is calculated the same way as described for the "matched record outcomes," but unlike the table on the previous page, these graphs show outcome data for individual clients rather than changes occurring in a group of matched records (client can have multiple matched records). This means the group of data for the following graphs represents each client's matched admission and discharge record where the service discharge date was during FY 2007-08. Matched records submitted for the same client that had discharge dates later than the first discharge received for that client were removed. This enables us to say, for example, 300 people reduced the number of days they used drugs at discharge instead of 300 records resulted in client's indicating a reduced number of days of use at discharge.

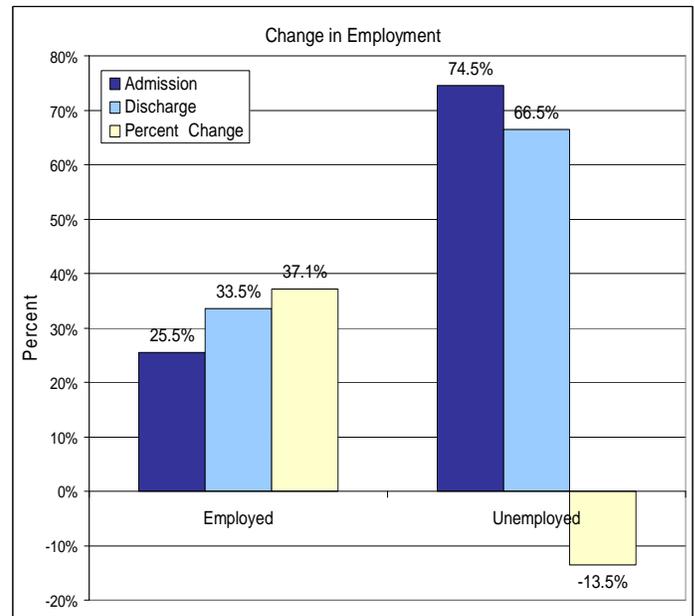
The following graphs include data for 68,509 clients admitted to treatment January 1, 2006 or later, who completed a discharge interview from July 1, 2007 through June 30, 2008.

To illustrate how these data can be interpreted, consider the graph on the following page, "change in primary drug use." This graph tells us that 47.2 percent (32,334 of the 68,509 clients) reported "none" for the number of days they used their primary drug in the 30 days prior to admission. At discharge, 78.0 percent (53,431 of the 68,509) clients reported "none" for the number of days they used their primary drug in the 30 days prior to discharge. Therefore, there were 21,097 more clients who remained abstinent from their primary drug in the 30 days prior to discharge.

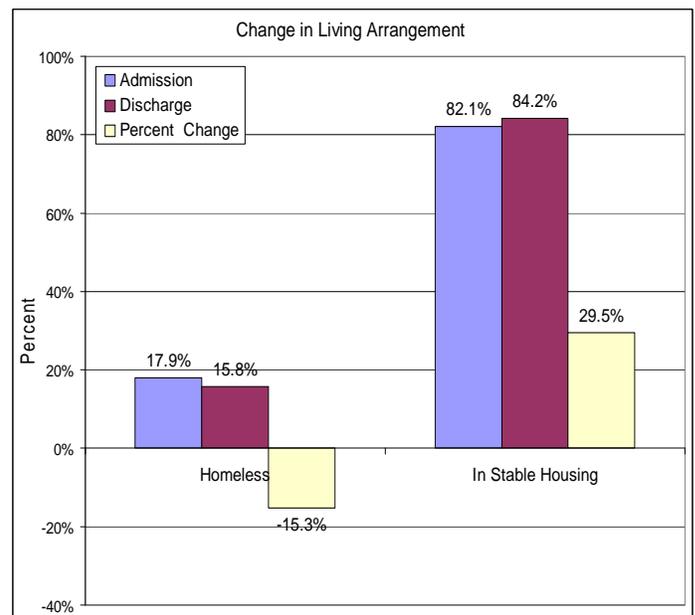


The graph above provides client outcome data showing change in the frequency of primary drug use. Some clients report no use of their primary drug at admission for a variety of reasons. One example is clients who have been in a controlled environment in the 30 days prior to admission to treatment. There were 32,334 (47.2%) clients who reported “no use” of their primary drug in the 30 days prior to admission. 53,431 (78.0%) clients reported abstinence from primary drug use at discharge. This represents a percent decrease of 70.4 percent in the number of clients who abstained from drug use 30 days prior to discharge.

