

Mental Health Services Act Community Services and Supports



Shasta Triumph and Recovery (STAR) Program



Full Service Partnership Data

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Full Service Partnership (FSP) Data – Shasta Triumph and Recovery (STAR) Program

OVERVIEW

The Mental Health Services Act (MHSA) was passed by the voters as Proposition 63 in November 2004. It is designed to expand and transform California’s public mental health service systems to enable the development of community-based mental health services and supports for persons with serious mental illness. The MHSA programs are developed and implemented in collaboration with consumers of mental health services and their family members, as well as various community stakeholders, as required by California Welfare and Institutions Code (WIC) Section 5848 (a).

One of the work plans developed and approved in Shasta County was Shasta Triumph and Recovery (STAR). STAR is the Full Service Partnership (FSP) program in Shasta County serving all age groups within the targeted population, as required by the California Code of Regulations (CCR) Title 9 Section 3620 (j).

This plan describes an enrollment program that is wellness, recovery, and resiliency based and practices the “whatever it takes” model to provide access to services including housing, employment or employment preparation, medication, transportation, peer relations, social activities, and education for those individuals with severe and persistent mental illness as well as other risk factors. In addition, there is a focus on decreasing incarceration and hospitalization using a Wellness Recovery Action Plan (WRAP) jointly developed with the individual involved and any family or support individuals she/he chooses. This WRAP plan helps meet the mandated state requirement for an Individual Services and Supports Plan (ISSP) for each FSP that is described in CCR Title 9 Section 3620 (a).

The STAR Program is a voluntary program, and Personal Service Coordinators (PSCs) ensure that the consumer is a full partner and that plans are developed with the consumer and family support and input. The PSC ensures access to needed services and supports, and is available to partners and their families 24 hours a day, 7 days a week as described in CCR Title 9 Section 3620 (h). Services are guided by the individual consumer/family culture and individual recovery and resiliency goals, and service delivery is designed to support high quality, culturally competent, recovery-oriented services.

The data summarized in this report on the STAR Program covers the time period from July 1, 2011 through June 30, 2013. This is the two full fiscal years of data which was available after the previous STAR Program report. This data was extracted from the state Department of Mental Health MHSA Data Collection and Reporting (DCR) system as of March 25, 2014. The state DCR system is the system of record for all FSP programs statewide. Data is collected in numerous categories and submitted to the DCR system via three forms: the Partnership Assessment form (PAF); the Key Event Tracking (KET) form; and the Quarterly Assessment (3M) form. All this information is then organized into the following sections: Administrative Changes; Residential; Education; Employment; Financial; Legal; Emergency Interventions; and Health and Substance Abuse. There are also two additional sections of information for Older Adults only, which track the Activities of Daily Living.

This report reviews the in-depth information found in a random sampling of cases selected by various criteria which are detailed below. The review done on these cases looked specifically at three categories of information, to try and measure objectively the relative merit and success of the Shasta County STAR FSP program, based solely on the information available to the state of California. The county must be able to quantitatively prove the effectiveness of the program, with the outcome data the state will review being able to speak for itself. The categories looked at were FSP Goals, Program Goals, and Program Focus Targets. Each of these categories is discussed in more detail later in the report.

CASE SELECTION

Because of the breadth of information tracked on FSPs, there are numerous ways to organize and summarize the data. For the purposes of this report, all cases were first divided into groups in three different ways, and then a random sampling taken to review in depth. The three groups are:

1. Discontinuance Reason of Met Goals
2. Age Groups
3. Length of Partnership

Since each group started from the full pool of all cases, data from different groups should not be added together as it is not unduplicated.

In order to select the cases for random sampling, cases within each group and sub-group were organized in no particular order, and then a random number generator was used to select the 10 cases needed for in-depth review. This was the methodology used everywhere that a random sample is mentioned.

DISCONTINUANCE REASON OF MET GOALS

Of primary interest were cases which had been discontinued for the reason “Met Goals”. Thirty cases were closed during the review time frame with “Met Goals” selected as the reason for the closure in DCR. Ten of these cases were randomly selected for in-depth review.

AGE GROUPS

For data consistency purposes, only cases where the individual remained in the same age group for the entire length of their partnership were considered. Ten cases on Adult/Older Adult FSPs (ages 26 and up) and 10 cases on Transition Age Youth (TAY) FSPs (ages 16-25) were pulled by random sampling for in-depth review. There were only 4 cases on Youth FSPs (ages 0-15), so all 4 of these cases were reviewed.

LENGTH OF PARTNERSHIP

For this group cases were broken into sub-groups based on length of time in partnership as an FSP. Of primary interest are long-standing partnerships, so cases which were open for less than a year were excluded from this group. The sub-groups used were 365-729 days (1 to 2 years), 730-1094 days (2 to 3 years), and 1095 + days (3 or more years). Ten cases from each range were pulled by random sampling for in-depth review.

METHODOLOGY

FSP GOALS

Underlying the entire FSP Program is the fact that this is a voluntary, enrollee-based program. Client needs and wants are of primary importance, and the program itself was designed to be client and family driven, as outlined in CCR Title 9 Sections 3200.050 and 3200.120, and the original 3-year work plan.

One of the tools that the original work plan mentions is a Wellness Recovery Action Plan (WRAP). This WRAP plan helps meet the mandated state requirement for an Individual Services and Supports Plan (ISSP) for each FSP that is described in CCR Title 9 Section 3620 (a). Unfortunately, DCR does not provide a specific data field for tracking the creation or updates of a plan for each individual, so data on this criterion is not currently available. However, future procedural changes might include having this information documented in the county use fields available in DCR, so that tracking of this requirement is formalized and can be reported upon.

Individual FSP goals will be as unique and varied as the individuals served by this program; however, two goals that were identified at a state level as being fairly common across the board were educational goals, and employment goals. As such, there are specific data fields for tracking these two goals for all FSPs.

EDUCATION:

Two things were looked at with regards to education; namely, did the FSP have a stated goal of increasing their education, and did the FSP's educational level increase between the time prior to enrollment in the FSP program and when they discontinued from the FSP program. If the FSP was a minor who was legally required to attend school, that fact was also noted in the review.

EMPLOYMENT:

Two similar questions were looked at with regards to employment: did the FSP have a stated goal of gaining or increasing their employment, and was there a change in the FSP's employment status between the time period prior to enrollment and when they discontinued from the FSP program.

PROGRAM GOALS

Some of the main goals of the FSP program from an agency perspective are to provide the individuals who are served with the tools and assistance they need in order to live more independently, with more stability, increased access to services and supports, and an overall increase in their level of wellness and recovery. Some of the ways these goals are measured by the state are by looking at: residential settings; sources of financial support; rate of arrests, hospitalizations and emergency interventions; and, access to a primary care physician.

RESIDENTIAL SETTINGS:

The state tracks 21 different residential settings, which range on a continuum from institutionalization in various types of facilities to living independently in an apartment or house. Each FSP's record was reviewed to compare the residential setting they were in when they enrolled in the FSP program with the residential setting they were in when they discontinued from the FSP program.

Another facet of residential settings is the stability of them, or how often FSPs change living situations or move between residential settings. While not all moves are necessarily negative, as a general rule of thumb the fewer moves a person has the more stable they can be assumed to be.

The number of residential settings reported for the 12 months prior to becoming an FSP was compared to the number of residential settings reported during the duration of each FSP's case. In order to fairly compare this data, each number was divided by the number of days for that period, and the results then compared. So for example, a person who had 3 residential settings in the 365 days prior to being an FSP ($3 \div 365 = .008$) and 6 residential settings in the 849 days they were an FSP ($6 \div 849 = .007$) would show an increase in residential setting stability.

SOURCES OF FINANCIAL SUPPORT:

Each record was reviewed, and the source(s) of income from prior to becoming an FSP were compared to the source(s) of income listed when the FSP was discontinued from the program. Both the number of sources and the types of income were considered when comparing the data between the two time frames. A preference was given to consider work-based income as a more desirable and positive source.

RATE OF ARRESTS:

The number of arrests in the 12 months prior to becoming an FSP was compared to the number of arrests which occurred during the duration of each FSP's case. As was done previously in the residential settings section, in order to fairly compare this data, each number was divided by the number of days for that period, and the results then compared.

RATE OF PSYCHIATRIC HOSPITALIZATIONS:

The number of psychiatric hospitalizations in the 12 months prior to becoming an FSP was compared to the number of psychiatric hospitalizations which occurred during the duration of each FSP's case. These numbers do not include hospitalization for physical medical issues. As with the residential settings, in order to fairly compare this data, each number was divided by the number of days for that period, and the results then compared.

PHYSICAL HEALTH EMERGENCY INTERVENTIONS:

The number of physical health emergency interventions in the 12 months prior to becoming an FSP was compared to the number which occurred during the duration of each FSP's case. Again, in order to fairly compare this data, each number was divided by the number of days for that period, and the results then compared.

MENTAL HEALTH/SUBSTANCE ABUSE EMERGENCY INTERVENTIONS:

The number of mental health or substance abuse (MH/SA) emergency interventions in the 12 months prior to becoming an FSP was compared to the number which occurred during the duration of each FSP's case. Again, in order to fairly compare this data, each number was divided by the number of days for that period, and the results then compared.

PRIMARY CARE PHYSICIAN:

The last measure looked at in this section is whether or not a Primary Care Physician (PCP) was kept, gained or lost by the FSP. It is debatable whether the majority of individuals who already had a PCP would have lost and not sought another one out on their own without the FSP program. It may not be accurate for the FSP program to take any credit for this statistic.

PROGRAM FOCUS TARGETS

As described in the original three-year plan, there are specific populations which were identified as needing particular attention in the FSP program by the mandated stakeholder process described in CCR Title 9 Section 3300. The overall target population is persons with a serious mental illness who are at high risk due to multiple emergency room visits, risk of LPS conservatorship, risk of hospitalization and homelessness. In addition, they must also fit one or more of the following categories: adult female head of household with dependent children who utilize emergency rooms and hospitals; individuals with multiple hospitalizations; transitional age youth and adults who are homeless or at risk of homelessness/incarceration; persons leaving jail or juvenile hall, or who have alcohol or drug issues and are homeless; and, older adults who are homeless or at risk of homelessness.

In addition, the original FSP program three-year plan describes especially targeting women who have been hospitalized or are at risk of psychiatric hospitalization and who have children at home. It also describes targeting youth and young adults at risk of hospitalization, transitioning from psychiatric hospitals or other locked psychiatric facilities, transitioning out of the foster care system, and/or at risk of incarceration and without familial support for emancipation. The plan also describes increasing and targeting service to the two most underserved racial/ethnic groups in Shasta County, which are Native Americans and Hispanics.

The criteria regarding hospitalizations and incarcerations were adequately tracked in the previous section of this report under “Program Goals.”

While there is some limited data on race/ethnicity available on select cases in DCR which have been cross-referenced with the state CSI database, it is not complete enough to include in this study, nor is it something that county staff can change or update. However, with the new electronic health record system being implemented at HHSA Adult and Children’s Services currently, namely Anasazi, this data will be available for tracking by the county for current and future FSPs. Since there is not sufficient information in DCR on this topic, future procedural changes might include having this specific racial/ethnic information documented in the county use fields available in DCR, so that tracking of this requirement is formalized and can be reported upon at the state level also.

For the purposes of this study, the three data groups tracked on the cases reviewed were whether the FSP was (1) a female with minor children in the home, (2) a Youth/Transition Age Youth (TAY) with additional risk factors, or (3) an Older Adult.

FEMALES WITH CHILDREN IN THE HOME:

All cases were reviewed to see if there were currently minor children in the home of a female FSP, or if she had any minor children that had been legally removed, placed in foster care and/or adopted out.

YOUTH/TRANSITION AGE YOUTH WITH RISK FACTORS:

All cases were reviewed to see if any of the FSPs were in the Youth or TAY age groups. If the FSP was in one of those age categories, it was assumed they also met the required risk factors for inclusion in the program.

OLDER ADULTS:

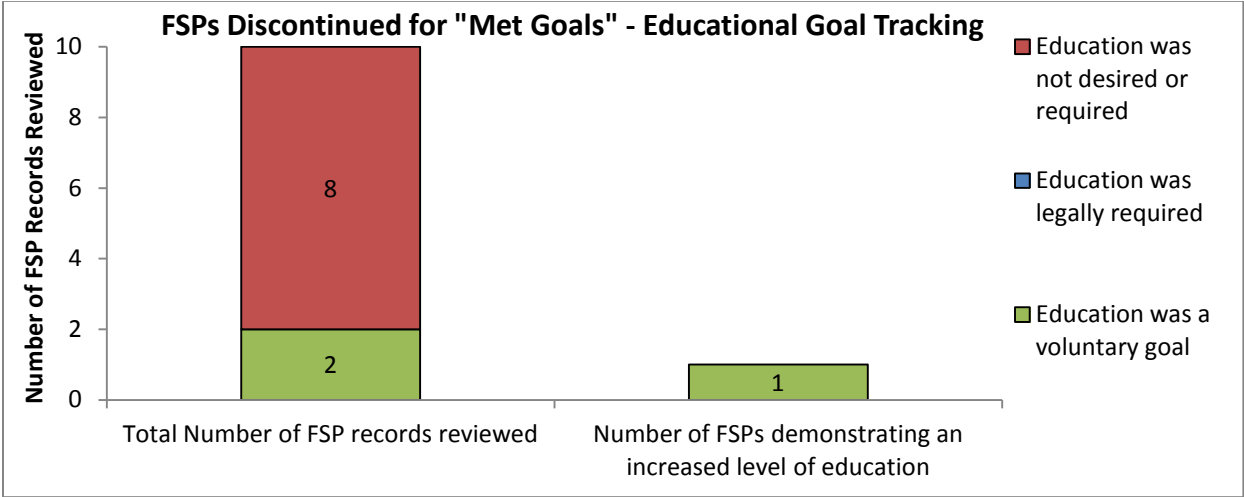
All cases were reviewed to see if any of the FSPs were in the Older Adult age group.

FINDINGS

EDUCATION

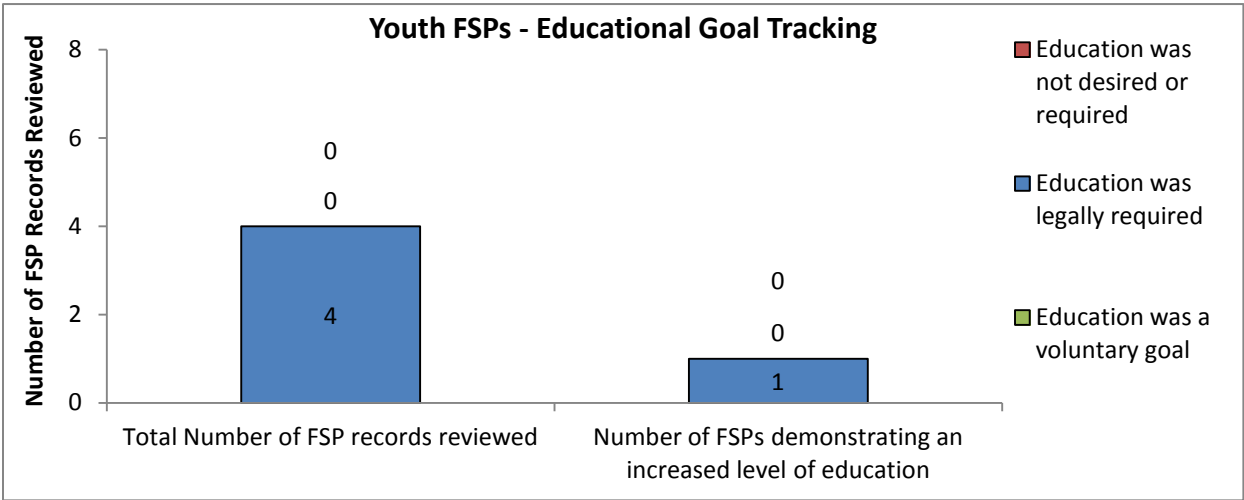
DISCONTINUED FOR “MET GOALS”

- Two cases with education as a stated goal
 - One case documented an increase from 11th grade to gaining a High School Diploma
 - One case did not document any educational activities, remaining at the starting level of “Some college”



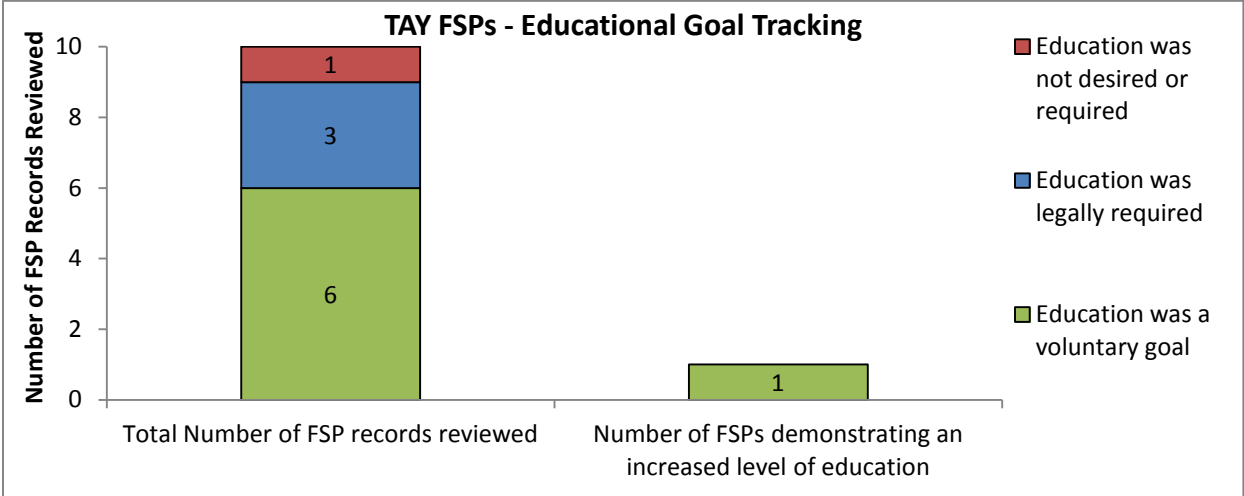
AGE GROUP “YOUTH”

