EFFECTIVENESS OF INTEGRATED SERVICES

FOR HOMELESS ADULTS WITH SERIOUS MENTAL ILLNESS

A Report to the Legislature as Required by Assembly Bill (AB) 2034
Steinberg, Chapter 518, Statutes of 2000

Governor Gray Davis

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LEGISLATIVE REPORT

Executive Summary

This report presents current results of the Department of Mental Health's administration and implementation of programs at the county and city level required by Assembly Bills (AB) 34 and 2034 (Steinberg, Chapter 617 and 518, Statutes of 1999 and 2000, respectively).

Governor Gray Davis provided $55.6 million in the state budget for Fiscal Year 2000-2001 to expand services for Adult System of Care programs directed particularly at serving homeless persons, parolees, and probationers with serious mental illness. Chapter 518, Statutes of 2000 (AB 2034, Steinberg), widened the provisions established for this program earlier by Chapter 617, Statutes of 1999. As described below, this prior legislation provided for pilot programs in three counties. The broadening of statutory requirements, however, now permits implementation in counties having the capacity to begin these services rather than being limited only to counties that could expand certain existing programs to include these services. These new program requirements, coupled with the additional funding, enabled the Department of Mental Health (DMH) to award funds to a total of 32 county and city programs. Chapter 518, among other provisions, refined evaluation requirements, service population characteristics, and the scope of services to be provided. It also provides for an annual report on program results by May 1, of each year. This report is in response to that requirement.

The Department continues to find that the effects of the intensive, integrated outreach and community-based services enable the target population to reduce symptoms that impaired their ability to live independently, work, maintain community supports, care for their children, remain healthy, and avoid crime. This report describes the processes used and the identification of approaches to services and strategies that were helpful in identifying and engaging clients and that may serve as guidelines and/or standards for future projects. Key among these approaches continues to be a very close collaboration at the local level among core service providers, including mental health services, law enforcement, veterans services agencies, and other community agencies.

The tables in Appendix 4 present program information collected from the first three county programs beginning November 1, 1999, through January, 2001. These data reveal that success of county programs reported last year has been overtaken by further progress made since. The data show that days spent homeless or incarcerated and days of inpatient hospitalization have been substantially reduced for enrollees. The ability to maintain housing once enrolled continues to improve, and a notable increase in the level of employment among enrollees has been achieved.

For both earlier and newly funded programs, the budgeted cost per client still differs among the pilots. The factor most influencing the budgeted cost per client continues to be the degree to which programs are geared to provide housing for homeless clients. Other factors known to have impacted the cost per client are the amount of outreach efforts required in the course of enrolling clients and the amount of startup costs required to increase the service capacity among providers.

The report shows that an annualized expenditure of $14.1 million for these programs has been offset by an estimated savings of $7.3 million from reduced inpatient hospital days, and reduced incarcerations.

Based on its findings, the Department makes the following recommendations.

1. AB 2034 programs should emphasize consolidation of current efforts into the next fiscal year.
2. Counties should continue to meet existing contractual and data reporting requirements.
3. The Department should continue analysis of evaluation data, including analysis of gender, age, and cultural factors for underserved populations.
4. Current training efforts for counties initiating these new programs should continue at least during the early years of implementation and adjustment of their accompanying integrated service efforts.
5. The Department should explore the means to make additional training available to counties requiring support in preparing for, implementing, and/or operating these new services.
6. The Advisory Committee should continue to assist the Department in the refinement of selection and evaluative criteria and reporting results.

DATA ANALYSIS AND OBSERVATIONS

Data Summary

The tables in Appendix 4 present data collected from the pilot programs beginning November 1, 1999, through January 31, 2001 (fifteen months), and are summarized below.

- Clients are mostly men (63.7%).
- 44.2% are Caucasian, 35.6% are African-American, 9.9% are Hispanic, and 1.3% are Asian.
- Clients are mostly between 25 through 59 years of age (91.8%).
- 1.6% of all enrollees are over the age of 59.
- 6.6% of enrollees are between the ages of 18 through 24.
- The percentage of clients choosing to leave the program is less than 20%.

The outcomes presented here for post-enrollment have been annualized, based on fifteen months of data collection as compared to the twelve months prior to enrollment.

- The percentage of days hospitalized since enrollment dropped 77.7%.
- The number of days of incarceration dropped 84.6%.
- The number of days spent homeless dropped 69.0%.

The following table summarizes statewide data for three key factors by comparing data reported for the twelve months before services began to the data collected since.

Statewide Data at a Glance (Annualized)

	12 months Prior to Enrollment	**Since Enrollment (Annualized)**
Number of Days Homeless	205,992	63,764
Number of Days Incarcerated	60,438	9,287
Number of Days Hospitalized	10,906	2,435

Issue Statement

Governor Gray Davis provided $55.6 million in the state budget for 2000-2001 to expand services for Adult System of Care programs directed particularly at serving homeless persons, parolees, and probationers with serious mental illness. Chapter 518, Statutes of 2000 (AB 2034, Steinberg), widened the provisions established for this program earlier by Chapter 617, Statutes of 1999. As described below, this prior legislation provided for pilot programs in three counties. The broadening of statutory requirements, however, now permits implementation in counties having the capacity to begin these services rather than being limited only to counties that could expand certain existing programs to include these services. These new program requirements, coupled with the additional funding, enabled the Department of Mental Health (DMH) to award funds to a total of 32 county and city programs. Chapter 518, among other provisions, refined evaluation requirements, service population characteristics, and the scope of services to be provided. It also provides for an annual report on program results by May 1, of each year. This report is in response to that requirement.

Background

In the state budget for Fiscal Year 1999-2000, Governor Gray Davis provided $10 million for community mental health services to fund Adult System of Care programs directed particularly at serving homeless persons, parolees, and probationers with serious mental illness. With the assistance and support of the Legislature, Chapter 617, as mentioned above, provided for pilot programs that use an integrated services approach and are targeted to specific individual needs. The bill required the Department of Mental Health to select counties in which to implement pilot programs, develop and perform an extensive monitoring and evaluation of the pilots, establish an advisory committee to assist in developing selection criteria and outcome measures for future programs, and report the results of the pilot programs and recommendations to the Legislature by May 1, 2000. The Department met the requirements of the legislation within the funds provided and submitted the required legislative report on time. That report concluded that the pilots were indeed successful and should be expanded.