There were 36,175 clients who used their primary drug one or more days in the 30 days prior to their admission to treatment. This number reduced to 15,078 at discharge from treatment. Subtracting the number who used one or more days prior to admission but not prior to discharge (15,078) from the total number of clients who reported “no use” of their primary drug at discharge shows that 6,019 clients who used one or more days prior to admission did not use any days in the 30 days prior to their discharge.



Employment is an important factor in sustaining recovery from AOD abuse or addiction. The graph above shows changes that occurred in employment status between admission and discharge. At admission 51,028 clients reported being unemployed and 5,472 of these clients reported being employed at discharge. There was a 37.1 percent increase in the number of clients employed between admission to and discharge from treatment.

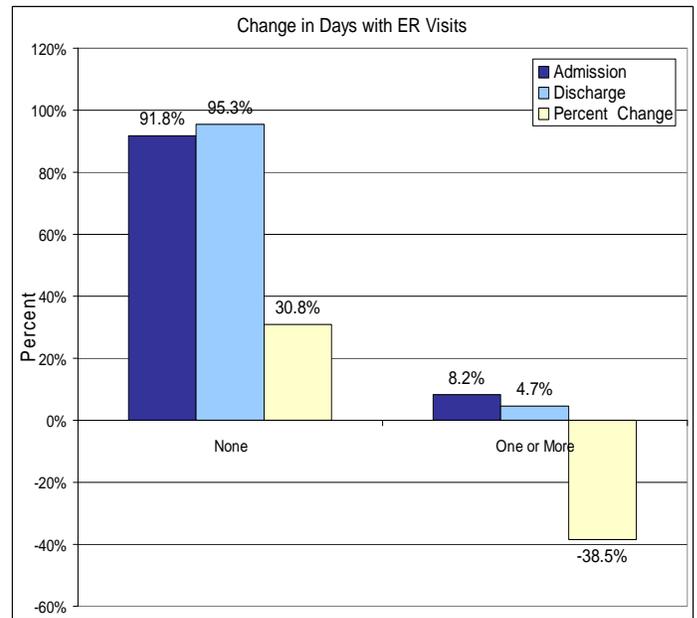


The data in the graph above was calculated using the CalOMS-Tx data element “current living arrangements.” There are three choices clients have to reflect their living

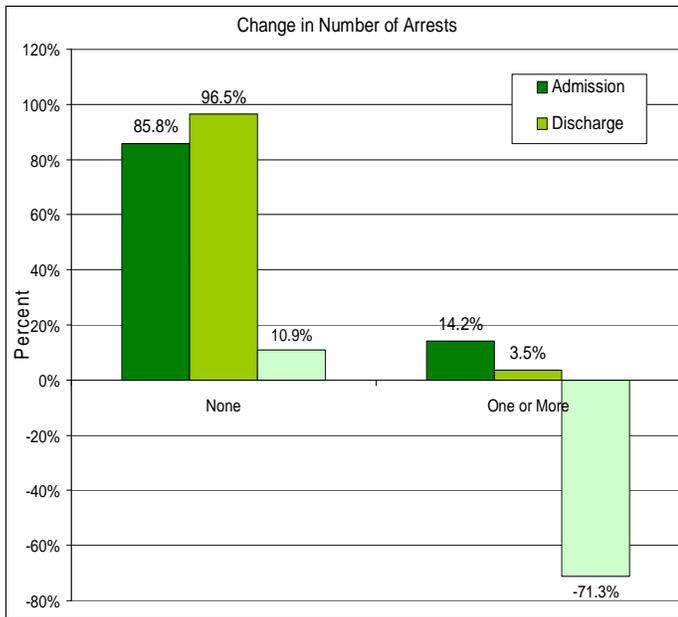
arrangements: homeless, dependent living, and independent living.

Homeless is defined as situations in which the individual does not have room and board or is staying in a homeless shelter. Dependent living is defined as a living situation in which the client has room and board but does not contribute to the cost of living; i.e. does not pay rent, utilities, etc. Some examples of dependant living include jail or living with friends/relatives for free. Independent living is defined as a living situation in which the client has room and board and contributes fully or in part to the cost of living; i.e. owns a home, rents an apartment, pays rent with roommates, etc.