- All 4 cases on minors legally required to attend school
 - Attendance was documented on all 4 cases
 - Education level remained the same with no increases documented on 3 cases
 - Education level increased on one case



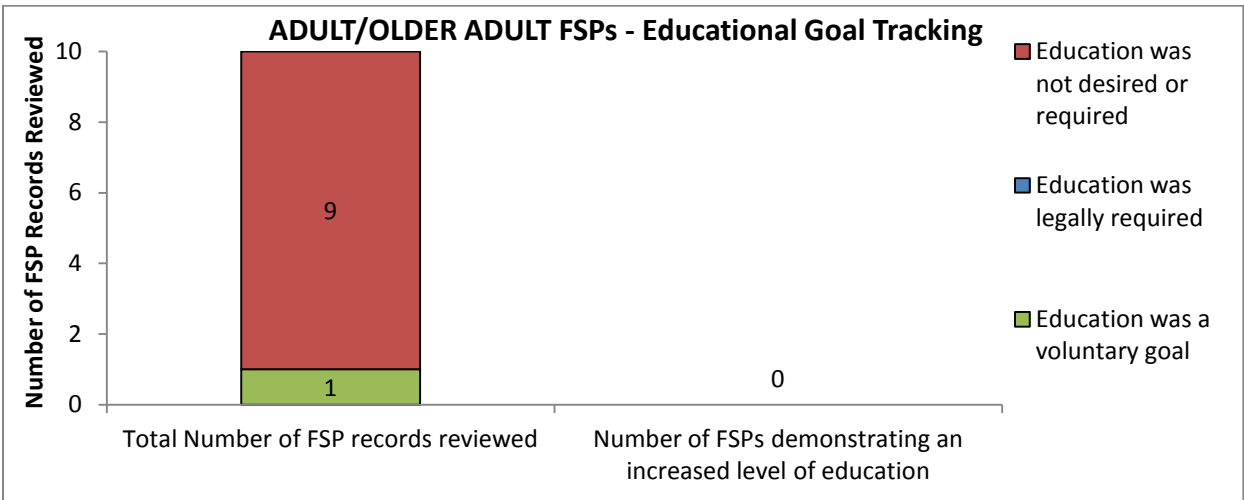
AGE GROUP “TAY”

- Six cases with education as a stated goal
 - One of these six earned a high school diploma while an FSP
 - Education level remained the same on the other 5 cases, with no increases or attendance documented
- Three cases on minors legally required to attend school
 - Attendance was not documented on 2 cases
 - No education level increase was documented on any of the 3 cases



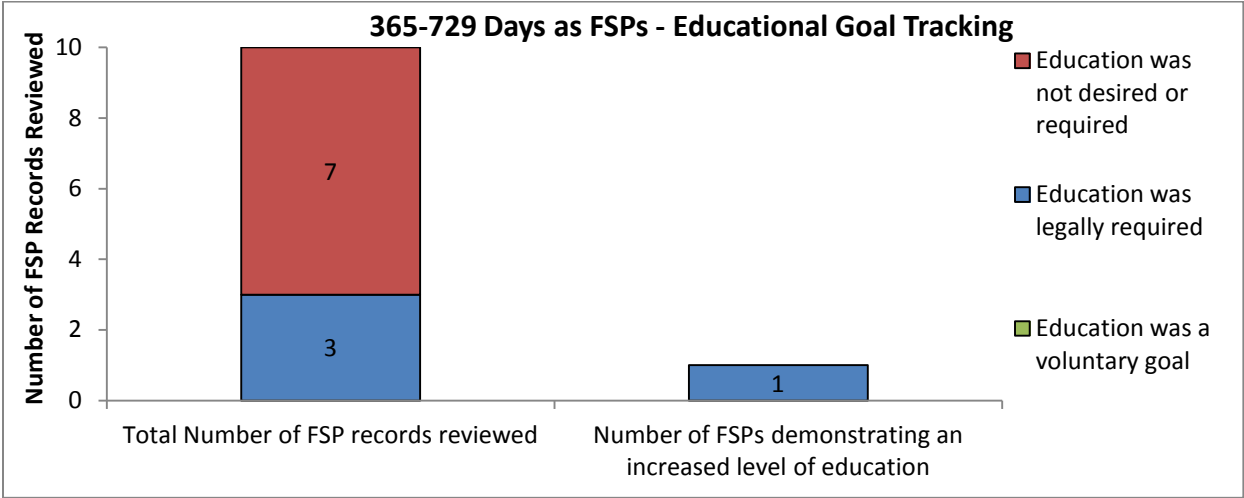
AGE GROUP “ADULT/OLDER ADULT”

- One case with education as a stated goal
 - No attendance documented in the more than 5 years the FSP case was active
 - Education level remained the same at “Some college/Some technical training”



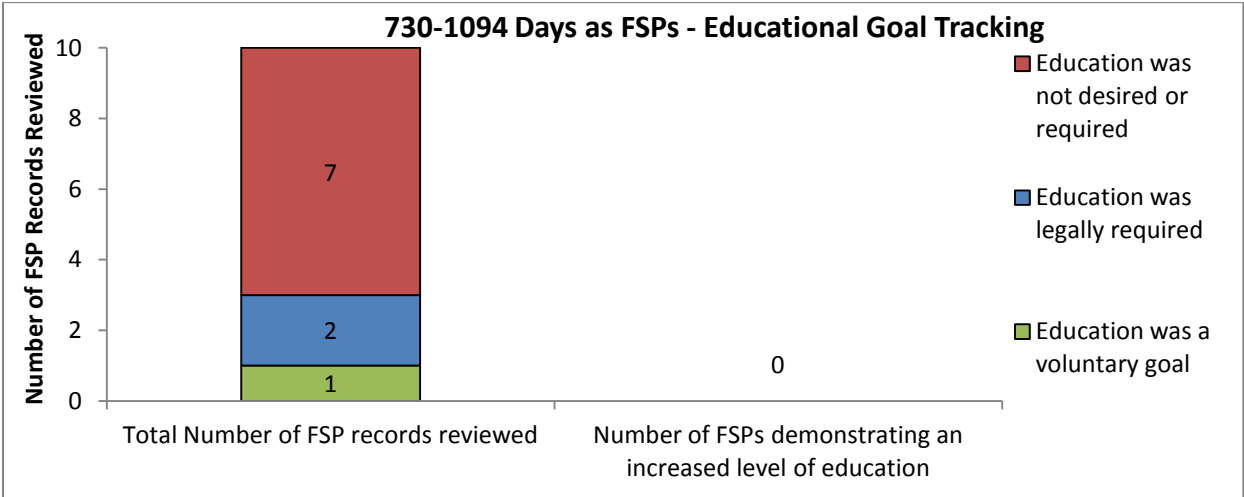
365-729 DAYS IN PARTNERSHIP

- Zero cases with education as a stated goal
- Three cases on minors legally required to attend school
 - Attendance was documented in 2 of the 3 cases
 - Education level increase documented in 1 of the 3 cases



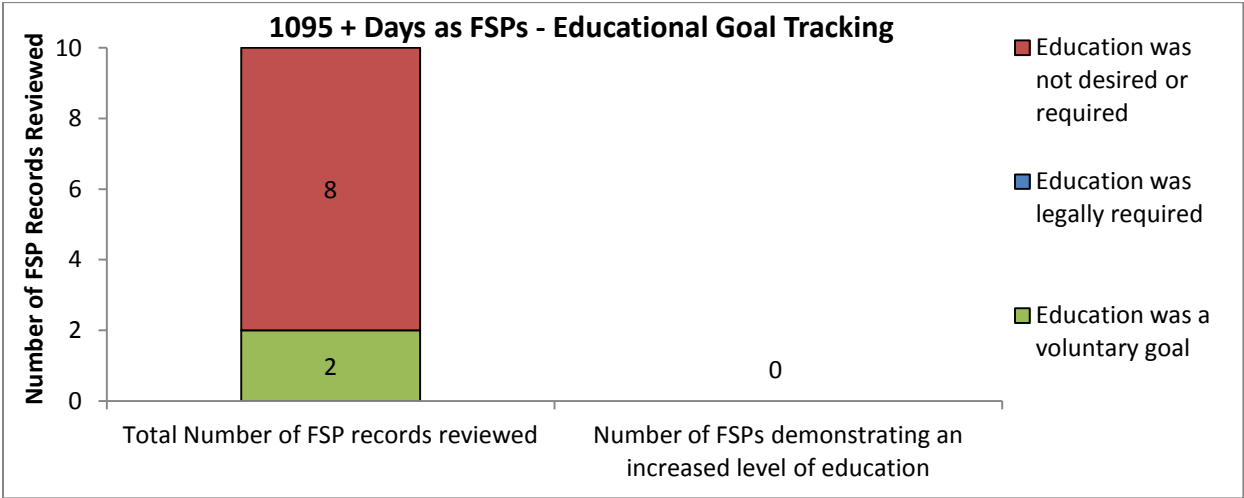
730-1094 DAYS IN PARTNERSHIP

- One case with education as a stated goal
 - Education levels remained the same with no increases or attendance documented in more than two years as an FSP
- Two cases on minors legally required to attend school
 - Attendance was not documented on 1 case
 - No education level increase was documented on both cases



1095+ DAYS IN PARTNERSHIP

- Two cases with education as a stated goal
 - No attendance documented in both cases
 - Education levels remained the same with no increases documented on both cases, one of which was open for over three years and the other over five years



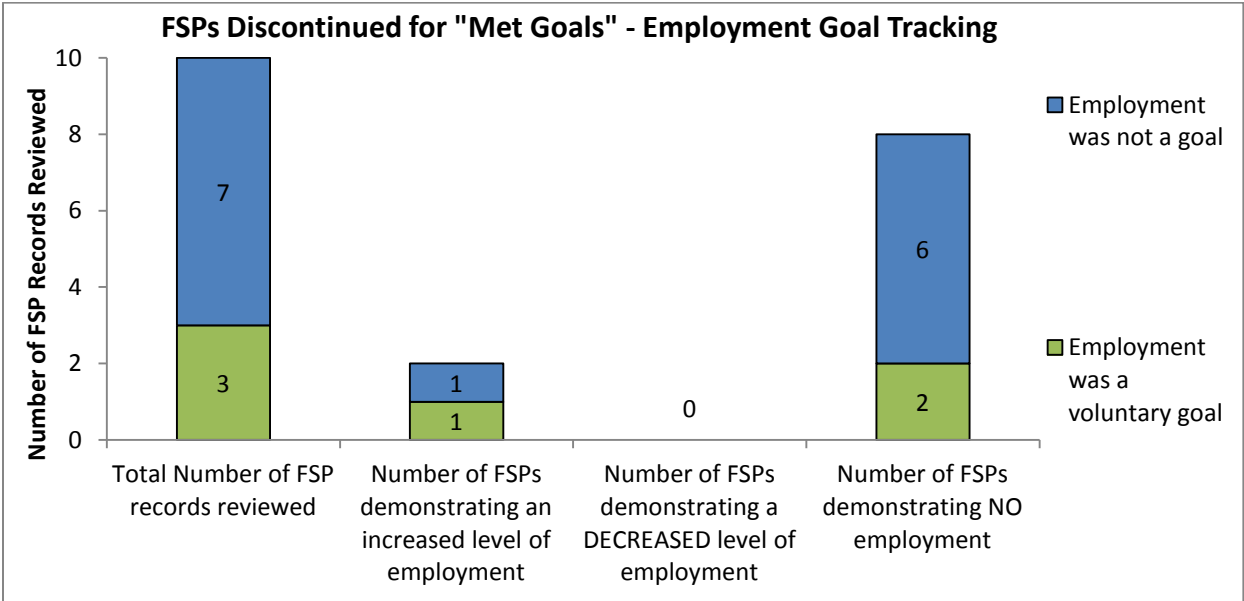
RESULTS SUMMARY - EDUCATION

Overall, the data shows that the educational goals or needs of the majority of FSPs were not met. In all groups reviewed, positive results were not reflected for the majority of those minors legally required to attend school. Very few of those FSPs who voluntarily wished to pursue more education as a goal demonstrated any results either.

EMPLOYMENT

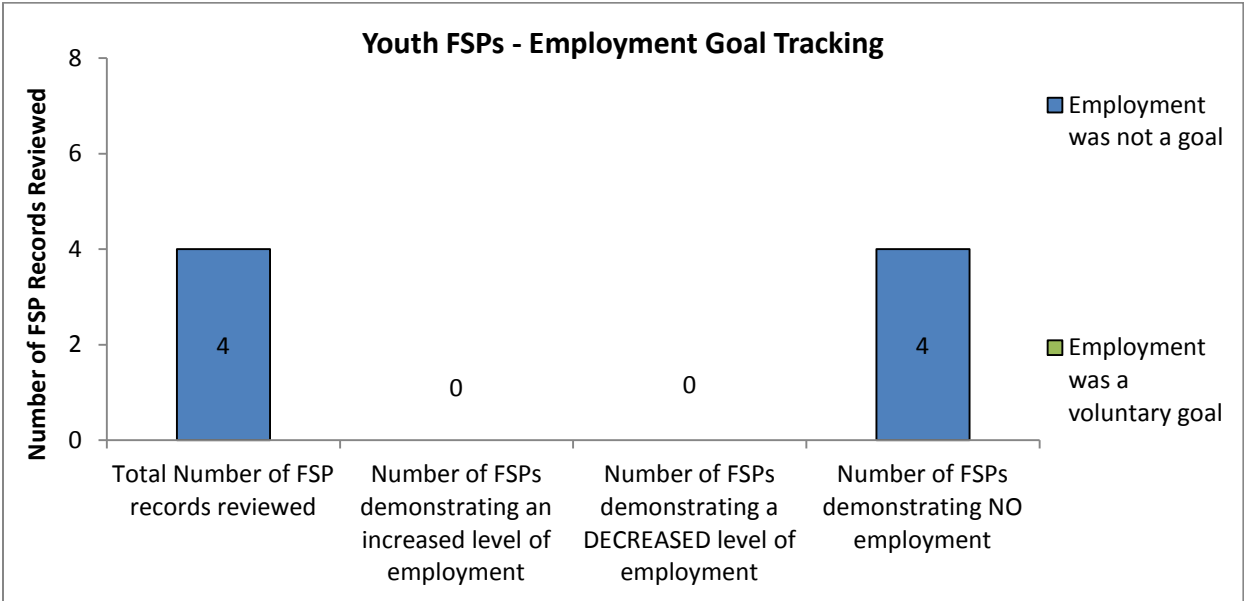
DISCONTINUED FOR “MET GOALS”

- Three cases with employment as a stated goal
 - Two cases started out and remained unemployed with no increase in employment level documented (one case was active over a year, the other over five years)
 - One case increased from unemployment to In-House Employment of 30 hours/week at \$8.00 per hour
- Seven cases did NOT have employment as a stated goal
 - One of these cases increased from unemployment to Transitional Employment of 10 hours/week at \$8.00 per hour
 - Six cases started out and remained unemployed with no increase in employment level documented



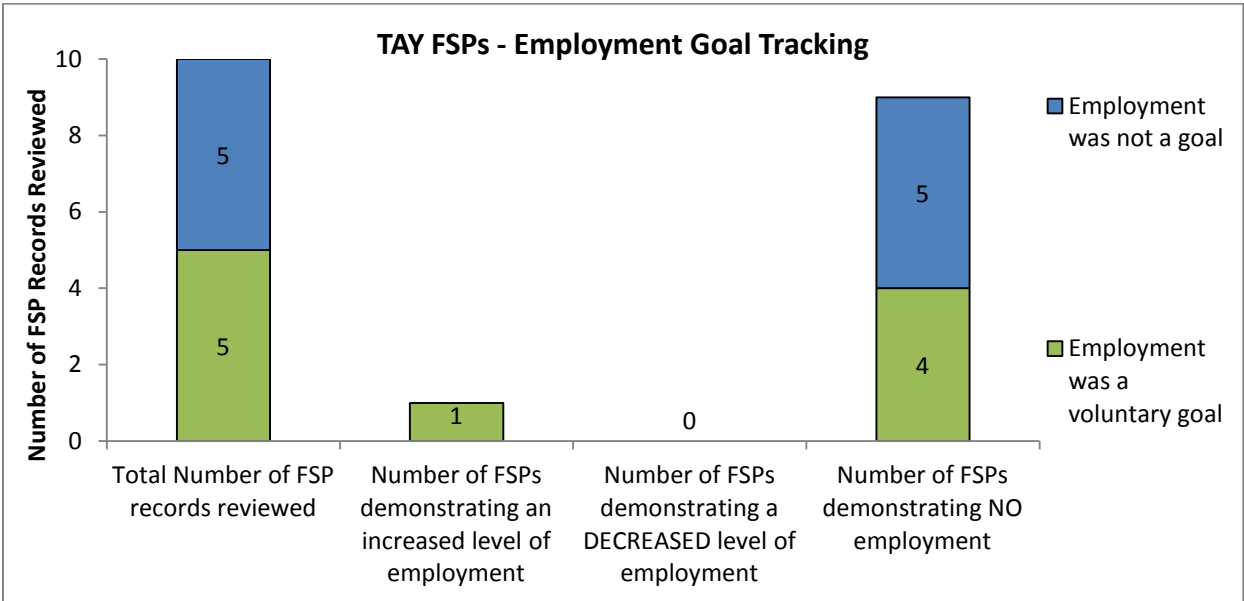
AGE GROUP “YOUTH”