This new program represents the continued interest in addressing community mental health needs which have largely gone unmet for those persons whose illness leads them to being homeless or incarcerated, often repeatedly so, yet who otherwise either avoid contact with mental health services, for whom appropriate services remain unavailable, or who are without Medi-Cal benefits and/or do not meet Medi-Cal medical necessity. The consequences of this gap in service were documented in the previous legislative report and are briefly repeated here as follows. It is estimated there are over 50,000 homeless Californians with severe mental illness. Many of these persons who do not have access to needed mental health services have contacts with the criminal justice

system for minor crimes often leading to citations or arrests. This population also experiences high cost inpatient hospitalizations because their mental health needs are addressed only when they reach crisis levels. Thus, hospitalizations are for longer periods of time and, since no resources are available for these individuals upon their release, the likelihood of relapse is higher.

The local assistance funds for AB 2034, and its predecessor AB 34, have expanded on existing programs that were based on earlier models that demonstrated success in providing integrated services. These earlier efforts consisted of three large pilots for adult systems of care that were established in 1989 pursuant to earlier legislation (Chapter 982, Statutes of 1988) to test the success of integrated services across all human service needs in the recovery and rehabilitation of adults with serious mental illness. An extensive evaluation conducted by an independent evaluator (Lewin and Associates, Inc.) concluded after three years of service that the integrated approach to serving this population was successful, and on some measures such as employment and housing, dramatically so. Despite the likelihood of eventual cost effectiveness, most counties cannot access or divert the large sum of funds required to initiate this service model and train staff in its operation. However, these models served as part of the foundation for Governor Davis' and Assembly Member Steinberg's interest in taking a new approach to adult mental health services.

The pilot programs that are the subject of AB 2034 are being used to provide comprehensive services to adults who have severe mental illness and who are homeless, at risk of becoming homeless, recently released from a county jail or the state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided to them. State funds for this program provide for outreach programs and mental health services along with related medications, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and other non-medical programs necessary to stabilize this population. The goal is to get them off the street and into permanent housing, into treatment and recovery, or to provide access to veterans' services that also provide for treatment and recovery. As these programs reduce recidivism, both in inpatient hospitalization and incarceration, significant cost avoidance is realized at both the state and county level. Further, as these programs increase the number of clients able to gain and keep employment, they offer a broadly successful model to which other programs serving adults with serious mental illness may be compelled to migrate.

Objectives

The recent statutory additions to the enabling legislation further clarify objectives for California's adult system of care serving adults with serious mental illness. Objectives now include the following:

1. Develop programs in response to the needs of the target population and in concert with statutory standards, including services to young adults under 26 years old and services responsive to the needs of women from diverse cultural backgrounds, with supportive housing that accepts children and other supportive assistance.
2. Identify additional standards to ensure that members of the target population are identified and that appropriate services are provided.
3. Promote the development of integrated outreach and comprehensive services to enable the target population to: reduce symptoms, live independently, work, maintain community supports, care for their children, remain healthy, and avoid crime.
4. Provide funds for counties to establish outreach programs and related services to the target population.
5. Maintain funding for existing adult system of care programs that meet contractual goals as models and technical assistance resources for other counties.
6. Provide training, consultation, and technical assistance to counties preparing to operate these programs and to counties seeking improvements in their existing operation of these programs.
7. Establish a methodology for awarding future adult system of care grants.
8. Establish evaluation and reporting protocols and procedures for county programs funded by adult systems of care.
9. Report program results as required by statute.
10. Conduct an advisory committee to assist in the development of award criteria, training and oversight conditions for continued receipt of funds, county reporting requirements, and to assist in reporting results to the Legislature.

Implementation Approach and Study Methodology

Selection Process

As required by earlier statute, the selection of the first three counties for the initial grants beginning in October of 1999, was based on the availability of existing programs able to provide integrated services with extensive experience in serving similar target populations. Typically, these programs employ psychosocial rehabilitation and recovery principles and consist of: outreach for identification, assessment, and diagnosis of target clients; mental health treatment including provision of medications and medication education and monitoring; and service coordination to assure development of a plan with access to services that meet the client's expressed needs. Factors included in these considerations were the counties' working agreements with other providers such as law enforcement, alcohol and drug services, medical and dental health practitioners, rehabilitation services, and housing providers. As statutorily required, funding for programs in these three counties was maintained for Fiscal

Year 2000-2001 based on the significant success of results demonstrated and reported in the previous year.

Expansion of additional programs in these three counties and the funding of new county and city programs was based on several factors, including those specified in statute and the amount of funds remaining for Fiscal Year 2000-2001 after earlier, successful programs were maintained. Primary among factors was the ability to develop integrated adult service programs that meet the statutory criteria for an adult system of care, even if such programs do not currently exist within the county system. The following readiness criteria were developed, with advisory committee consultation, by which to judge such capacity within each applicant county.

1. Ability to assess service capacity and approximate number of severely mentally ill persons in county who could receive services.
2. Established community partnerships with law enforcement, veteran's services, probation, housing coalitions, city officials, businesses, etc. These relationships should be past the "sign-on" stage.
3. Joint outreach with law enforcement, veterans service agencies, former homeless clients, etc. to identify clients for enrollment.
4. Providers that can provide culturally competent, recovery-based services for this population, including psychosocial and psychiatric rehabilitation services.
5. Capacity to meet immediate housing needs, including temporary housing, at time of enrollment.
6. Ability to develop and provide permanent housing resources, relationships with landlords, and supported housing services.
7. Ability to develop jobs and related job resources, work with the Department of Rehabilitation, and enable clients to find and keep employment.
8. Ability to meet medical, dual diagnosis, and unanticipated expenses for basic needs of enrollees.
9. Direct support staff (e.g. personal service coordinators) that approximates a 12 to 1 staffing ratio or less.
10. Ability to submit requested data in a timely manner.

Each applicant county or city submitted a proposal, from which an operational work plan could be formulated later if funded, for the Department to evaluate given the above terms. If the written proposal adequately met these criteria, the applicant was invited to present details of their proposed program to department staff for further analysis. The awards of funds were based upon these results.

Allocation of Funds and Conditions for Allocation

An award of funds was given to 32 county and city programs. Two types of awards were granted. One was a continuous award to operate new and/or expanded programs beginning in October of this fiscal year and for two years thereafter. Since this was only partial year funding in the current year, the

remainder of current year funds were available to fund additional programs on a one-time basis for the remainder of this year and all of next year. Applicants whose proposal demonstrated they fully met the readiness criteria discussed above were granted continuous awards. Those whose proposal did not entirely meet these criteria, but instead contained elements that should lead to a fully integrated system, were awarded one-time funding. The recipients of both types of awards are presented in Appendix 1.