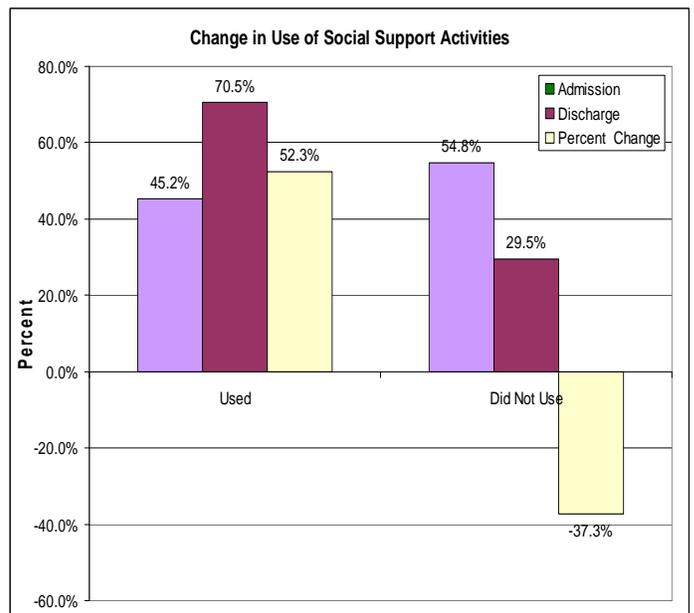
The graph on the previous page displays the change in reported homelessness between admission and discharge. At admission 12,267 clients were homeless. At discharge, 1,445 of those homeless at admission had obtained stable housing at discharge. There was a 29.5 percent increase in the number of clients in stable housing.



The data in the graph above shows the percent change in client responses measured after discharge. At admission 5,597 clients reported visiting an ER at least once in the prior 30 days. At discharge this number decreased to 3,202 clients having an ER visit in the 30 days prior to discharge. This represents a 38.5 percent decrease in the number of clients reporting visiting an ER between admission and discharge.



The data in the graph above show the change in the number of arrests 30 days prior to admission and 30 days prior to discharge. At admission 9,750 clients reported they were arrested at least one day in the prior 30 days. At discharge, 7,319 of these clients reported they had not been arrested in the 30 days prior to discharge interview. This represents a 71.3 percent decrease in the number of clients arrested.



Research indicates that participation in social support programs, such as twelve-step programs, is associated with positive treatment outcomes (e.g. abstinence from AOD use) and long-term, sustained recovery from addiction or abuse.

The graph on the previous page shows changes that occurred in participation in social support (e.g. 12-step programs) between admission and discharge. At admission 30,994 clients reported participating in social support activities in the prior 30 days and 17,330 more clients reported participating in social support activities at discharge; an increase of 52.3 percent.

### Summary

- Half (50.9%) of the admissions to treatment were for clients referred through the criminal justice system.
- Methamphetamine is the top primary drug reported among men, women, Whites, Hispanics, Asians/Pacific Islanders, American Indians/Alaska Natives, and three of the seven age subpopulations in FY 2007-08.
- The majority of youth (under 18) in treatment report marijuana (62.4%) as their primary drug.
- Youth in treatment for marijuana report criminal justice referral sources more often. In contrast, youth in treatment for primary drugs other than marijuana report non-criminal justice referrals more often.
- Heroin is the top primary drug reported for persons 56 to 65 (33.4% of admissions for this group).
- Over one third of discharges (38.3%) were for service stays lasting 91 to 365 days.
- There were large decreases between admission and discharge in primary drug use, arrests, and ER visits.
- There were large increases between admission and discharge in employment and participation in social support activities, both of which are indicators of success in maintenance of recovery from addiction.

### Highlights of Changes from FY 2006-07

- There was a 31 percent increase in the number of youth admissions between FY 2006-07 (19,434 admissions) and FY 2007-08 (25,528 admissions).
- Compared to last year, the percent of admissions for methamphetamine (entire treatment population) decreased 4.9 percent, resulting in significant decreases in the various subpopulation groups. Highlights of the subpopulation decreases (those of 5 percent or more) in methamphetamine admissions are:
  - 6.1 percent for Native American/Alaska Native;
  - 5.7 percent for Hispanic;
  - 5.3 percent for White; and
  - 5.0 percent for women.
- The percent of admissions for persons over 65 shows a 6.6 percent increase in the number reporting alcohol for primary drug between FY 2006-07 (40.4%) and FY 2007-08 (47.0%).