- None of the 4 cases had employment as a goal
- Employment levels remained the same with no increases documented and all 4 being unemployed in both time frames



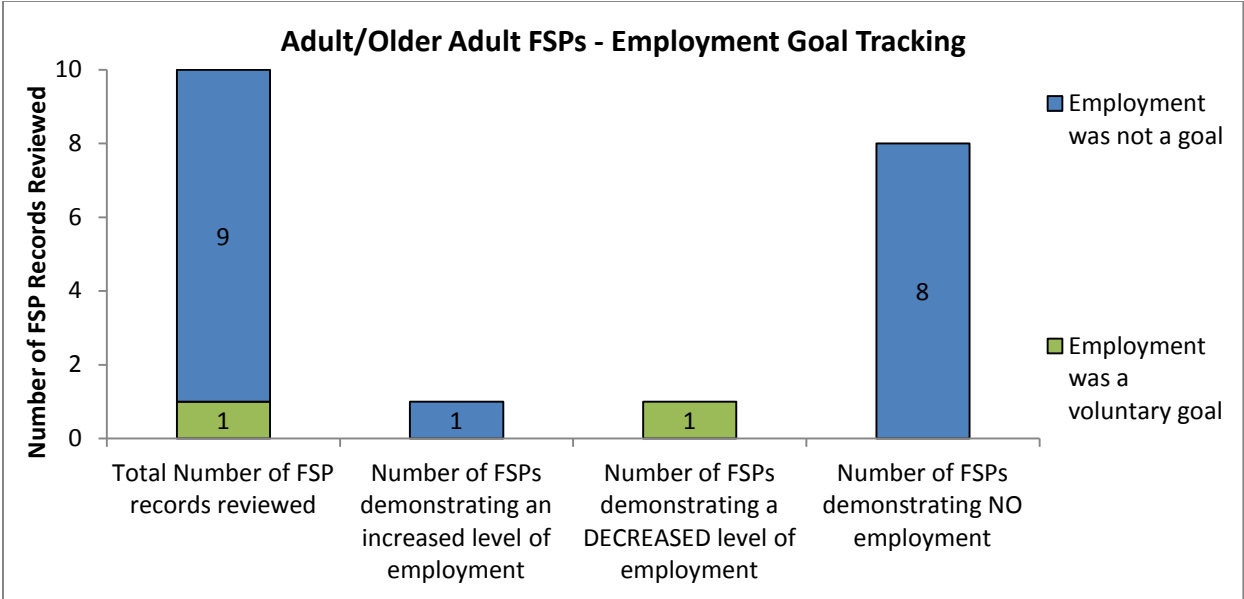
AGE GROUP “TAY”

- Five cases with employment as a stated goal
 - One of the 5 started out as unemployed and gained part-time employment while an FSP
 - Four of the 5 started out and remained unemployed with no employment level increases documented



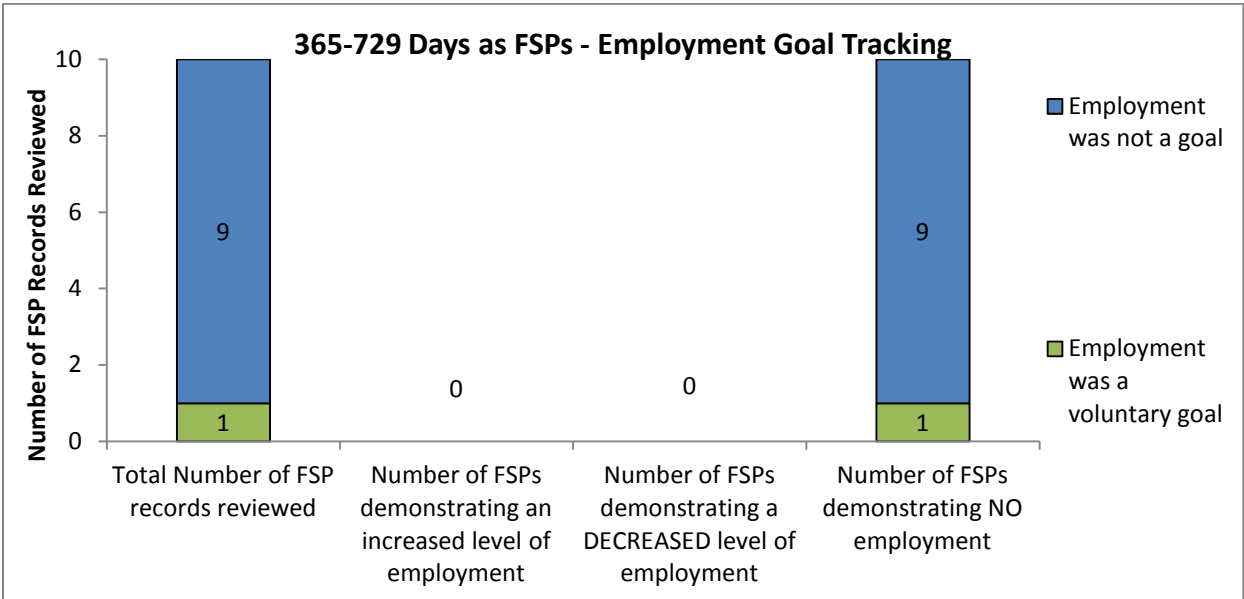
AGE GROUP “ADULT/OLDER ADULT”

- One case with employment as a stated goal
 - This case started out with minimal employment history in the year prior, but remained unemployed with no increases in employment level documented
- Nine cases with no employment goal
 - One case demonstrated an increase from unemployment to Transitional Employment of 10 hours per week, at \$8.00 per hour



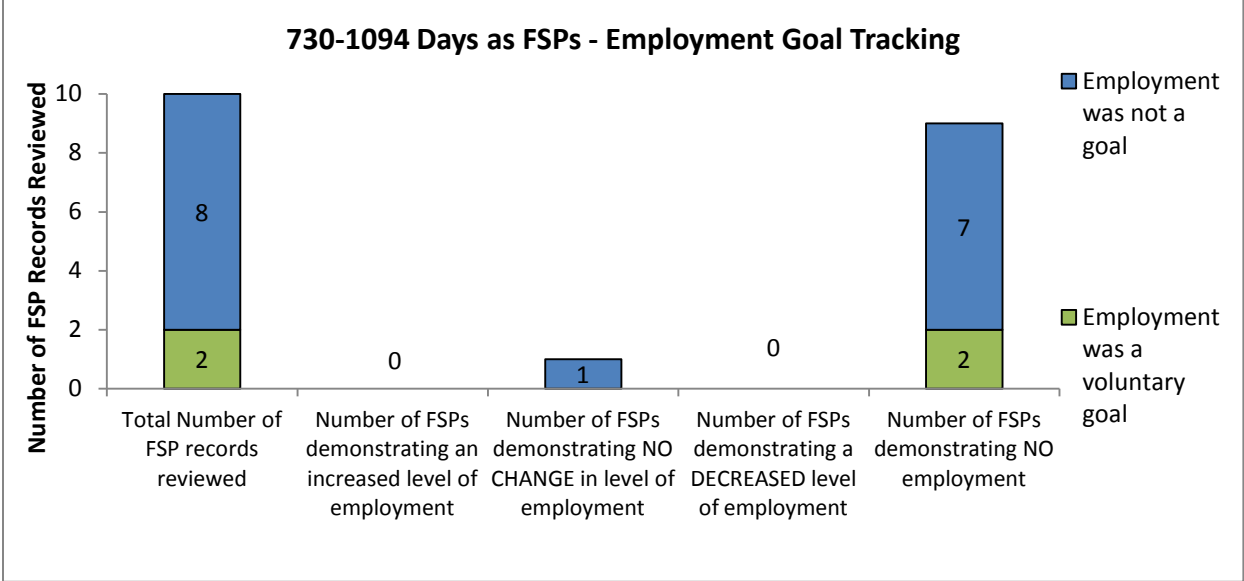
365-729 DAYS IN PARTNERSHIP

- One case with employment as a stated goal
 - This case started out and remained unemployed with no increase in employment level documented during the more than one year their FSP case was open



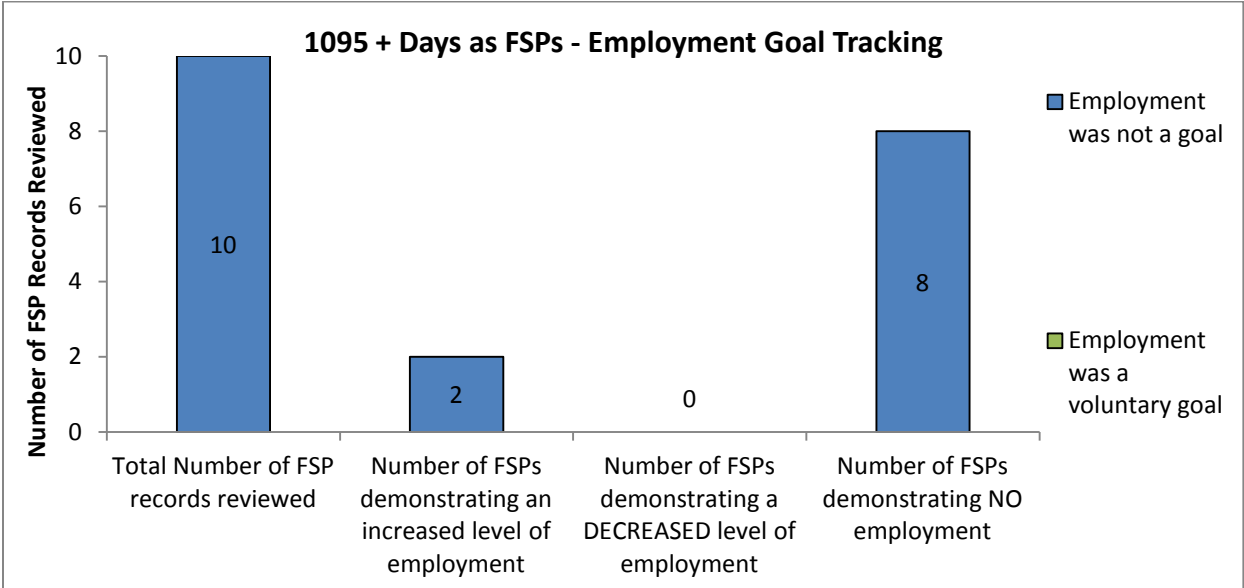
730-1094 DAYS IN PARTNERSHIP

- Two cases with employment as a stated goal
 - Both cases started out and remained unemployed with no increase in employment level documented in the more than two years they were each an FSP
- One case without employment as a stated goal reported maintaining 5 hours per week of non-paid volunteer time in both time periods



1095+ DAYS IN PARTNERSHIP

- None of the 10 cases had employment as a stated goal
 - One case demonstrated an increase from unemployment to Transitional Employment of 10 hours per week, at \$8.00 per hour
 - One case demonstrated an increase from unemployment to Other Employment of 3 hours per week, at \$6.00 per hour



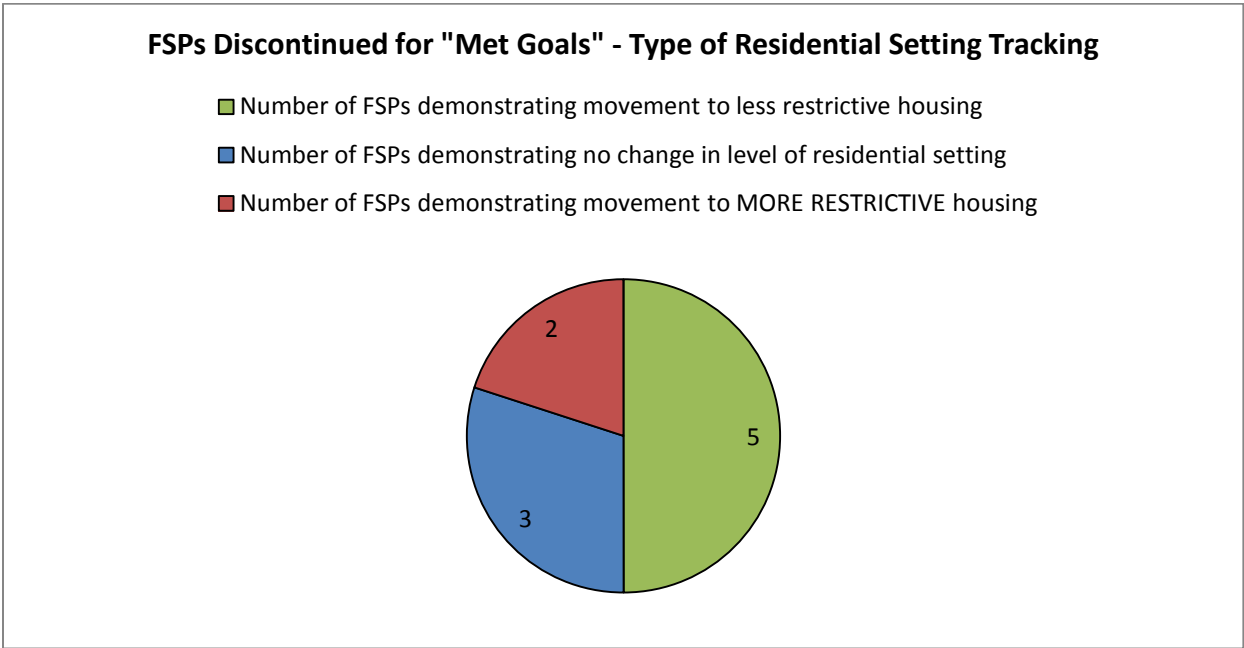
RESULTS SUMMARY - EMPLOYMENT

Overall, the data shows that the employment goals or needs of the majority of FSPs were not met. In all groups reviewed, few of those with a goal of employment achieved any kind of employment. There was one case where volunteering was documented, but this had begun prior to involvement with the FSP program. In each case where employment was achieved, it was part-time. In most groups, the majority of FSPs reviewed were unemployed and had been for a significant period of time.