Conditions of the allocations require that the counties ensure that all funds provided are used to provide new service in integrated adult service programs and ensure that none of those funds are used to supplant existing services to severely mentally ill adults. Each county was required to submit a work plan for approval by the state. In addition to a complete description of the program, the work plans contain the amount of contract funds to be expended and for what period, the total number of unduplicated clients to be enrolled, the maximum number of clients to be served at any one time, the outreach methods to be used, and the portion of funds used for that purpose. Assurances also were required that state and federal requirements regarding tracking of funds would be met and that patient records would be maintained in such a manner as to protect privacy and confidentiality, as required under federal and state law.

Advisory Committee

In accordance with Chapter 518, the Advisory Committee has been expanded to include representatives from each of the groups specified now in law. The committee consulted with the Department in establishing the process for awarding this year's funds and the development of the specific readiness criteria used in that process. See Appendix 3 for a roster of committee membership.

Data Workgroup and Reporting Mechanisms

A data collection workgroup consisting of staff from the first three program counties, the evaluation consultants, and the Department continues to refine the reporting methodology required to meet legislative reporting requirements. The topic oriented data tables established last year continue as the basis for all data collection and reporting, with the refinements identified by the workgroup. With the addition of newly funded programs earlier this fiscal year, data reporting is now divided in two sets. First is the continuation of data reporting for clients enrolled in last year's services continuing to be operated by the first three funded counties. These data are reported every two months. It is these data that are presented in Appendix 4. Second is the data reported monthly for clients enrolled in newly funded services. As yet, such data are only sporadically available because these new programs are still largely in the early startup of implementation and have yet to establish the corresponding data collection and reporting systems. Fully functional data systems are not expected until these

new programs have developed the new services necessary for this program and linked the local data. This delay is discussed below at greater length.

Study Methodology

As in last year's report, the data are displayed in a set of tables organized by topic necessary to complete this report. The data are divided into two groups, 1) data collected at enrollment (service entry) that provide information about the client for the twelve months prior to enrollment, and 2) data collected subsequent to enrollment that track outcomes after service is initiated. In addition to age and ethnicity, the baseline data for the twelve months prior to enrollment for each new service member include:

- the number of hospitalizations;
- the number of members with co-occurring substance abuse disorders;
- the number of other service contacts with local mental health plan services;
- the client's veteran status and benefits, if any;
- the number of arrests;
- the number of days incarcerated;
- the number of days spent homeless;
- various income sources of the client, if any;
- the number of days employed full time and part time, and
- whether the member had been on probation or parole.

Ongoing data include:

- the number of enrolled persons being served;
- the number of enrolled persons who are able to maintain housing;
- the number of enrolled persons who receive extensive community mental health services;
- the number of enrolled persons on probation, parole, and the number of arrests and days incarcerated;
- the number of enrolled persons hospitalized and the number of days hospitalized;
- the number of enrolled persons employed full time and part time, competitively employed, in supported employment, and in vocational rehabilitation;
- the number of persons disenrolled;
- the number of persons referred to and served by county mental health plan services; and
- the number of members newly qualified for third party payments or receiving veterans benefits.

In Appendix 4, some of the data reported from November, 1999, through January 31, 2001, are displayed. In addition to these data, Department staff obtained information through selective program site visits, client and staff

interviews, and exchange of information pertinent to program implementation, as indicated below.

Onsite Monitoring, Training, and Review of Pilot Projects

Because new programs are numerous, assigned staff have had time to visit approximately one quarter of programs begun or expanded this year. The purpose of these visits has been to begin statutorily required monitoring, overseeing efforts during the implementation phase, providing technical assistance, and generally becoming familiar with the operation of the programs. The visits include observing treatment activities, interviewing clients, meeting with local staff and collaboration partners, and accompanying outreach teams. Compared to last year, the most pervasive characteristic identified so far is the much slower pace at which local implementation is proceeding. This is reflected in the level of enrollment for each AB 2034 program as presented in Appendix 2. Two factors contribute to this slower pace. The first is that new counties do not have in place the existing services upon which to build program capacity as did the first three counties. The local preparation needed to equal the starting point of the earlier counties is far more than previously estimated by both local and state staff. County contracting and hiring processes for new resources are generally proving to be much slower at accomplishing what the first three counties could do last year with existing service agencies.

The second major factor contributing to the slower pace of implementation is that new programs simply do not have staff with adequate experience in the service models required by Chapter 518. To help bridge this gap as rapidly as possible, the Department has undertaken a substantial training effort to provide local staff with the necessary techniques and materials for outreach and client engagement appropriate for this population. Unfortunately, several local programs do not yet have local staff in place to take advantage of this assistance. Without such training, many local staff without prior experience in these techniques would otherwise have no resource to learn these new service models. Even with such training, it takes time for local systems to change earlier service approaches so that newer concepts can be employed. Given the differences among new program sites, these changes can be reasonably expected to materialize anywhere from a few more months to fill minor gaps to a couple of years for complete integration of services.

Development of Program Standards

Progress on developing program standards in addition to those already identified in statute has been relatively slow. It is hoped that, as Department staff interact with these programs, a part of this experience will contribute to the information needed to identify and develop any needed additional program standards. As part of their site visits, Department staff have continued to identify approaches to services and strategies for engaging clients that seem to be most effective and

could serve as guidelines to be shared with other projects now and in the future. Local staffs from particularly effective projects are available to new program sites to share their own experience in program implementation and have been invited to do presentations at the Advisory Committee meetings. As in the preceding year, it is expected that future efforts of the Advisory Committee will also eventually help contribute to identifying and developing additional program standards.

Findings

The tables in Appendix 4 present program information collected from the first three county programs beginning November 1, 1999, through January, 2001. As can be determined by inspection of these data, the success of county programs reported last year has, as noted below, been overtaken by the further progress made since.

Tables 1, 2, and 3 display demographic information about gender, ethnicity, and age respectively for each of the pilot programs, grouped by county. Because these programs are relatively unique, there is little to compare current patterns of use by minority populations to a benchmark. More experience is needed with the differences in outreach techniques and other factors affecting their willingness to accept services before further assessments can be made. In each of these tables, the first column of data contains the number of clients the county contracted to enroll and serve, and the second column contains the actual number of client enrollments to date.

Table 4 contains some information about the budgeted cost per enrollee and the level of outreach effort expended to achieve current enrollment levels. Some of the providers listed do not show a budgeted cost per enrollee because it is difficult to separate program costs between the enrollees reported in these tables and the clients newly enrolled with expanded funding. In these cases, the overall program budget for the total of all clients to be served has been provided in Appendix 1.

Table 5 contains information about hospitalizations prior to and since the client's enrollment. As with other tables presenting prior and post service information, the prior data is for a twelve month period and the post data is for a fifteen month period. Even without adjusting the fifteen months of data for purposes of comparison to baseline information, hospitalization days are dramatically lower.

Table 6 contains information about incarcerations, probation, and parole. Again, without adjusting the fifteen months of data for purposes of comparison to baseline information, days of incarceration are still substantially lower.

Tables 7, 8, and 9 contain information about income, housing, and employment. Once more, the number of homeless days have been reduced significantly.

Compared to the results reported last year, the level of employment among clients since enrollment has jumped considerably. Though results reported earlier were limited, notable gains have been made as employment efforts with clients have had the time to mature.

Table 10 contains additional information about third party payor status and disenrollments. All clients are encouraged and assisted to apply for federal benefits, i.e. Supplemental Security Income (SSI), Social Security Disability, and/or Veterans Administration benefits. However, because drug abuse is widely prevalent among this population, programs report that it is often not possible to obtain federal approval and SSI benefits. And once again, clients generally continue to accept services once they are enrolled, based on the relatively small portion of clients choosing to leave.

Program/Fiscal Impact

This year's results further indicate that this model has substantial implications for improved services and for cost savings/avoidance associated with this population at the local level. Integrated services offer an expanded array of service components, such as housing, employment, life skills coaching, and social support in addition to treatment. In addition to these program improvements, the model offers the capacity to respond quickly with an extensive service package suited to individual client needs and preferences. Clients immediately engage with provider efforts that they can easily recognize as being directly related to their own priorities. They also benefit from immediate efforts to establish a relationship of trust and respect that they value as part of their own efforts towards recovery. The goal shared by the staff and each client is not just maintenance in a community setting, but continual improvement enabled by the client's own abilities to manage recovery.

Important fiscal impacts also appear to result from this service model. With daily jail costs ranging from $50 to $60 for the general jail population, and a range of $300 to over $400 for the medical/psychiatric jail population, the decrease in the number of jail days among these clients has produced an important local savings and/or cost avoidance.

For both earlier and newly funded programs, the budgeted cost per client still differs among the pilots. The factor most influencing the budgeted cost per client continues to be the degree to which programs are geared to provide housing for homeless clients. Another factor which affects the display of program budget information in Appendix 4 is whether or not the county or city program budgets net of revenue. As displayed in these tables, Los Angeles County budgets net of revenue, the other two counties do not. Other factors known to have impacted the cost per client are the amount of outreach efforts required in the course of enrolling clients and the amount of startup costs required to increase the service capacity among providers.

As important as costs are the savings and cost avoidance these programs generate. In the areas of acute hospitalization and incarceration alone, the past year's investment (annualized at $14.1 million) produced an estimated annual savings/cost avoidance of $7.3 million. For hospitalization/physician costs, this is derived from a daily hospital/physician cost of $500 (using an average of recent costs in Los Angeles) applied to the decrease in the number of hospital days over twelve months (8,471) for all three county programs, which yields $4.23 million. For incarceration costs, this is calculated at $60 per day for 51,151 fewer days yielding $3.07 million annually.

Recommendations

1. AB 2034 programs should emphasize consolidation of current efforts into the next fiscal year.

2. Counties should continue to meet existing contractual and data reporting requirements.

3. The Department should continue analysis of evaluation data, including analysis of gender, age, and cultural factors for underserved populations.

4. Current training efforts for counties initiating these new programs should continue at least during the early years of implementation and adjustment of their accompanying integrated service efforts.

5. The Department should explore the means to make additional training available to counties requiring support in preparing for, implementing, and/or operating these new services.

6. The Advisory Committee should continue to assist the Department in the refinement of selection and evaluative criteria and reporting results.

Appendix 1

Fiscal Year 2000-01 Awards

CALIFORNIA	4,540	$54,850,000	$5,750,000
	Projected Clients	Three Year Awards	One Time Awards
BERKELEY CITY	100	$1,000,000	$0
BUTTE	50	$750,000	$0
EL DORADO	50	$800,000	$0
FRESNO	150	$2,000,000	$0
HUMBOLDT	30	$0	$800,000
KERN	150	$1,350,000	$0
LOS ANGELES	1440	$18,255,000	$0
MADERA	50	$650,000	$0
MARIN	100	$1,500,000	$0
MENDOCINO	30	$0	$800,000
ORANGE	100	$1,200,000	$0
PLACER	150	$850,000	$0
RIVERSIDE	200	$1,750,000	$0
SACRAMENTO	300	$5,200,000	$0
SAN BERNARDINO	150	$1,125,000	$0
SAN DIEGO	250	$3,750,000	$0
SAN FRANCISCO	120	$2,300,000	$0
SAN JOAQUIN	120	$1,000,000	$0
SAN LUIS OBISPO	120	$1,000,000	$0
SAN MATEO	75	$0	$1,500,000
SANTA BARBARA	100	$1,500,000	$0
SANTA CLARA	40	$0	$600,000
SANTA CRUZ	30	$420,000	$0
SHASTA	60	$850,000	$0
SOLANO	100	$0	$1,250,000
SONOMA	75	$1,250,000	$0
STANISLAUS	135	$3,500,000	$0
TEHAMA	75	$800,000	$0
TRI CITY	83	$1,000,000	$0
TUOLUMNE	12	$50,000	$0
VENTURA	65	$1,000,000	$0
YOLO	30	$0	$800,000

Appendix 2

AB 2034 Client Enrollments by Program
Fiscal Year 2000/2001

County or City Program	Number of Contracted Consumers	Consumers Enrolled as of 3/31/01	Date of Grant Award
Berkeley City	100	18	11/13/00
Butte	50	30	11/13/00
El Dorado	50	0	11/13/00
Fresno	150	6	11/13/00
Humboldt	30	0	1/17/01
Kern	150	52	11/13/00
Los Angeles *	1,440	1,292	11/13/00
Madera	50	19	11/13/00
Marin	100	42	11/13/00
Mendocino	30	20	1/17/01
Orange	100	60	11/13/00
Placer	150	18	11/13/00
Riverside	200	8	11/13/00
Sacramento *	300	268	11/13/00
San Bernardino	150	14	11/13/00
San Diego	250	129	11/13/00
San Francisco	120	16	11/13/00
San Joaquin	120	4	11/13/00
San Luis Obispo	120	13	11/13/00
San Mateo	75	0	1/17/01
Santa Barbara	100	21	11/13/00
Santa Clara	40	0	3/19/01
Santa Cruz	30	8	11/13/00
Shasta	60	1	11/13/00
Sonoma	75	8	11/13/00
Solano	100	15	1/17/01
Stanislaus *	135	135	11/13/00
Tehama	75	31	11/13/00
Tri-City	83	51	11/13/00
Tuolumne	12	3	11/13/00
Ventura	65	9	11/13/00
Yolo	30	0	1/17/01
TOTAL	**4,540**	**2,291**	

* Includes enrollment from prior year.