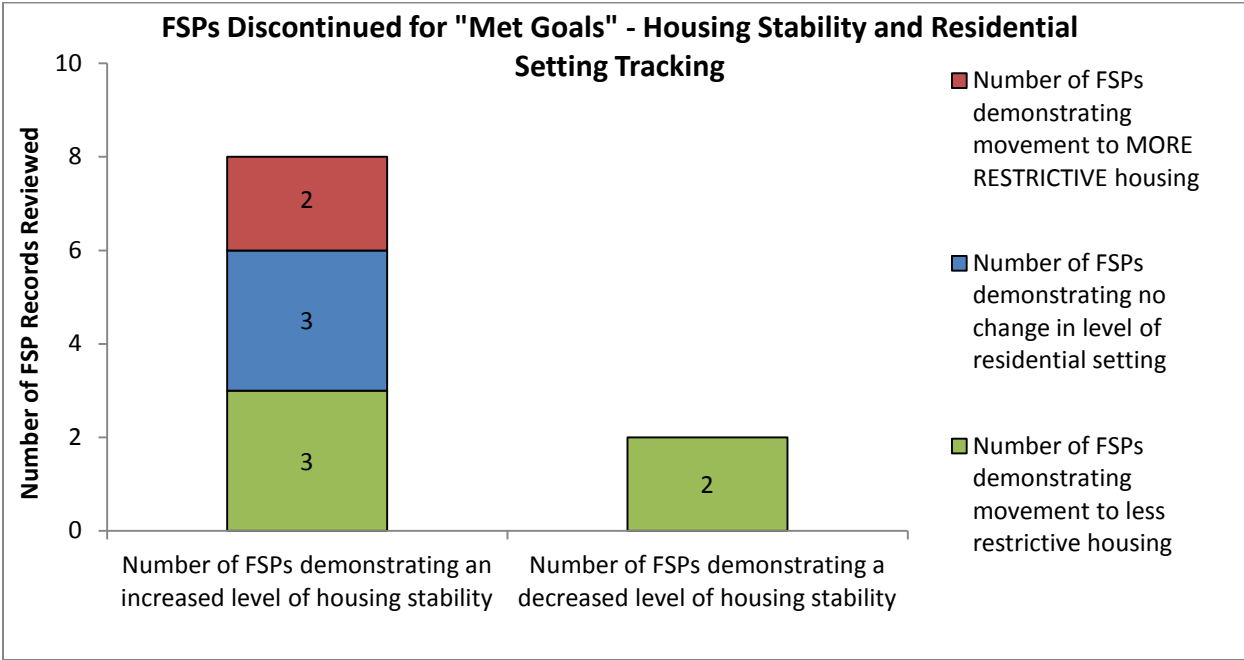
RESIDENTIAL SETTINGS

DISCONTINUED FOR "MET GOALS"

- Five cases with movement to a less restrictive setting documented
- Three cases with no change in residential setting documented
- Two cases with movement to a MORE restrictive setting documented
 - Both cases moved from Community Care to Emergency Shelter

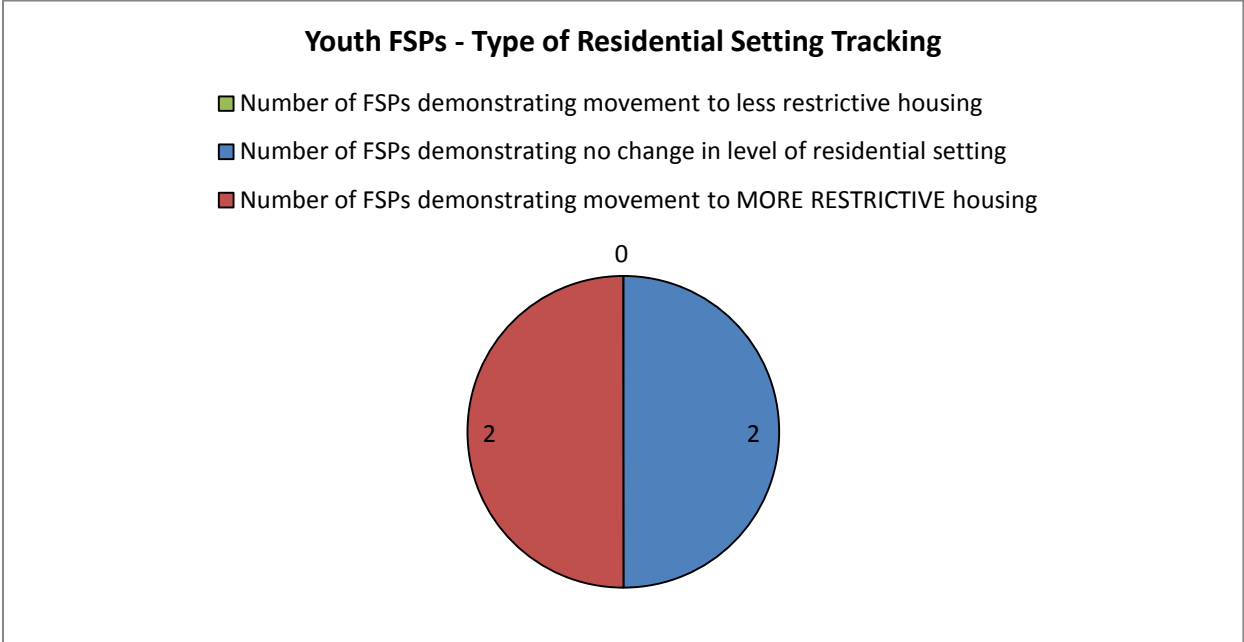


- Eight records showed an increase in residential setting stability
- Two records showed a decrease in residential setting stability

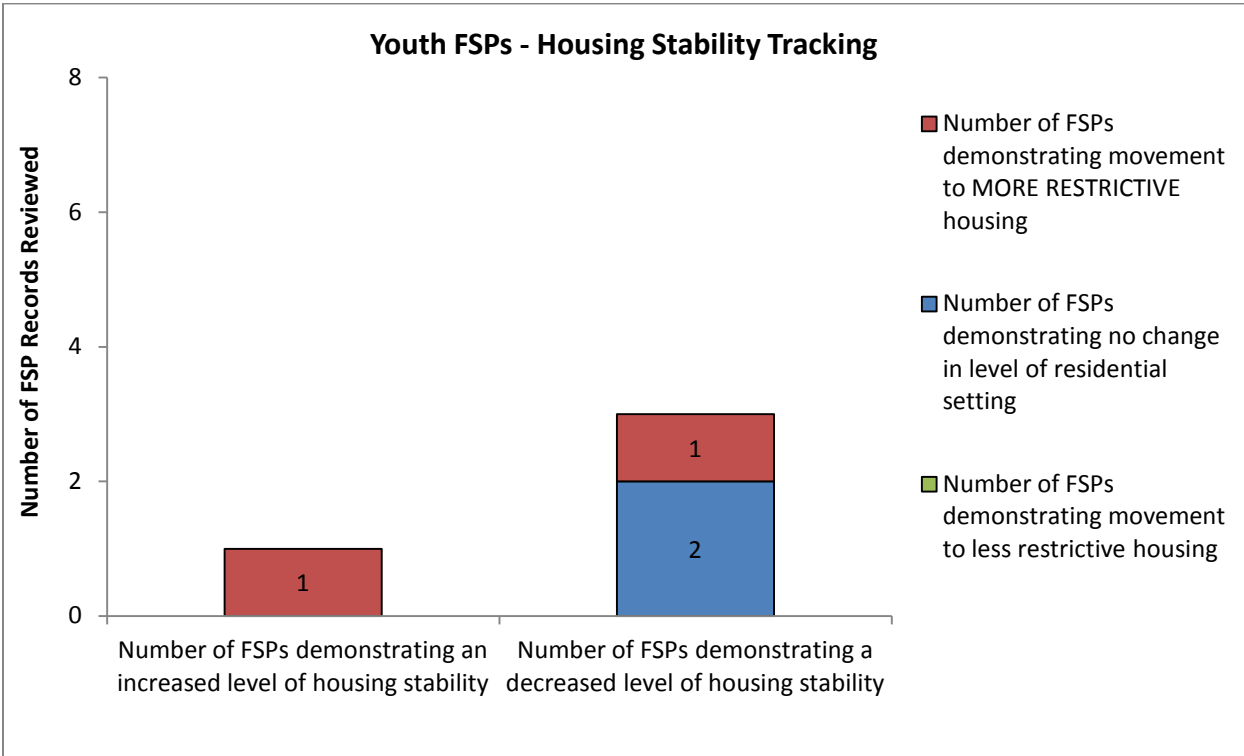


AGE GROUP “YOUTH”

- No cases with movement to a less restrictive setting documented
- Two cases with no change in residential setting documented
- Two cases with movement to a more restrictive setting documented

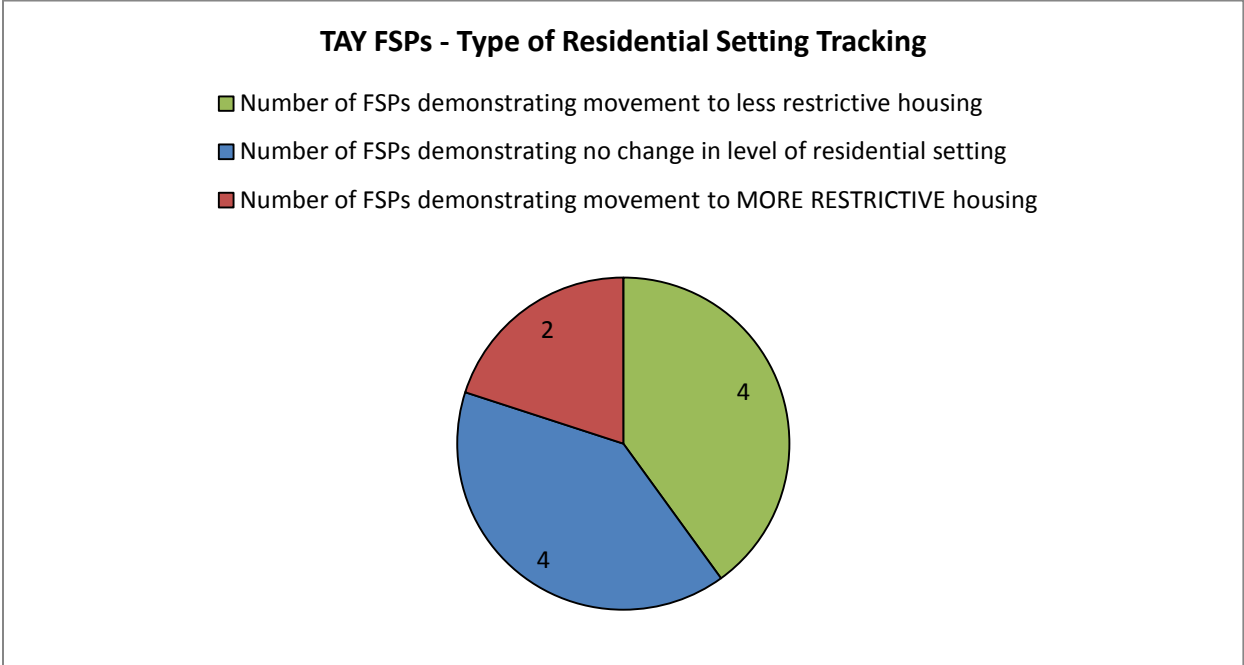


- One cases showed an increase in residential setting stability
- Three cases showed a decrease in residential setting stability

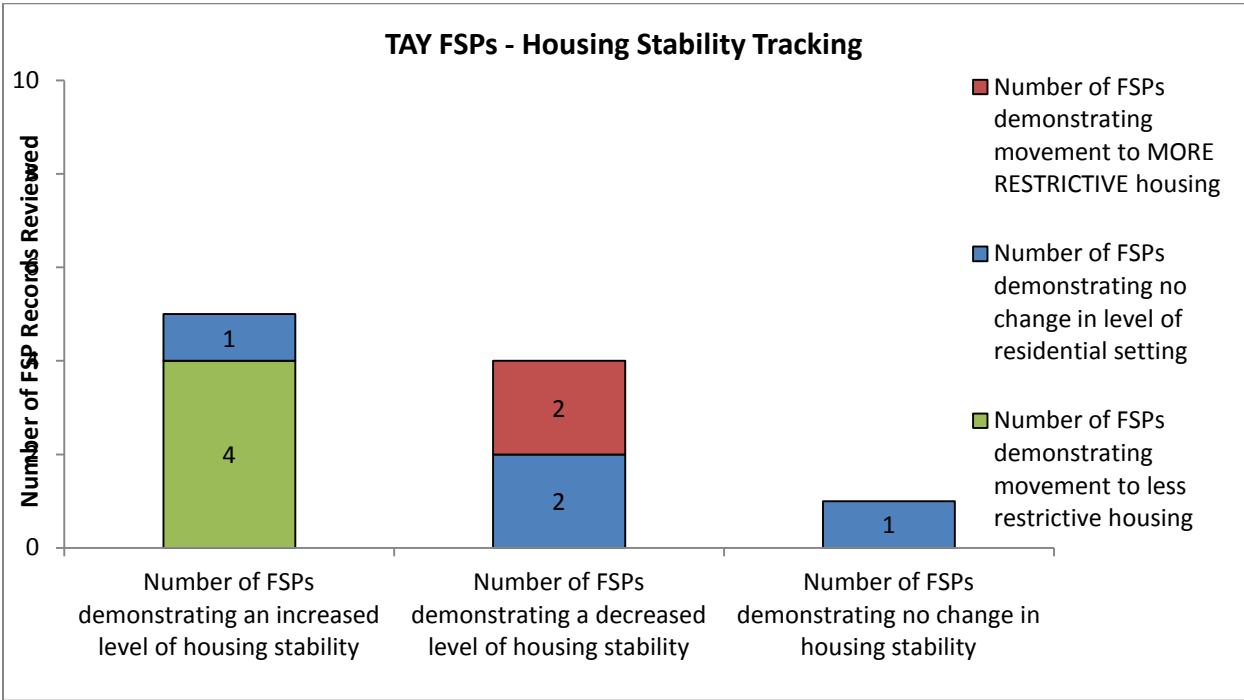


AGE GROUP “TAY”

- Four cases with movement to a less restrictive setting documented
- Four cases with no change in residential setting documented
- Two cases with movement to a more restrictive setting documented
 - Both cases moved to Long-Term Care

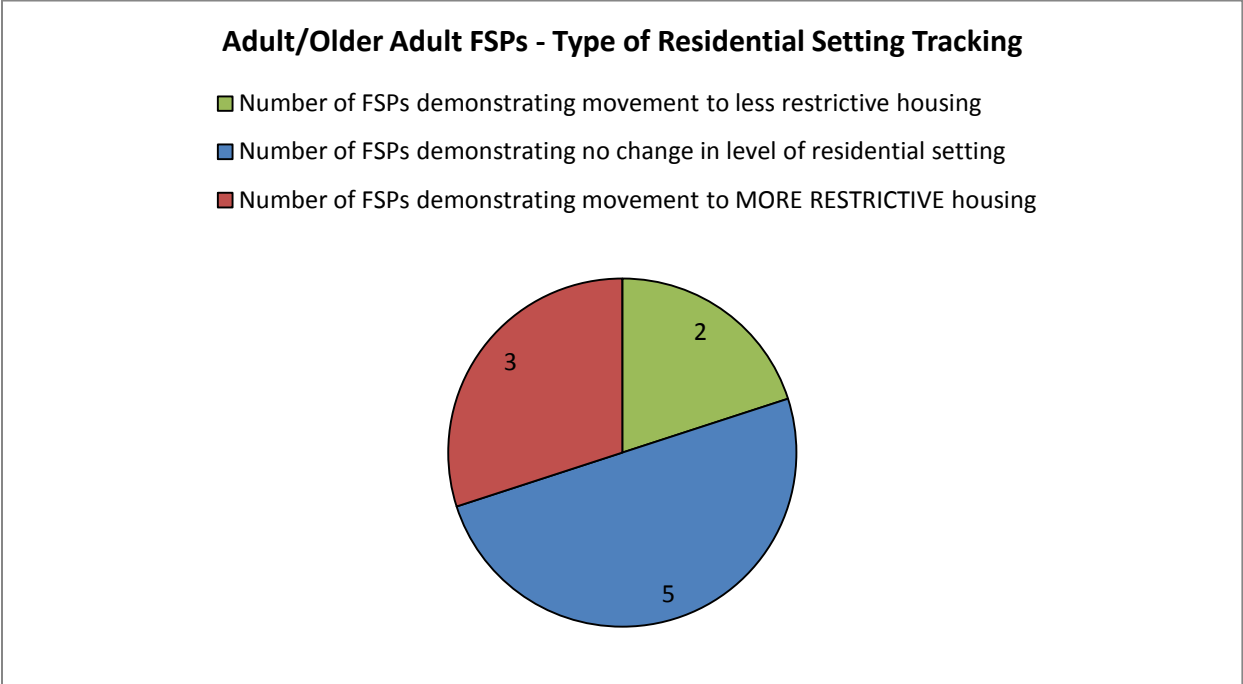


- Five cases showed an increase in residential setting stability
- One case showed no change in residential setting stability
- Four cases showed a decrease in residential setting stability

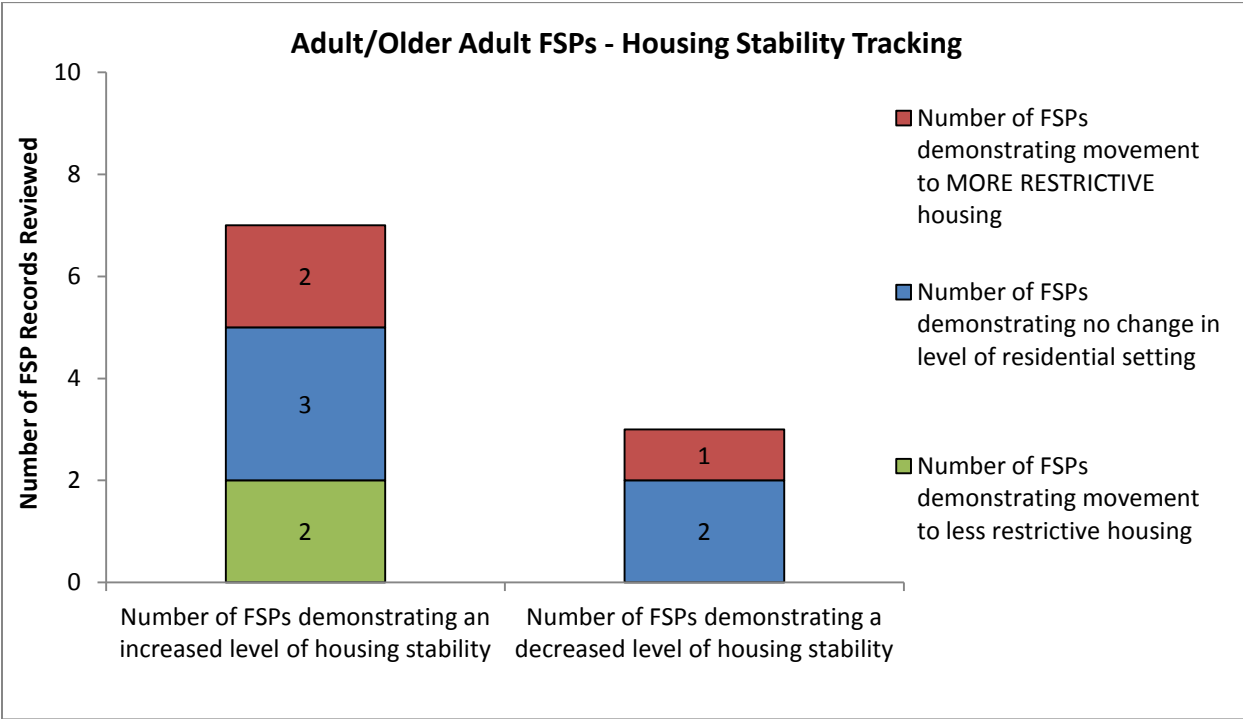


AGE GROUP “ADULT/OLDER ADULT”