Appendix 3

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Appendix 4

Data Tables

COUNTIES Programs	Enrollments and Demographics-Gender							
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8
	Number of contracted consumers	Number of consumers currently enrolled	Number Male	% Male	Number Female	% Female	Number Other / Trans gender	% Other Transgender
SACRAMENTO								
El Hogar	100	92	48	52.2%	44	47.8%	0	0.0%
Turning Point	100	80	48	60.0%	32	40.0%	0	0.0%
Total	**200**	**172**	**96**	**55.8%**	**76**	**44.2%**	**0**	**0.0%**
STANISLAUS								
Families First	15	3	1	33.3%	2	66.7%	0	0.0%
Telecare	70	65	32	49.2%	33	50.8%	0	0.0%
Total	**85**	**68**	**33**	**48.5%**	**35**	**51.5%**	**0**	**0.0%**
LOS ANGELES								
Didi Hirsch	40	26	22	84.6%	4	15.4%	0	0.0%
Exodus	40	39	31	79.5%	8	20.5%	0	0.0%
Hillview	95	90	66	73.3%	24	26.7%	0	0.0%
LAMP	100	81	55	67.9%	25	30.9%	1	1.2%
MHALA Village	150	130	78	60.0%	52	40.0%	0	0.0%
Pacific Clinics	100	82	53	64.6%	29	35.4%	0	0.0%
Portals	29	28	19	67.9%	9	32.1%	0	0.0%
SCHARP	100	90	55	61.1%	35	38.9%	0	0.0%
SFVCMHC	65	54	42	77.8%	12	22.2%	0	0.0%
Telecare 4	20	19	10	52.6%	9	47.4%	0	0.0%
Telecare 7	70	47	25	53.2%	22	46.8%	0	0.0%
Tri-City	10	10	9	90.0%	1	10.0%	0	0.0%
Verdugo	12	15	12	80.0%	3	20.0%	0	0.0%
Total	**831**	**711**	**477**	**67.1%**	**233**	**32.8%**	**1**	**0.1%**
Grand Total	**1,116**	**951**	**606**	**63.7%**	**344**	**36.2%**	**1**	**0.1%**

COUNTIES Programs	Enrollments and Demographics-Ethnicity															
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14	2.15	2.16
	Number of contracted consumers	Number of consumers currently enrolled	Number African American	% African American	Number Asian American	% Asian American	Number Caucasian	% Caucasian	Number Hispanic	% Hispanic	Number Native American	% Native American	Number Pacific Islander	% Pacific Islander	Number Other	% Other
SACRAMENTO																
El Hogar	100	92	26	28.3%	2	2.2%	53	57.6%	4	4.3%	3	3.3%	2	2.2%	2	2.2%
Turning Point	100	80	18	22.5%	1	1.3%	54	67.5%	3	3.8%	1	1.3%	0	0.0%	3	3.8%
Total	**200**	**172**	**44**	**25.6%**	**3**	**1.7%**	**107**	**62.2%**	**7**	**4.1%**	**4**	**2.3%**	**2**	**1.2%**	**5**	**2.9%**
STANISLAUS																
Families First	15	3	2	66.7%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0	0.0%
Telecare	70	65	0	0.0%	1	1.5%	55	84.6%	9	13.8%	0	0.0%	0	0.0%	0	0.0%
Total	**85**	**68**	**2**	**2.9%**	**1**	**1.5%**	**55**	**80.9%**	**10**	**14.7%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
LOS ANGELES																
Didi Hirsch	40	26	11	42.3%	0	0.0%	14	53.8%	1	3.8%	0	0.0%	0	0.0%	0	0.0%
Exodus	40	39	33	84.6%	0	0.0%	6	15.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Hillview	95	90	36	40.0%	0	0.0%	42	46.7%	9	10.0%	3	3.3%	0	0.0%	0	0.0%
LAMP	100	81	56	69.1%	1	1.2%	16	19.8%	7	8.6%	0	0.0%	1	1.2%	0	0.0%
MHALA Village	150	130	51	39.2%	0	0.0%	64	49.2%	9	6.9%	0	0.0%	0	0.0%	6	4.6%
Pacific Clinics	100	82	30	36.6%	5	6.1%	30	36.6%	16	19.5%	1	1.2%	0	0.0%	0	0.0%
Portals	29	28	15	53.6%	0	0.0%	5	17.9%	5	17.9%	0	0.0%	0	0.0%	3	10.7%
SCHARP	100	90	74	82.2%	0	0.0%	10	11.1%	6	6.7%	0	0.0%	0	0.0%	0	0.0%
SFVCMHC	65	54	14	25.9%	0	0.0%	32	59.3%	8	14.8%	0	0.0%	0	0.0%	0	0.0%
Telecare 4	20	19	10	52.6%	0	0.0%	4	21.1%	5	26.3%	0	0.0%	0	0.0%	0	0.0%
Telecare 7	70	47	17	36.2%	1	2.1%	20	42.6%	8	17.0%	0	0.0%	1	2.1%	0	0.0%
Tri-City	10	10	1	10.0%	1	10.0%	6	60.0%	2	20.0%	0	0.0%	0	0.0%	0	0.0%
Verdugo	12	15	3	20.0%	0	0.0%	9	60.0%	1	6.7%	0	0.0%	0	0.0%	2	13.3%
Total	**831**	**711**	**351**	49.4%	**8**	1.1%	**258**	36.3%	**77**	10.8%	**4**	0.6%	**2**	0.3%	**11**	1.5%
Grand Total	**1,116**	**951**	**397**	**35.6%**	**12**	**1.3%**	**420**	**44.2%**	**94**	**9.9%**	**8**	**0.8%**	**4**	**0.4%**	**16**	**1.7%**

Table 2 **Homeless Adults with Serious Mental Illness Program** **Data From 1-2001**

COUNTIES Programs	Enrollments and Demographics-Age											
	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	3.10	3.11	3.12
	Number of contracted consumers	Number of consumers currently enrolled	Age 0 to 17	% Age 0 to 17	Age 18 to 24	% Age 18 to 24	Age 25 to 45	% Age 25 to 45	Age 46 to 59	% Age 46 to 59	Age 60+	% Age 60+
SACRAMENTO												
El Hogar	100	92	0	0.0%	6	6.5%	59	64.1%	25	27.2%	2	2.2%
Turning Point	100	80	0	0.0%	4	5.0%	49	61.3%	24	30.0%	3	3.8%
Total	**200**	**172**	**0**	**0.0%**	**10**	**5.8%**	**108**	**62.8%**	**49**	**28.5%**	**5**	**2.9%**
STANISLAUS												
Families First	15	3	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%
Telecare	70	65	0	0.0%	1	1.5%	42	64.6%	21	32.3%	1	1.5%
Total	**85**	**68**	**0**	**0.0%**	**4**	**5.9%**	**42**	**61.8%**	**21**	**30.9%**	**1**	**1.5%**
LOS ANGELES												
Didi Hirsch	40	26	0	0.0%	2	7.7%	17	65.4%	7	26.9%	0	0.0%
Exodus	40	39	0	0.0%	1	2.6%	24	61.5%	14	35.9%	0	0.0%
Hillview	95	90	0	0.0%	2	2.2%	56	62.2%	30	33.3%	2	2.2%
LAMP	100	81	0	0.0%	5	6.2%	53	65.4%	22	27.2%	1	1.2%
MHALA Village	150	130	0	0.0%	7	5.4%	75	57.7%	46	35.4%	2	1.5%
Pacific Clinics	100	82	0	0.0%	10	12.2%	55	67.1%	15	18.3%	2	2.4%
Portals	29	28	0	0.0%	5	17.9%	17	60.7%	6	21.4%	0	0.0%
SCHARP	100	90	0	0.0%	7	7.8%	51	56.7%	31	34.4%	1	1.1%
SFVCMHC	65	54	0	0.0%	5	9.3%	39	72.2%	10	18.5%	0	0.0%
Telecare 4	20	19	0	0.0%	0	0.0%	15	78.9%	4	21.1%	0	0.0%
Telecare 7	70	47	0	0.0%	4	8.5%	27	57.4%	15	31.9%	1	2.1%
Tri-City	10	10	0	0.0%	1	10.0%	8	80.0%	1	10.0%	0	0.0%
Verdugo	12	15	0	0.0%	0	0.0%	8	53.3%	7	46.7%	0	0.0%
Total	**831**	**711**	**0**	0.0%	**49**	6.9%	**445**	62.6%	**208**	29.3%	**9**	1.3%
Grand Total	**1,116**	**951**	**0**	**0.0%**	**63**	**6.6%**	**595**	**62.6%**	**278**	**29.2%**	**15**	**1.6%**

COUNTIES Programs	Outreach Efforts						
	4.1	4.2	4.3	4.4	4.5	4.6	4.7
	Number of contracted consumers	Total contract funds	Average budgeted cost per consumer	Unduplicated number of outreach consumers	Number of outreach contacts	Numberof consumers enrolled to date (Including Dropouts)	Number of consumers currently enrolled
SACRAMENTO							
El Hogar	100	$1,304,078	$13,041	314	362	156	92
Turning Point	100	$1,304,078	$13,041	178	212	151	80
Project Hope		$159,000		741	1455		
Admin		$32,844					
Total	**200**	**$2,800,000**	**$14,000**	**492**	**574**	**307**	**172**
STANISLAUS							
Families First	15	$298,174	$19,878	17	53	17	3
Telecare	70	$1,165,000	$16,643	221	405	100	65
Housing		$436,826					
Total	**85**	**$1,900,000**	**$22,353**	**238**	**458**	**117**	**68**
LOS ANGELES							
Didi Hirsch	40	$208,000	$5,200	90	266	31	26
Exodus	40	$208,000	$5,200	93	227	39	39
Hillview	95	$494,000	$5,200	312	118	109	90
LAMP	100	$463,065	$4,631	844	1,073	81	81
MHALA Village	150	$780,000	$5,200	634	3,988	159	130
Pacific Clinics	100	$520,000	$5,200	77	280	109	82
Portals	29	$150,800	$5,200	186	660	28	28
SCHARP	100	$520,000	$5,200	85	460	102	90
SFVCMHC	65	$338,000	$5,200	57	282	83	54
Telecare 4	20	$104,000	$5,200	32	219	31	19
Telecare 7	70	$364,000	$5,200	107	374	75	47
Tri-City	10	$52,000	$5,200	0	0	12	10
Verdugo	12	$62,400	$5,200	42	85	16	15
Admin		$300,674					
Flexible Funds		$235,061					
Total	**831**	**$4,800,000**	**$5,776**	**2,559**	**8,032**	**875**	**711**
Grand Total	**1,116**	**$9,500,000**	**$8,513**	**3,289**	**9,064**	**1,299**	**951**

COUNTIES Programs	Hospitalizations						
	5.1	5.2	5.3	5.4	5.5	5.6	5.7
	Number of consumers currently enrolled	Number of unduplicated consumers hospitalized in 12 mos prior to enrollment	Number of hospitalizations in 12 mos prior to enrollment	Number of hospital days in 12 mos prior to enrollment	Number of unduplicated consumers hospitalized since enrollment	Number of hospitalizations since enrollment	Number of hospital days since enrollment
SACRAMENTO							
El Hogar	92	11	16	126	5	5	48
Turning Point	80	28	65	708	15	26	257
Total	**172**	**39**	**81**	**834**	**20**	**31**	**305**
STANISLAUS							
Families First	3	1	2	27	0	0	0
Telecare	65	19	36	246	12	23	238
Total	**68**	**20**	**38**	**273**	**12**	**23**	**238**
LOS ANGELES							
Didi Hirsch	26	9	18	447	2	2	59
Exodus	39	7	8	230	4	6	110
Hillview	90	13	15	930	8	8	42
LAMP	81	5	5	203	12	25	302
MHALA Village	130	38	90	1,523	15	22	429
Pacific Clinics	82	18	24	795	17	28	738
Portals	28	2	2	33	4	8	94
SCHARP	90	17	37	1,204	6	6	139
SFVCMHC	54	20	28	698	15	23	122
Telecare 4	19	12	19	2,310	7	14	64
Telecare 7	47	12	25	523	10	19	305
Tri-City	10	6	7	499	3	5	36
Verdugo	15	6	10	404	3	2	61
Total	**711**	**165**	**288**	**9,799**	**106**	**168**	**2,501**
Grand Total	**951**	**224**	**407**	**10,906**	**138**	**222**	**3,044**