- Two cases with movement to a less restrictive setting documented
- Five cases with no change in residential setting documented
- Three cases with movement to a more restrictive setting documented

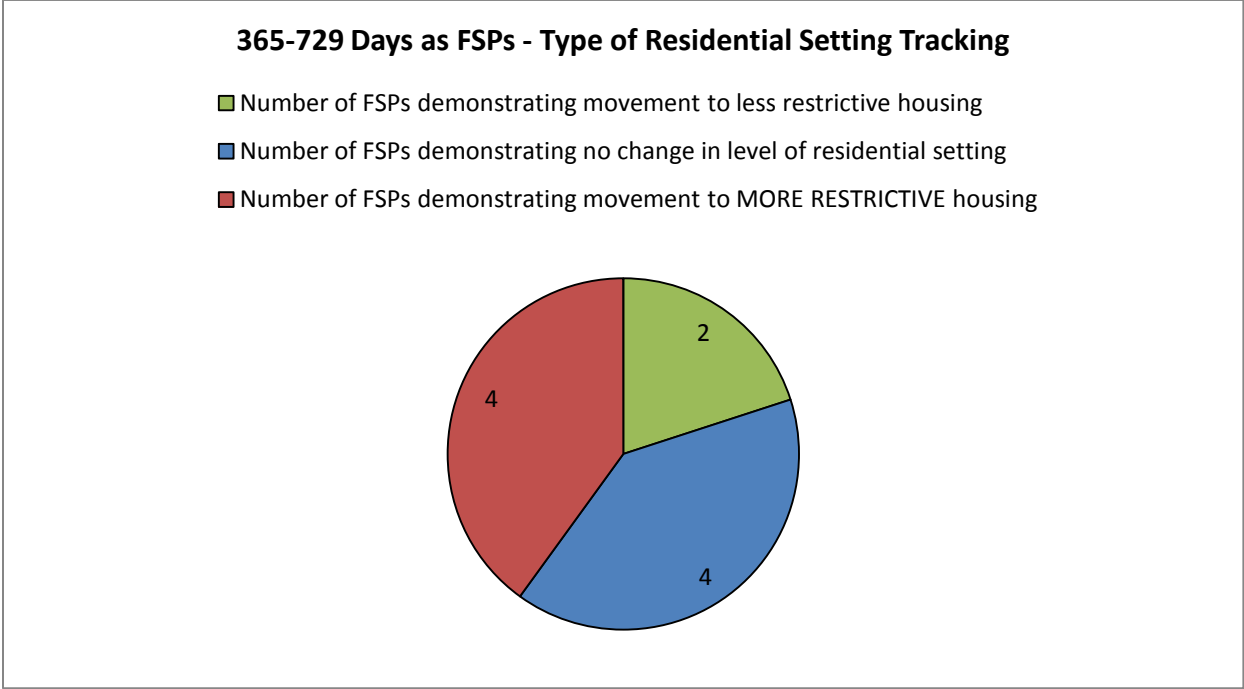


- Seven cases showed an increase in residential setting stability
- Three cases showed a decrease in residential setting stability

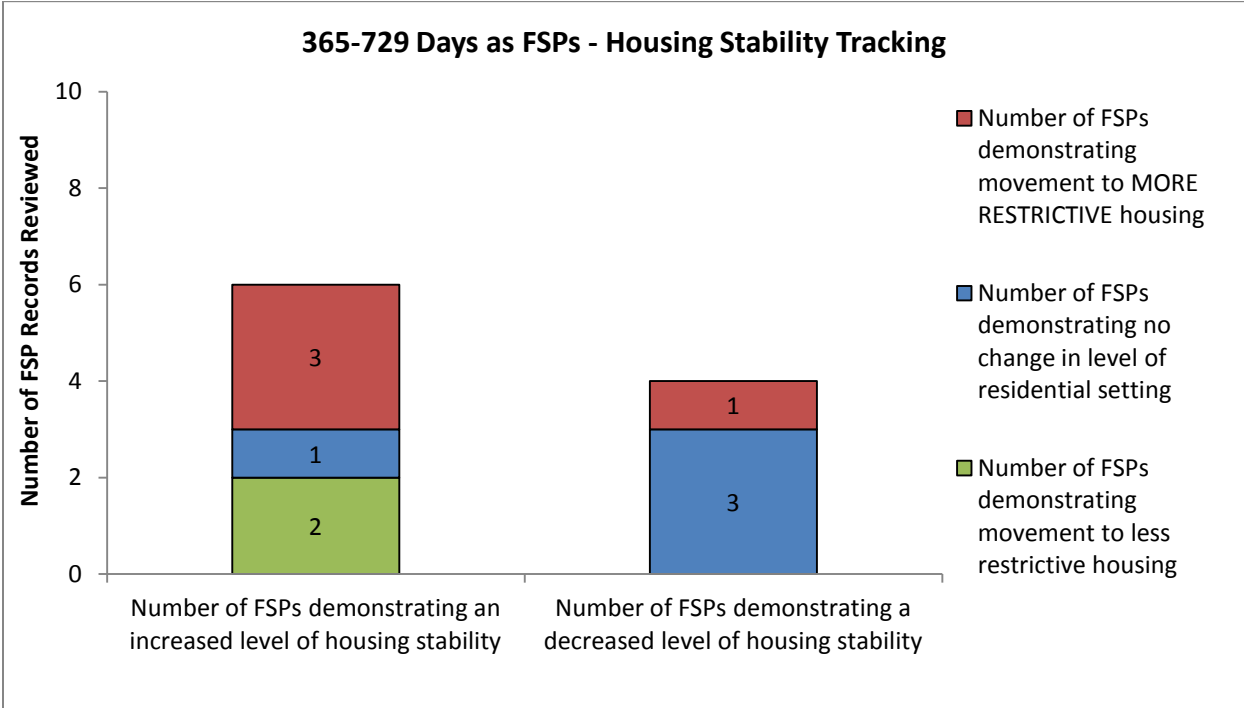


365-729 DAYS IN PARTNERSHIP

- Two cases with movement to a less restrictive setting documented
 - One case had homelessness as the least restrictive setting
- Four cases with no change in residential setting documented
- Four cases with movement to a more restrictive setting documented

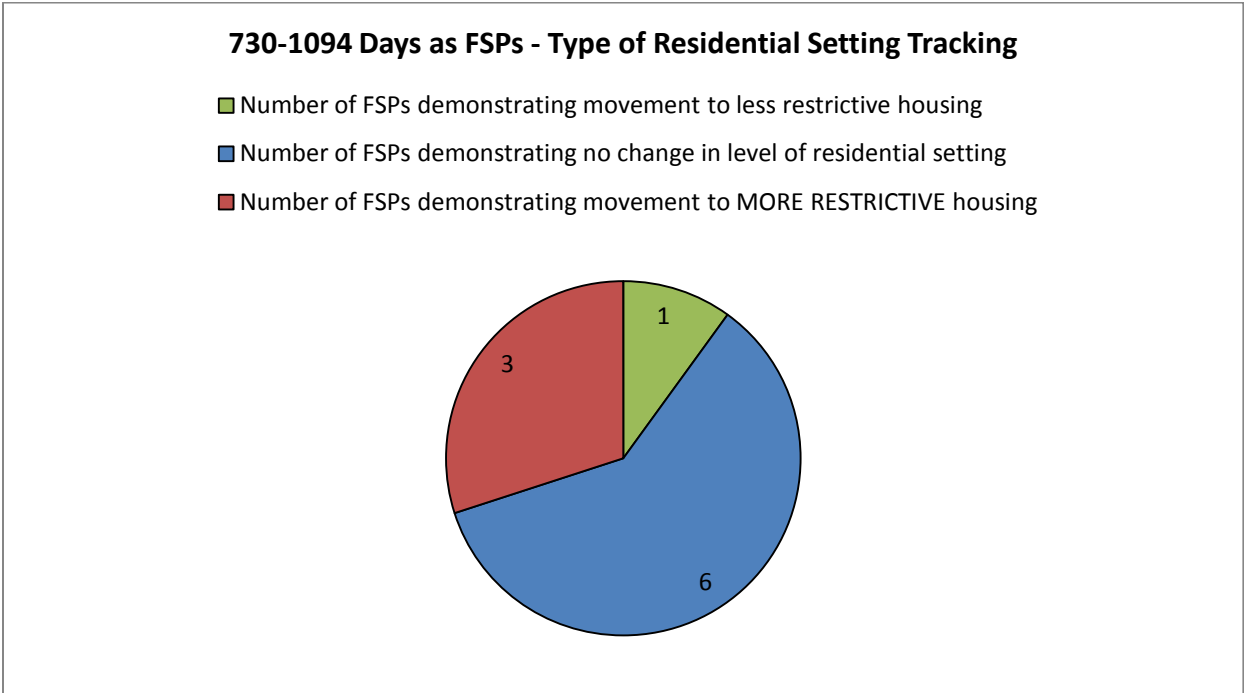


- Six cases showed an increase in residential setting stability
- Four cases showed a decrease in residential setting stability

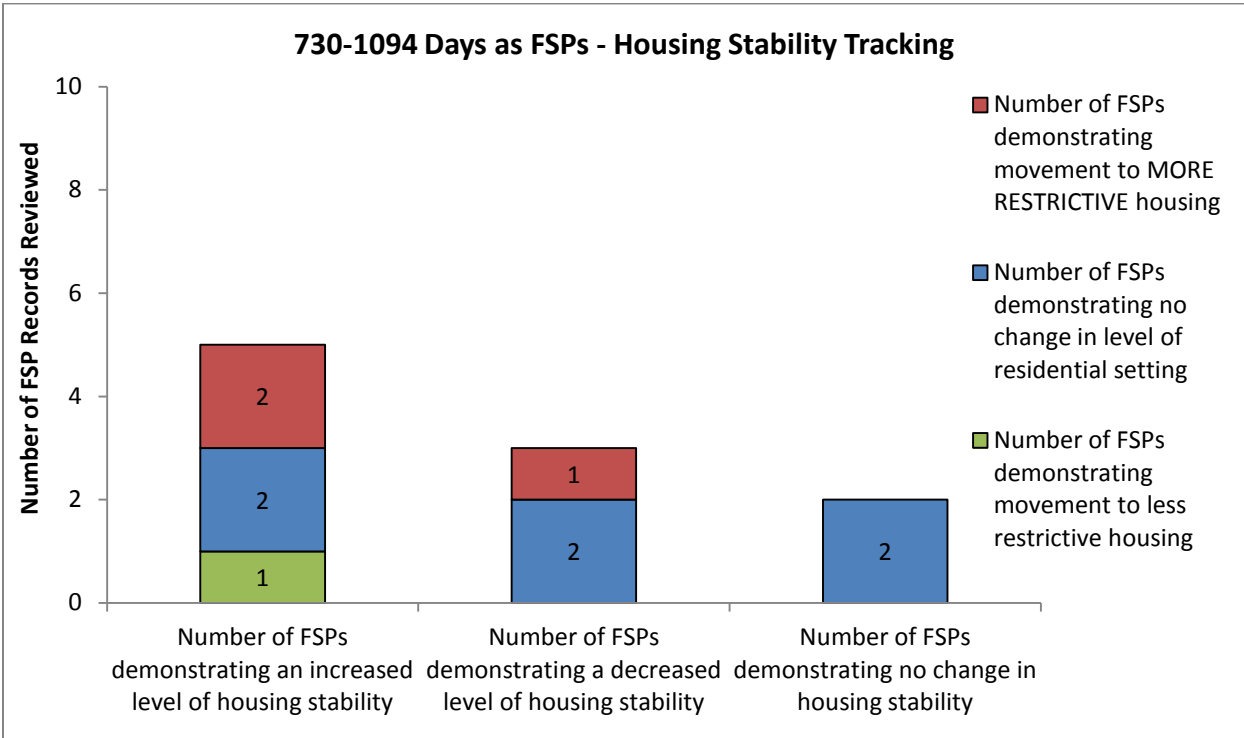


730-1094 DAYS IN PARTNERSHIP

- One case with movement to a less restrictive setting documented
- Six cases with no change in residential setting documented
- Three cases with movement to a more restrictive setting documented

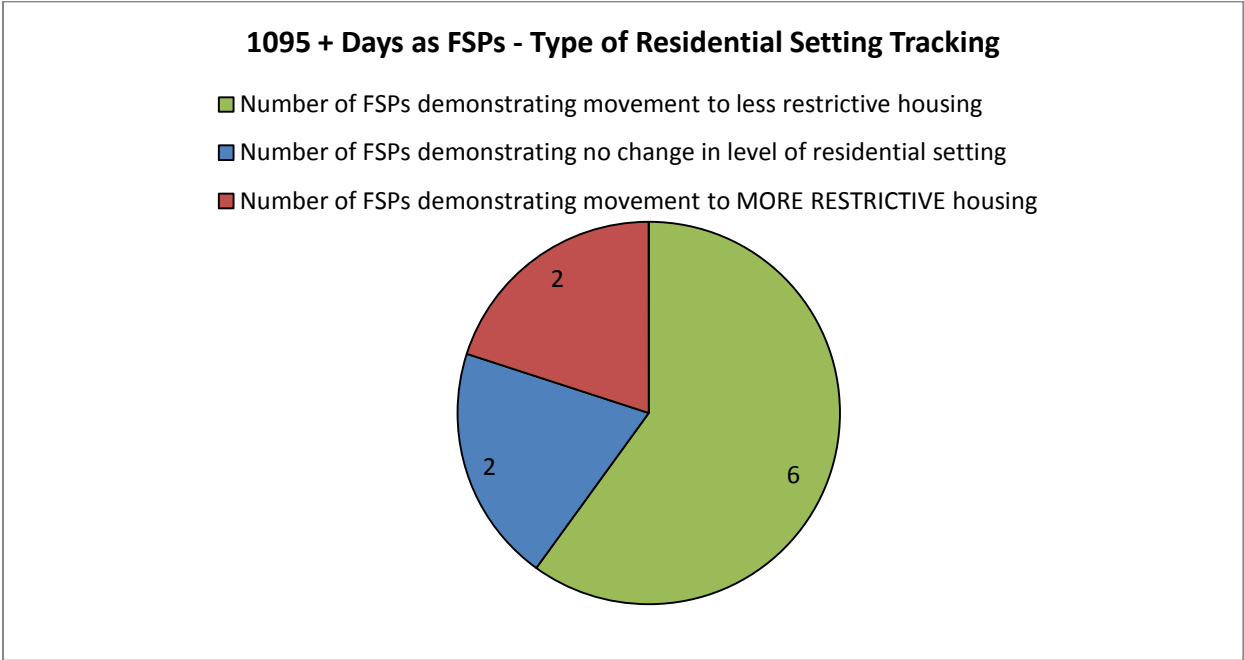


- Five cases showed an increase in residential setting stability
- Three cases showed a decrease in residential setting stability

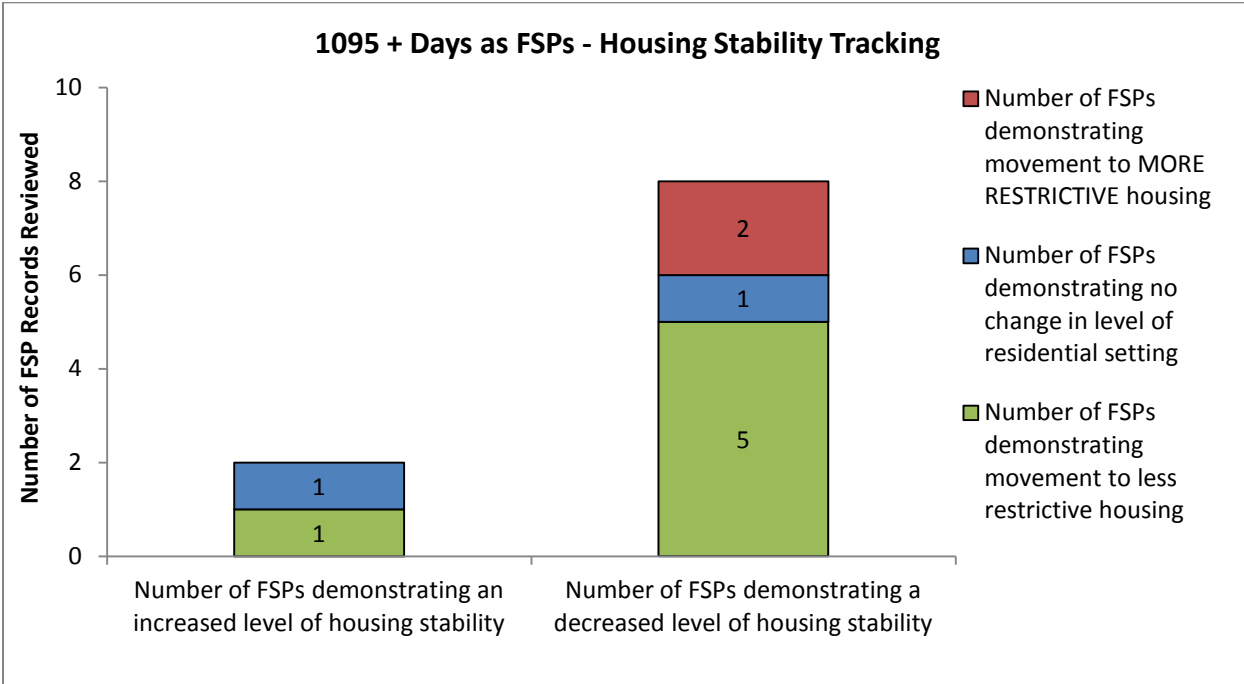


1095+ DAYS IN PARTNERSHIP

- Six cases with movement to a less restrictive setting documented
 - Two cases showed movement from homelessness to more permanent housing
 - One case showed movement from Emergency Shelter to more permanent housing
- Two cases with no change in residential setting documented
- Two cases with movement to a more restrictive setting documented



- Two cases showed an increase in residential setting stability
- Eight cases showed a decrease in residential setting stability



RESULTS SUMMARY – RESIDENTIAL SETTING

Overall the data shows that about 70% of the cases reviewed either stayed in the same level of housing or were able to move to less restrictive housing over the course of their partnership. This data demonstrates positive outcomes for more than half of the FSPs served.

Stability of housing appears to be split evenly between FSPs who demonstrated increased stability and decreased stability. As discussed in the “Program Goals” section on pages 5 and 6, it is unclear how significant or meaningful this measure may actually be on its own. Even looking at it in conjunction with the type of residential setting does not seem to reflect any consistent trends. Rather, it may simply be an indicator that a more in-depth look at a particular partner’s case could be warranted.

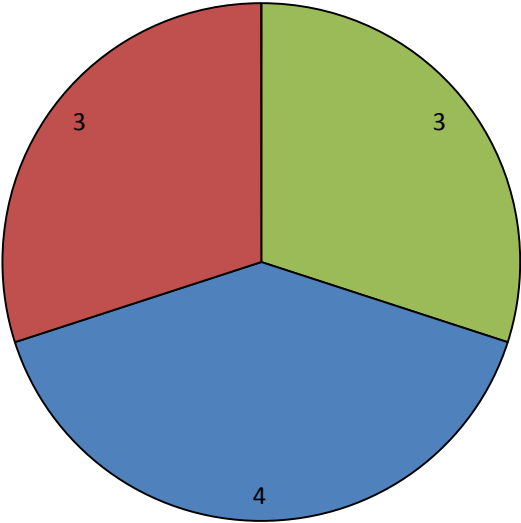
SOURCES OF FINANCIAL SUPPORT

DISCONTINUED FOR “MET GOALS”

- Three cases showed an increase in number or type of income received by FSP
 - Two cases added SSI benefits to existing income sources
 - One case added SSDI and wages to existing SSI benefits
- Four cases showed no change in number or type of income received by FSP
 - All four cases continued receiving SSI benefits
- Three cases showed a decrease in number or type of income received by FSP
 - One case kept SSI but lost SSDI benefits
 - One case kept SSI but lost SDI benefits
 - One case switched from SSDI to SSI benefits

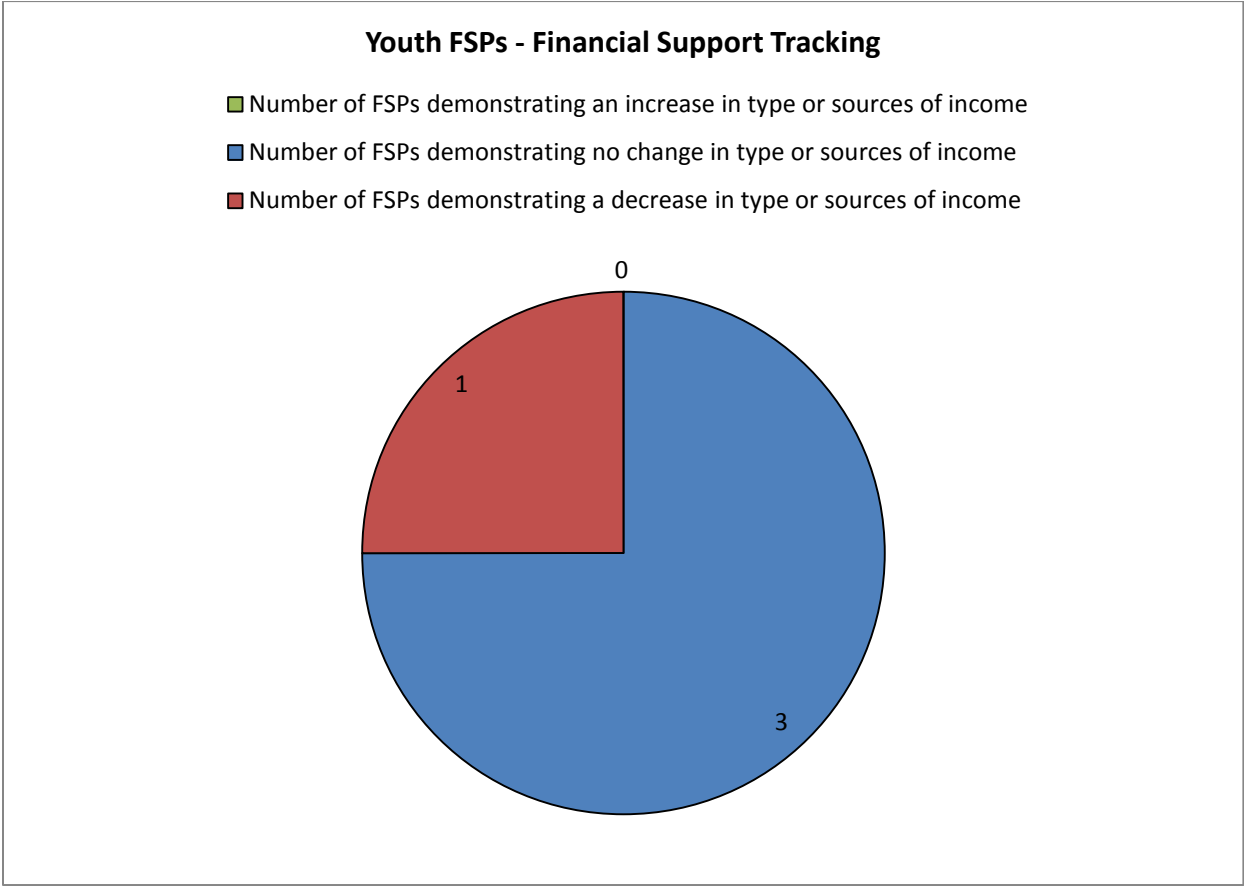
FSPs Discontinued for "Met Goals" - Financial Support Tracking

- Number of FSPs demonstrating an increase in type or sources of income
- Number of FSPs demonstrating no change in type or sources of income
- Number of FSPs demonstrating a decrease in type or sources of income



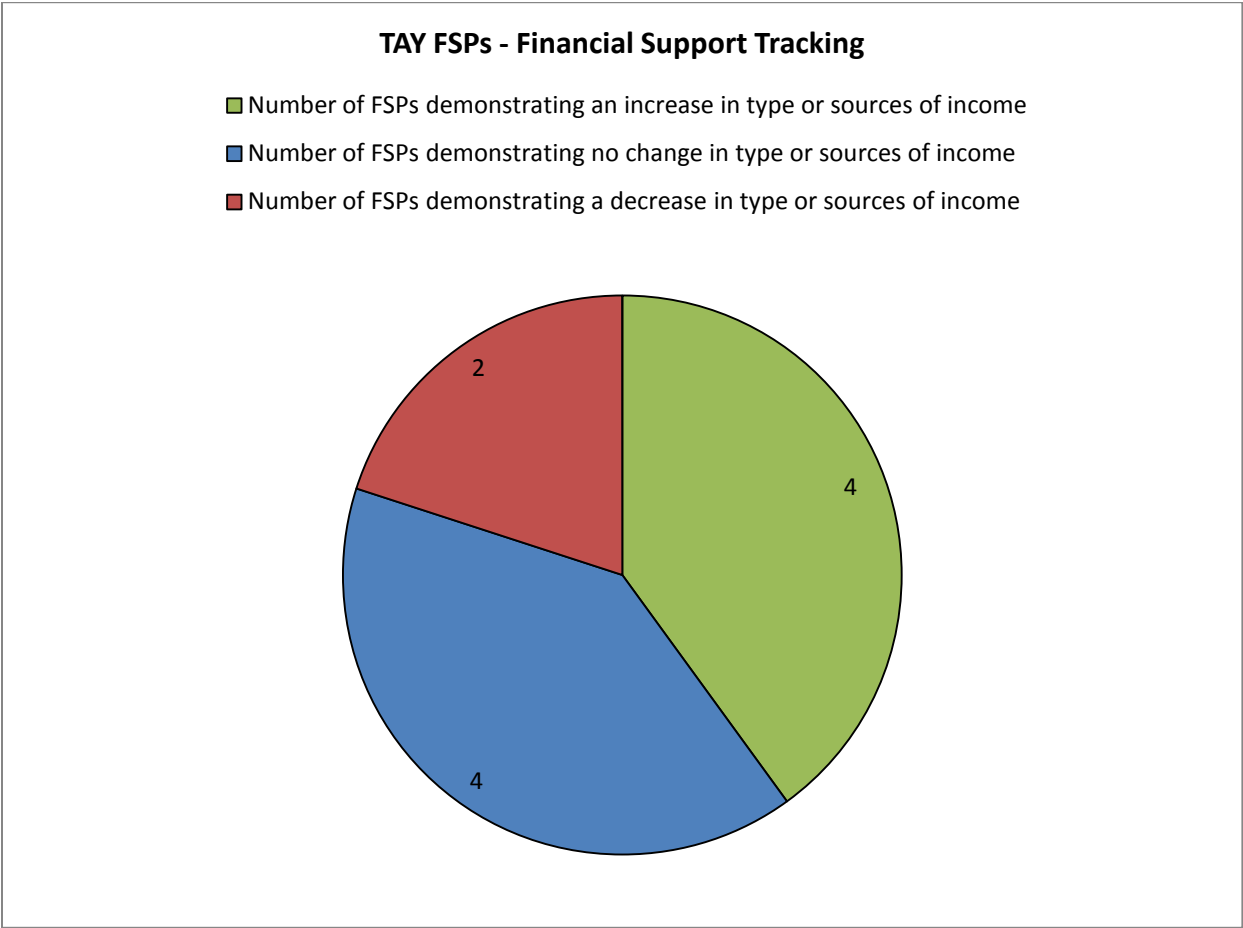
AGE GROUP “YOUTH”

- Three cases showed no change in number of type of income received by FSP
- One case showed a decrease in number of type of income received by FSP
 - The beginning support was reported as Retirement Benefits, Food Stamps and SSI while the ending support was reported as Caregiver Support and SSI



AGE GROUP “TAY”

- Four cases showed an increase in number or type of income received by FSP
 - Two cases exchanged other support for SSI benefits
 - Two cases added SSI benefits to their existing sources
- Four cases showed no change in number of type of income received by FSP
 - All 4 cases continued to receive support from SSI
- Two cases showed a decrease in number of type of income received by FSP
 - One case showed loss of SSDI benefits while keeping existing SSI
 - One case shows change from Caregiver, Other Family and TANF to SSI benefits

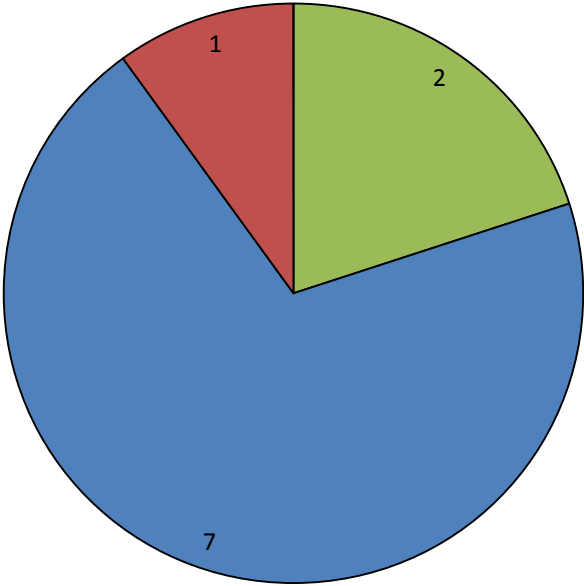


AGE GROUP “ADULT/OLDER ADULT”

- Two cases showed an increase in number or type of income received by FSP
 - One case added SSDI benefits to their SSI benefits
 - One case added SSDI and Wages to their SSI benefits
- Seven cases showed no change in number or type of income received by FSP
 - Six cases continued to receive existing SSI benefits
 - One case continued to receive existing SSDI benefits
- One case showed a decrease in number of types of income received by FSP
 - This cases showed loss of Wages, Other Family Income, General Assistance and Food Stamp benefits and began receiving just SSI benefits

Adult/Older Adult FSPs - Financial Support Tracking

- Number of FSPs demonstrating an increase in type or sources of income
- Number of FSPs demonstrating no change in type or sources of income
- Number of FSPs demonstrating a decrease in type or sources of income

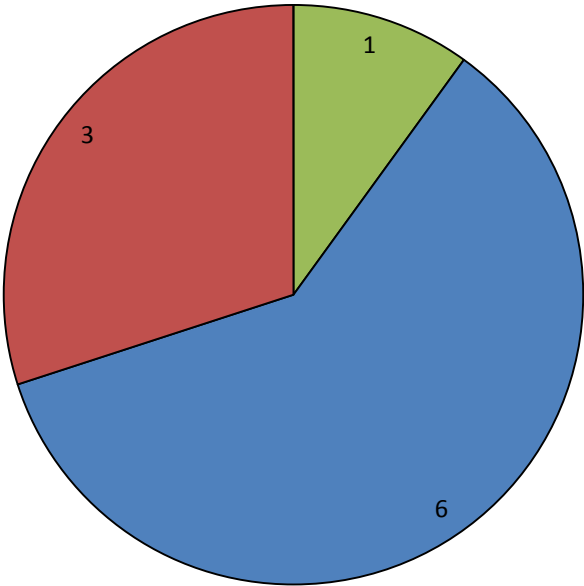


365-729 DAYS IN PARTNERSHIP

- One cases showed an increase in number or type of income received by FSP
 - This case added SSDI benefits to their SSI benefits
- Six cases showed no change in number of type of income received by FSP
 - Four cases continued to receive existing SSI benefits
 - One case continued to receive caregiver support and SSI benefits
 - One case continued to receive caregiver support and other income
- Three cases showed a decrease in number of type of income received by FSP
 - One case changed from caregiver support, other family support and TANF to SSI
 - One case showed loss of retirement benefits
 - One case showed loss of SSDI benefits

365-729 Days as FSPs - Financial Support Tracking

- Number of FSPs demonstrating an increase in type or sources of income
- Number of FSPs demonstrating no change in type or sources of income
- Number of FSPs demonstrating a decrease in type or sources of income

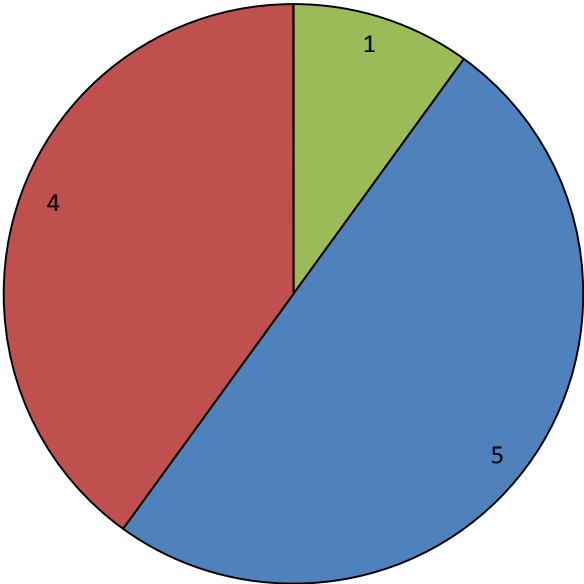


730-1094 DAYS IN PARTNERSHIP

- One case showed an increase in number or type of income received by FSP
 - This case changed from caregiver support to SSI benefits
- Five cases showed no change in number or type of income received by FSP
 - All 5 cases showed receipt of SSI benefits in both time frames
- Four cases showed a decrease in number of type of income received by FSP
 - Three case showed loss of SSDI benefits while keeping existing SSI benefits
 - One case showed change from caregiver support, Food Stamps, SSDI and other income to receipt of SSI benefits