Table 5 **Homeless Adults with Serious Mental Illness program** **Data from 1-2001**

Incarcerations, Probation and Parole

COUNTIES Programs	6.1 Number of consumers currently enrolled	6.2 Number of consumers on probation at any time in 12 mos prior to enrollment	6.3 Number of consumers on parole at any time in 12 mos prior to enrollment	6.4 Number of unduplicated consumers incarcerated in 12 months prior to enrollment	6.5 Number of incarcerations in 12 months prior to enrollment	6.6 Number of days incarcerated in 12 months prior to enrollment	6.7 Number of unduplicated consumers incarcerated since enrollment	6.8 Number of incarcerations since enrollment	6.9 Number of days incarcerated since enrollment
SACRAMENTO									
El Hogar	92	21	0	29	44	1,254	12	19	147
Turning Point	80	24	0	44	97	999	17	42	520
Total	**172**	**45**	**0**	**73**	**141**	**2253**	**29**	**61**	**667**
STANISLAUS									
Families First	3	1	0	1	2	10	1	1	7
Telecare	65	7	3	22	53	639	16	33	682
Total	**68**	**8**	**3**	**23**	**55**	**649**	**17**	**34**	**689**
LOS ANGELES									
Didi Hirsch	26	1	2	22	31	2,511	1	1	47
Exodus	39	10	18	13	16	1,666	1	2	15
Hillview	90	35	28	50	54	10,753	16	20	1,989
LAMP	81	9	17	52	65	8,077	14	19	1,073
MHALA Village	130	10	20	61	108	5,959	20	26	1,199
Pacific Clinics	82	11	46	48	53	6,781	11	20	943
Portals	28	5	11	13	13	2,549	2	2	531
SCHARP	90	19	34	53	71	5,503	22	28	1,509
SFVCMHC	54	23	29	45	45	8,477	18	24	1,464
Telecare 4	19	0	0	15	23	1,563	3	3	167
Telecare 7	47	4	13	15	23	2,042	8	13	732
Tri-City	10	1	2	5	6	379	1	1	22
Verdugo	15	2	3	9	9	1,276	7	8	562
Total	**711**	**130**	**223**	**401**	**517**	**57,536**	**124**	**167**	**10,253**
Grand Total	**951**	**183**	**226**	**497**	**713**	**60,438**	**170**	**262**	**11,609**

Income

COUNTIES Programs	7.1 Number of consumers currently enrolled	7.2 Number of unduplicated consumers receiving GA/GR at enrollment	7.3 Number of unduplicated consumers receiving SSI / SSDI at enrollment	7.4 Number of unduplicated consumers receiving TANF at enrollment	7.5 Number of unduplicated consumers receiving VA benefits at enrollment	7.6 Number of unduplicated consumers receiving wages at enrollment	7.7 Number of unduplicated consumers receiving GA/GR since enrollment	7.8 Number of unduplicated consumers receiving SSI / SSDI since enrollment	7.9 Number of unduplicated consumers receiving TANF since enrollment	7.10 Number of unduplicated consumers receiving VA benefits since enrollment	7.11 Number of unduplicated consumers receiving wages since enrollment
SACRAMENTO											
El Hogar	92	35	23	0	0	1	30	37	0	0	7
Turning Point	80	13	34	3	1	0	16	57	2	1	1
Total	**172**	**48**	**57**	**3**	**1**	**1**	**46**	**94**	**2**	**1**	**8**
STANISLAUS											
Families First	3	0	1	1	0	0	0	1	1	0	2
Telecare	65	4	16	3	1	0	7	26	5	1	4
Total	**68**	**4**	**17**	**4**	**1**	**0**	**7**	**27**	**6**	**1**	**6**
LOS ANGELES											
Didi Hirsch	26	7	5	0	0	0	7	4	0	0	1
Exodus	39	8	9	1	0	1	6	7	1	0	2
Hillview	90	27	26	0	1	4	24	8	0	1	9
LAMP	81	13	19	1	0	1	17	15	1	0	6
MHALA Village	130	49	58	1	0	8	53	40	1	0	50
Pacific Clinics	82	13	25	1	0	8	11	22	1	0	10
Portals	28	7	10	0	0	4	6	5	0	3	12
SCHARP	90	37	29	2	0	8	23	16	3	1	17
SFVCMHC	54	10	21	0	0	2	7	8	0	0	15
Telecare 4	19	0	2	0	0	0	0	1	0	0	0
Telecare 7	47	17	14	0	0	0	6	5	0	0	12
Tri-City	10	3	3	0	0	2	1	1	0	0	1
Verdugo	15	5	3	1	0	1	3	3	1	0	3
Total	**711**	**196**	**224**	**7**	**1**	**39**	**164**	**135**	**8**	**5**	**138**
Grand Total	**951**	**248**	**298**	**14**	**3**	**40**	**217**	**256**	**16**	**7**	**152**

COUNTIES Programs	Housing										
	8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8	8.9	8.10	8.11
				Summary	Sub1	Sub2	Sub3	Sub4			
	Number of consumers currently enrolled	Number unduplicated consumers homeless during 12 mos prior to enrollment	Number of homeless days during 12 mos prior to enrollment	Number of consumers homeless at enrollment	Number of consumers on the street at enrollment	Number of consumers in jail at enrollment	Number of consumers in a shelter at enrollment	Number of consumers in a treatment facility at enrollment	Number of homeless days since enrollment	Number of unduplicated consumers becoming homeless since enrollment	Number of consumers currently maintaining housing
SACRAMENTO											
El Hogar	92	92	17,690	74	53	0	17	4	1,958	37	78
Turning Point	80	80	20,164	56	46	1	1	8	2,615	47	80
Total	**172**	**172**	**37854**	**130**	**99**	**1**	**18**	**12**	**4573**	**84**	**158**
STANISLAUS											
Families First	3	2	111	2	2	0	0	0	7	1	3
Telecare	65	58	15416	56	52	1	3	0	6590	21	43
Total	**68**	**60**	**15527**	**58**	**54**	**1**	**3**	**0**	**6597**	**22**	**46**
LOS ANGELES											
Didi Hirsch	26	25	7,625	14	10	2	2	0	4,053	5	16
Exodus	39	33	9,204	22	19	2	1	0	6,234	1	24
Hillview	90	80	22,465	52	11	5	36	0	14,703	16	64
LAMP	81	69	20,385	63	28	33	2	0	12,578	25	51
MHALA Village	130	120	26,852	84	59	17	8	0	7,747	37	111
Pacific Clinics	82	52	10,002	21	4	14	3	0	2,548	12	73
Portals	28	22	5,483	16	9	6	1	0	1,765	6	23
SCHARP	90	73	16,975	35	6	23	6	0	6,138	37	76
SFVCMHC	54	52	13,246	39	26	12	1	0	5,228	23	37
Telecare 4	19	16	4,040	12	3	7	0	2	235	3	19
Telecare 7	47	41	11,588	36	26	3	6	1	5,372	24	41
Tri-City	10	8	1,803	5	2	0	2	1	450	1	9
Verdugo	15	13	2,943	10	6	4	0	0	1,484	6	12
Total	**711**	**604**	**152,611**	**409**	**209**	**128**	**68**	**4**	**68,535**	**196**	**556**
Grand Total	**951**	**836**	**205,992**	**597**	**362**	**130**	**89**	**16**	**79,705**	**302**	**760**