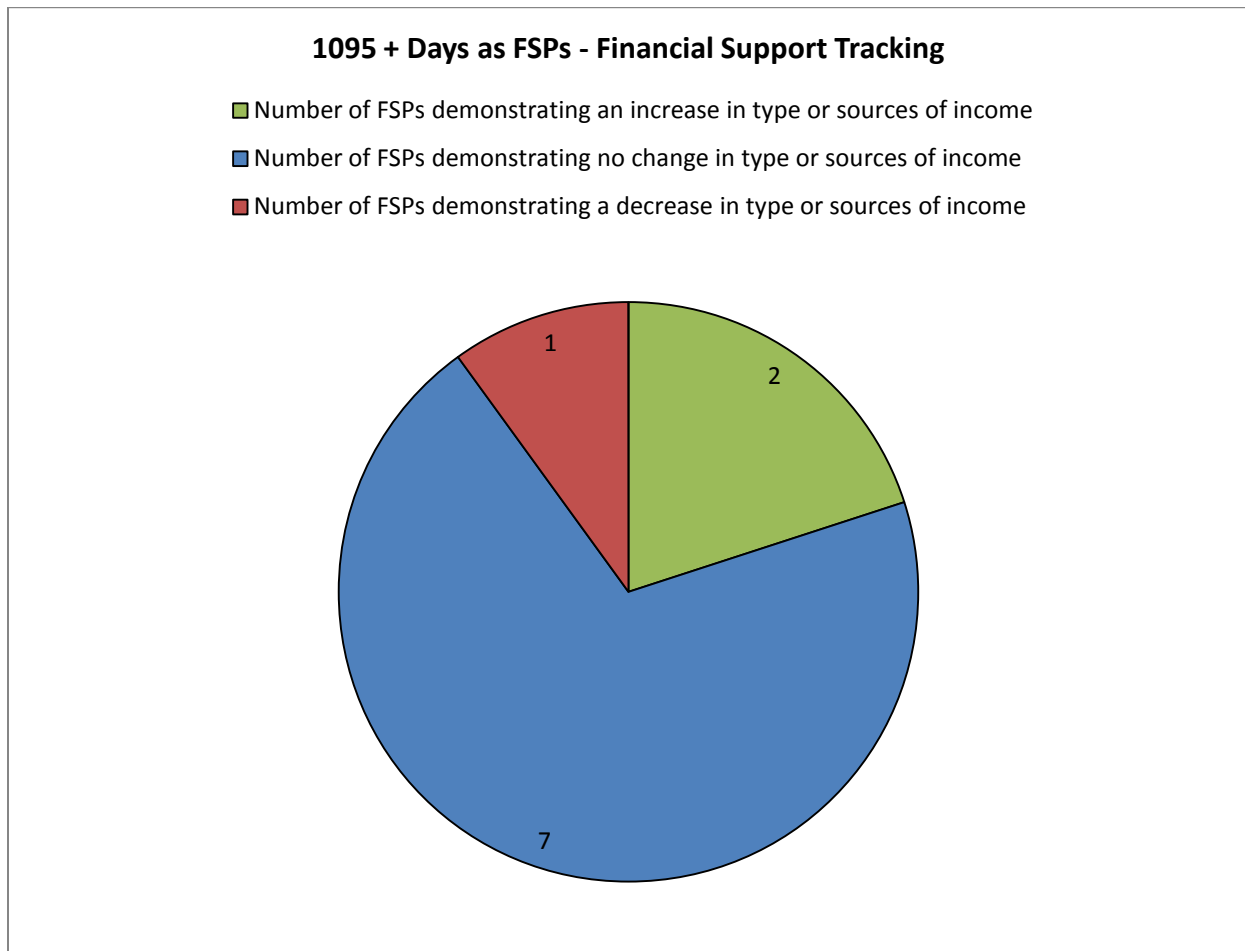
730-1094 Days as FSPs - Financial Support Tracking

- Number of FSPs demonstrating an increase in type or sources of income
- Number of FSPs demonstrating no change in type or sources of income
- Number of FSPs demonstrating a decrease in type or sources of income



1095+ DAYS IN PARTNERSHIP

- Two cases showed an increase in number or type of income received by FSP
 - One case added SSDI to existing SSI benefits
 - One case added SSDI and Wages to existing SSI benefits
- Seven cases showed no change in number or type of income received by FSP
 - All 7 cases continued to receive existing SSI benefits
- One case showed a decrease in number of type of income received by FSP
 - This case showed loss of SSDI and other sources of income, added retirement income, and continued to receive SSI benefits



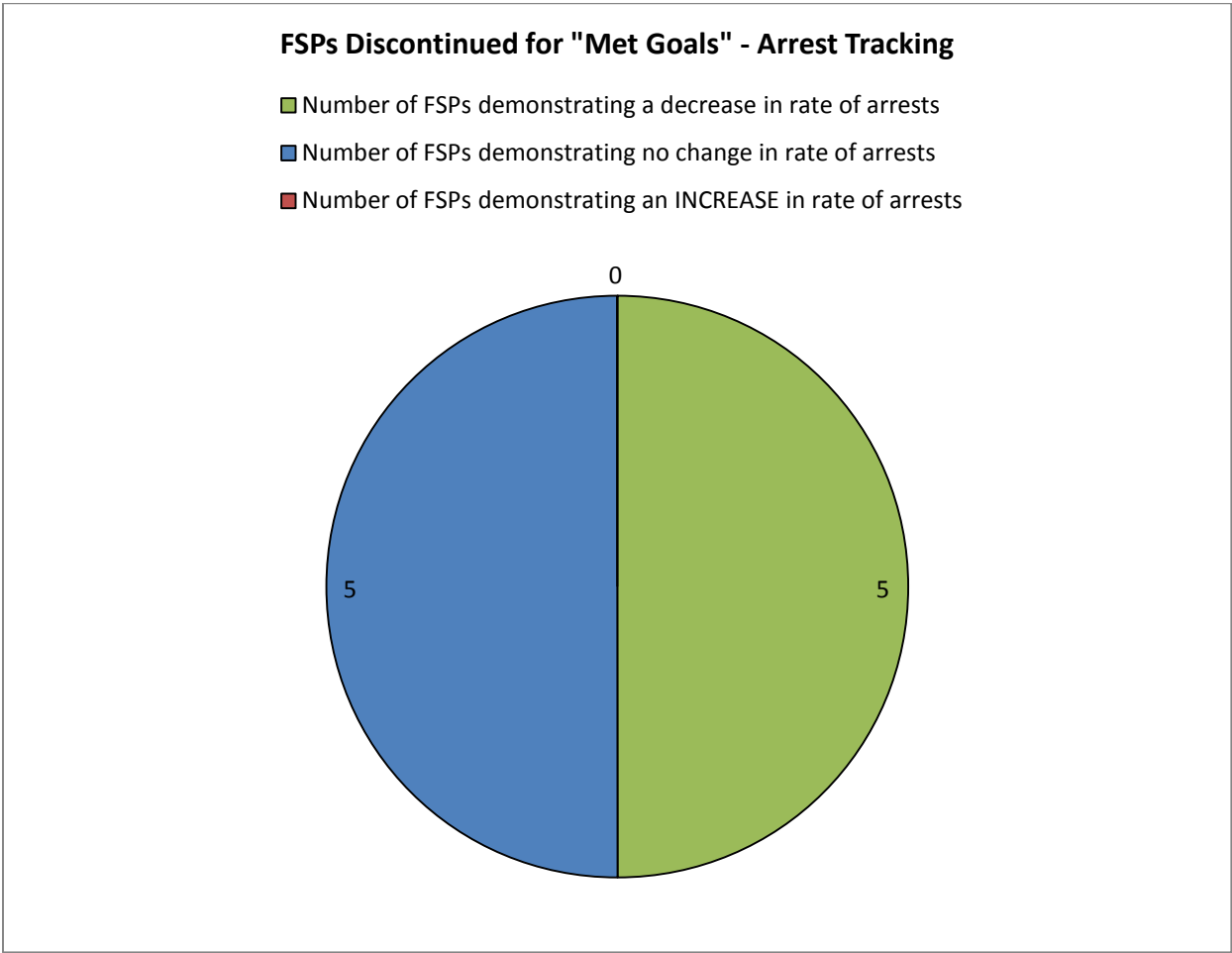
RESULTS SUMMARY – SOURCES OF FINANCIAL SUPPORT

The data shows receipt of SSI benefits is one area in which the FSP program excels in assisting individuals. The majority of cases reviewed in every group demonstrate either an increase in financial support sources and types, or stability in financial support sources, with SSI benefits being the most common source of income.

RATE OF ARRESTS

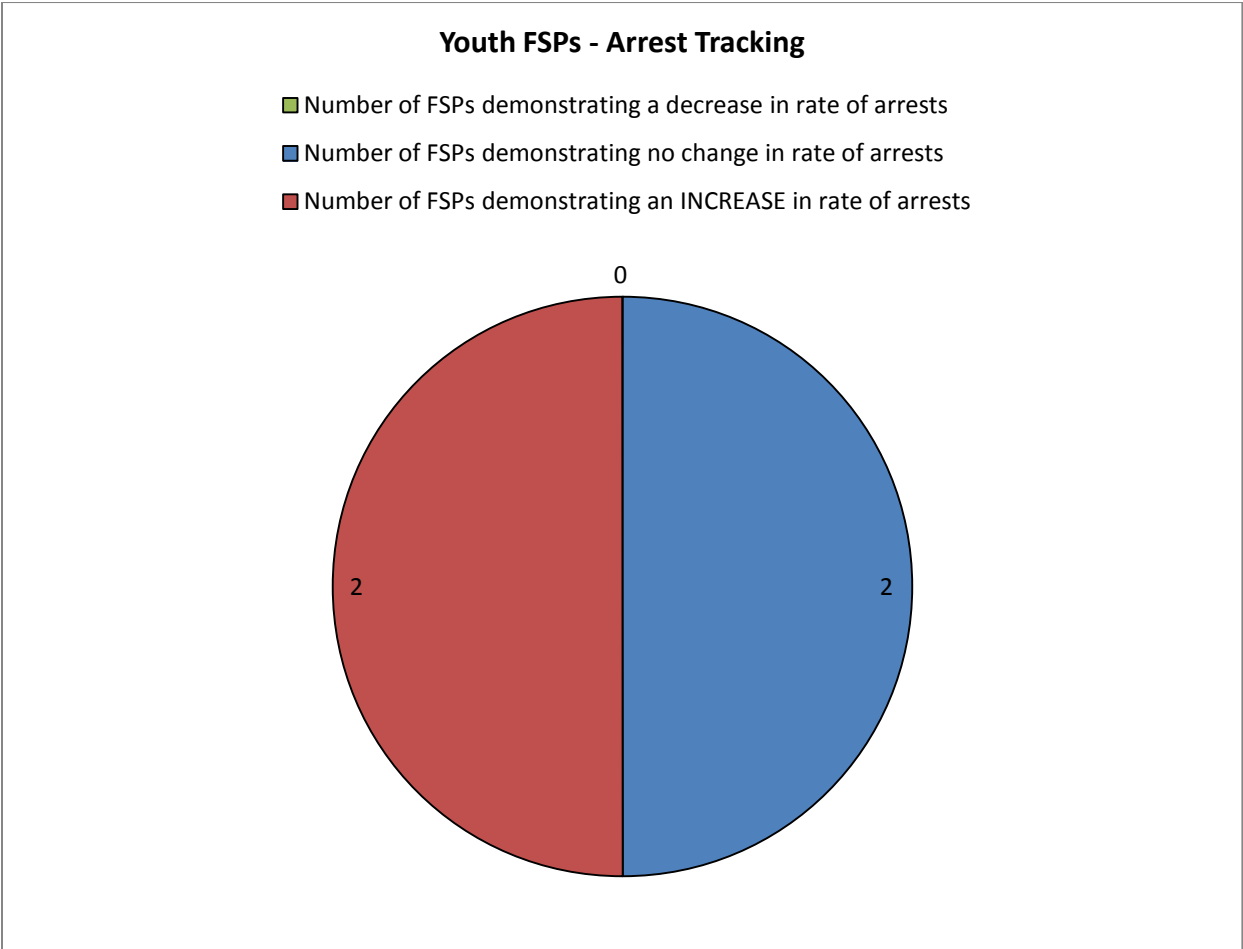
DISCONTINUED FOR “MET GOALS”

- Five cases showed a decrease in rate of arrests
 - Four cases showed zero arrests while an FSP
- Five cases showed no change in rate of arrests
 - All five cases showed zero arrests in both time frames



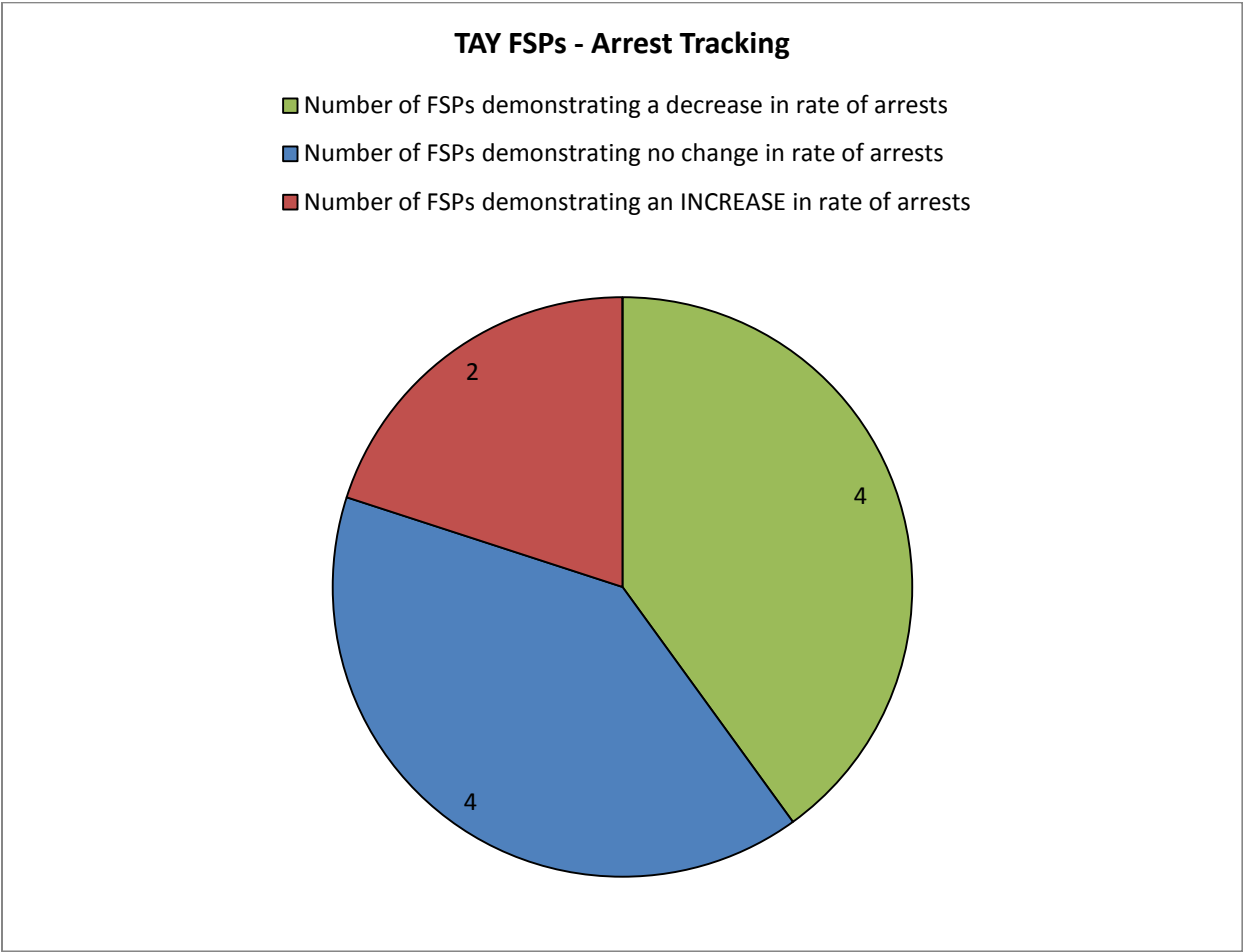
AGE GROUP “YOUTH”

- Two cases showed no change in rate of arrests
 - Both cases showed zero arrests in both time frames
- Two cases showed an increase in rate of arrests
 - Both cases showed zero arrests prior to becoming an FSP