COUNTIES Programs	Employment											
	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	9.10	9.11	9.12
	Number of consumers currently enrolled	Number of consumers with no employment in 12 mos. prior to enrollment	Number of consumers employed full time (32+ hours) in 12 mos. prior to enrollment	Number of days employed full time (32+ hrs) in 12 mos. prior to enrollment	Number of consumers employed part time (< 32 hours) in 12 mos. prior to enrollment	Number of days employed part time (< 32 hrs) in 12 mos. prior to enrollment	Number of consumers employed full time since enrollment	Number of days employed full time since enrollment	Number of consumers employed part time since enrollment	Number of days employed part time since enrollment	Number of consumers in competitive employment since enrollment	Number of consumers in supported employment since enrollment
SACRAMENTO												
El Hogar	92	68	14	2,099	10	1,551	13	776	27	955	27	4
Turning Point	80	70	5	446	6	488	4	196	7	240	6	2
Total	**172**	**138**	**19**	**2545**	**16**	**2039**	**17**	**972**	**34**	**1195**	**33**	**6**
STANISLAUS												
Families First	3	2	0	0	1	150	2	559	1	118	2	0
Telecare	65	63	0	0	2	85	2	230	4	417	6	0
Total	**68**	**65**	**0**	**0**	**3**	**235**	**4**	**789**	**5**	**535**	**8**	**0**
LOS ANGELES												
Didi Hirsch	26	24	0	0	0	0	0	0	1	246	0	1
Exodus	39	37	0	0	1	1	1	123	1	368	0	2
Hillview	90	80	3	546	3	136	2	329	6	1,205	4	6
LAMP	81	78	3	556	0	0	0	0	5	533	2	4
MHALA Village	130	101	11	980	15	1,521	22	3,888	32	5,767	29	35
Pacific Clinics	82	70	1	366	0	0	4	708	3	657	5	6
Portals	28	23	0	0	2	139	3	857	8	2,019	9	1
SCHARP	90	79	0	0	0	0	13	2,820	6	884	11	6
SFVCMHC	54	47	5	975	2	185	4	306	9	1,423	10	5
Telecare 4	19	19	0	0	0	0	0	0	0	0	0	0
Telecare 7	47	45	0	0	1	29	5	698	5	310	5	6
Tri-City	10	7	2	447	2	13	1	12	1	345	1	0
Verdugo	15	13	0	0	0	0	2	155	1	85	3	0
Total	**711**	**623**	**25**	**3,870**	**26**	**2,024**	**57**	**9,896**	**78**	**13,842**	**79**	**72**
Grand Total	**951**	**826**	**44**	**6,415**	**45**	**4,298**	**78**	**11,657**	**117**	**15,572**	**120**	**78**

COUNTIES Programs	Mental Health Services											
	10.1	10.2	10.3	10.4	10.5	10.6	10.7	10.8	10.9	10.10	10.11	10.12
							Summary	Sub1	Sub2	Sub3	Sub4	Sub5
	Number of consumers currently enrolled	Number of consumers with co-occurring alcohol or substance abuse at enrollment	Number of consumers with at least 1 mental health contact in 12 mos prior to enrollment	Number of consumers without health insurance (e.g. Medicaid, Medicare, HMO, Vet Health) at enrollment	Number of consumers obtaining health insurance (e.g. Medicaid, Medicare, HMO, Vet Health) since enrollment	Number of consumers having served at any time in the U.S. armed forces	Number of consumers disenrolled to date	Number of disenrolled consumers who died since admission to the program	Number of disenrolled consumers found not to meet minimum program qualifications	Number of disenrolled consumers without planned transition OR with transfer to a higher level of care	Number of disenrolled consumers with planned transition OR with transfer to a lower level of care	Number of disenrolled consumers leaving program for OTHER reasons
SACRAMENTO												
El Hogar	92	65	51	83	38	7	64	1	3	22	3	35
Turning Point	80	57	52	69	62	14	70	4	20	28	4	14
Total	**172**	**122**	**103**	**152**	**100**	**21**	**134**	**5**	**23**	**50**	**7**	**49**
STANISLAUS												
Families First	3	1	3	1	1	0	14	0	1	1	11	1
Telecare	65	35	38	18	6	1	35	1	3	12	5	14
Total	**68**	**36**	**41**	**19**	**7**	**1**	**49**	**1**	**4**	**13**	**16**	**15**
LOS ANGELES												
Didi Hirsch	26	20	40	40	1	0	5	0	1	3	0	1
Exodus	39	38	14	39	0	0	0	0	0	0	0	0
Hillview	90	76	100	72	8	2	19	3	0	16	0	0
LAMP	81	73	76	61	12	0	0	0	0	0	0	0
MHALA Village	130	81	137	87	15	1	29	1	0	6	4	18
Pacific Clinics	82	53	69	52	1	0	27	1	2	6	6	12
Portals	28	25	29	16	13	1	0	0	0	0	0	0
SCHARP	90	81	90	93	35	0	12	0	0	0	0	1
SFVCMHC	54	41	40	43	13	1	29	3	1	23	1	1
Telecare 4	19	15	18	17	12	0	12	8	0	1	0	0
Telecare 7	47	28	29	16	13	0	28	11	1	5	1	7
Tri-City	10	1	10	6	4	0	2	0	0	0	0	2
Verdugo	15	8	10	7	1	1	1	0	0	0	1	0
Total	**711**	**540**	**662**	**549**	**128**	**6**	**164**	**27**	**5**	**60**	**13**	**42**
Grand Total	**951**	**698**	**806**	**720**	**235**	**28**	**347**	**33**	**32**	**123**	**36**	**106**