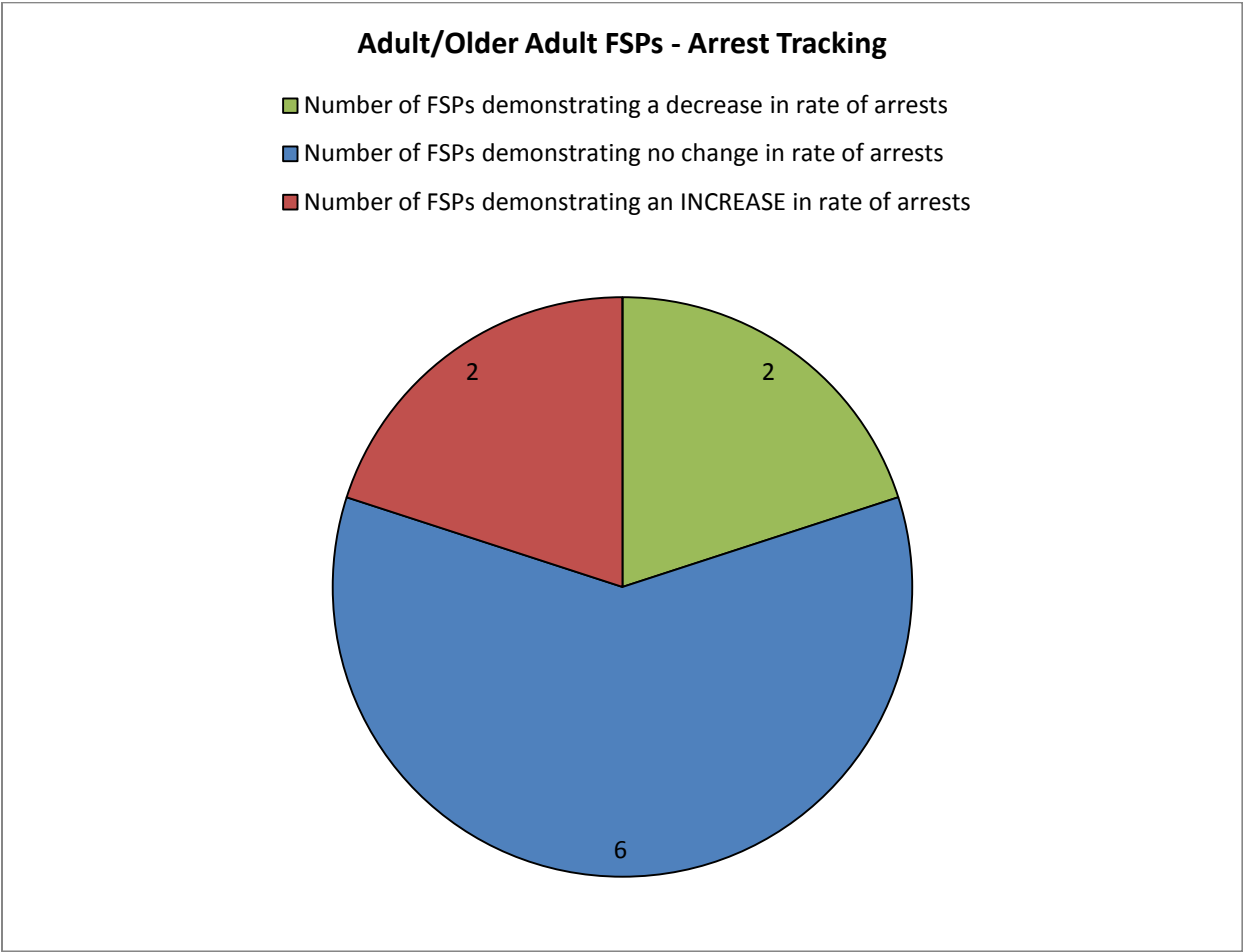
AGE GROUP “TAY”

- Four cases showed a decrease in rate of arrests
 - All 4 cases showed zero arrests while an FSP
- Four cases showed no change in rate of arrests
 - All four cases showed zero arrests in both time frames
- Two cases showed an increase in rate of arrests
 - Both cases had zero arrests prior to being an FSP



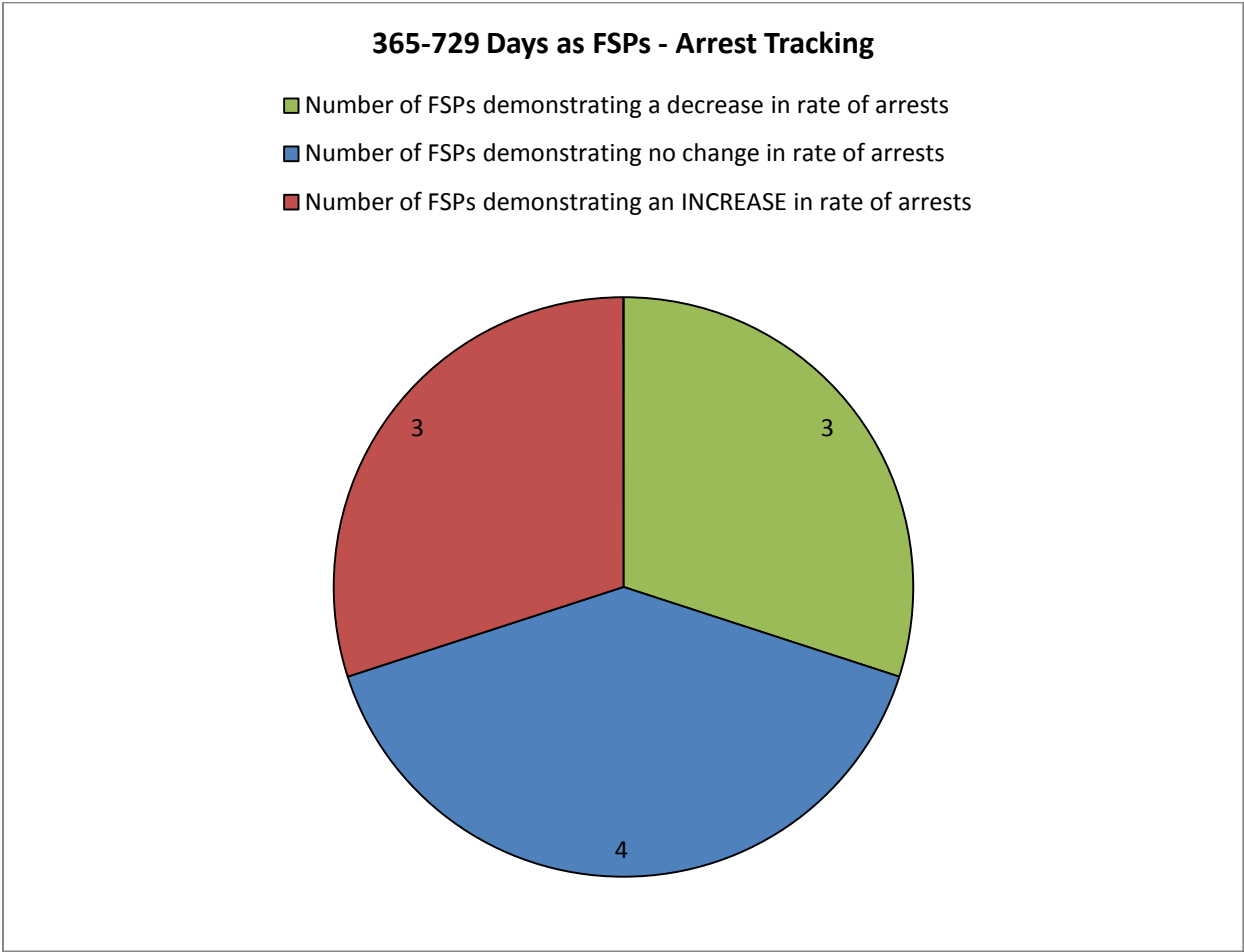
AGE GROUP “ADULT/OLDER ADULT”

- Two cases showed a decrease in rate of arrests
 - Both cases showed zero arrests while an FSP
- Six cases showed no change in rate of arrests
 - All 6 cases showed zero arrests in both time frames
- Two cases showed an increase in rate of arrests
 - Both cases had zero arrests prior to being an FSP



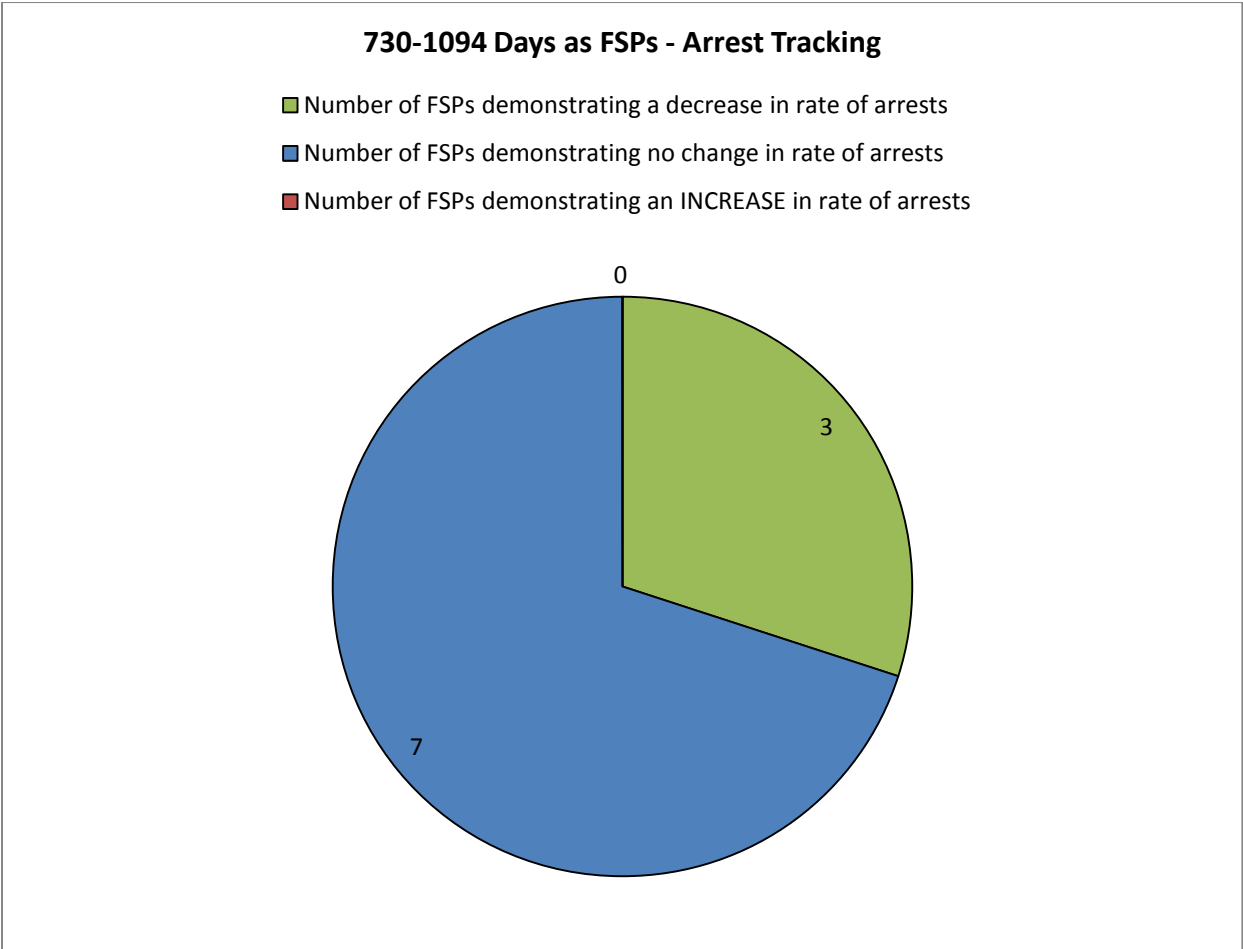
365-729 DAYS IN PARTNERSHIP

- Three cases showed a decrease in rate of arrests
 - One case showed zero arrests while an FSP
- Four cases showed no change in rate of arrests
 - All 4 cases showed zero arrests in both time frames
- Three cases showed an increase in rate of arrests
 - All 3 cases had zero arrests prior to being an FSP



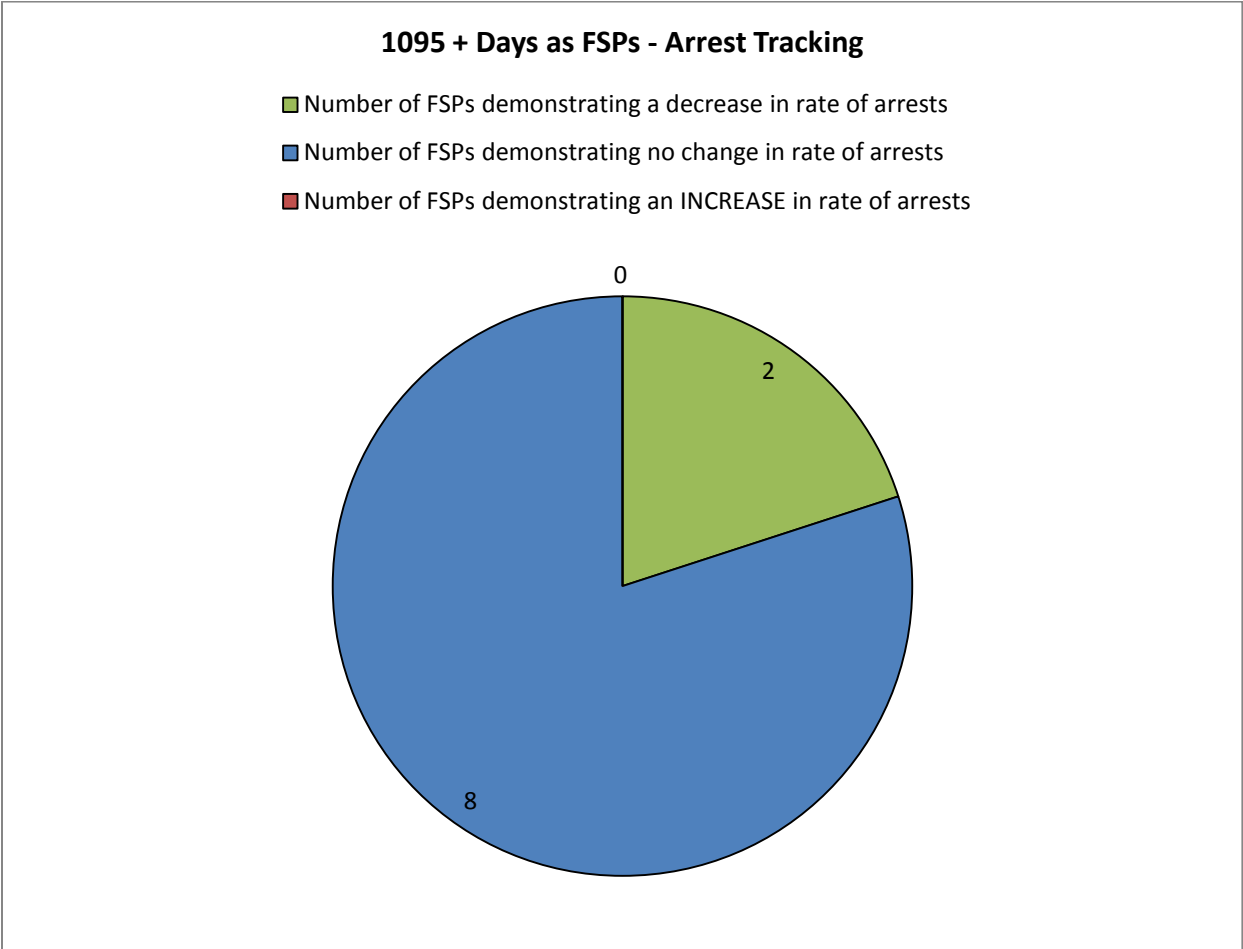
730-1094 DAYS IN PARTNERSHIP

- Three cases showed a decrease in rate of arrests
 - All 3 cases showed zero arrests while an FSP
- Seven cases showed no change in rate of arrests
 - All 7 cases showed zero arrests in both time frames



1095+ DAYS IN PARTNERSHIP

- Two cases showed a decrease in rate of arrests
 - Both cases showed zero arrests while being an FSP
- Eight cases showed no change in rate of arrests
 - All 8 cases showed zero arrests in both time frames



RESULTS SUMMARY – RATE OF ARRESTS

The vast majority of individuals with no change in their rate of arrests demonstrated no arrests at all, either before becoming an FSP or while active in the FSP program. Most of the individuals with a decrease in their arrest rate also demonstrated zero arrests while active in the FSP program. This data demonstrates positive outcomes for more than half of the FSPs served, although it is unclear whether the individuals who had no arrests would have begun having legal issues leading to arrest without the FSP program.

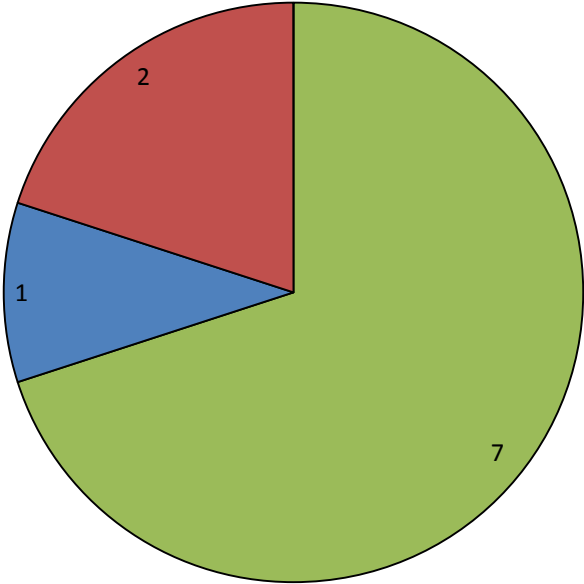
RATE OF PSYCHIATRIC HOSPITALIZATIONS

DISCONTINUED FOR “MET GOALS”

- Seven cases showed a decrease in rate of psychiatric hospitalizations
 - Six cases showed zero psychiatric hospitalizations while FSPs
- One case showed no change in rate of psychiatric hospitalizations
 - This one case showed zero psychiatric hospitalizations in both time frames
- Two cases showed an increase in rate of psychiatric hospitalizations
 - Both these cases showed zero psychiatric hospitalizations prior to being an FSP

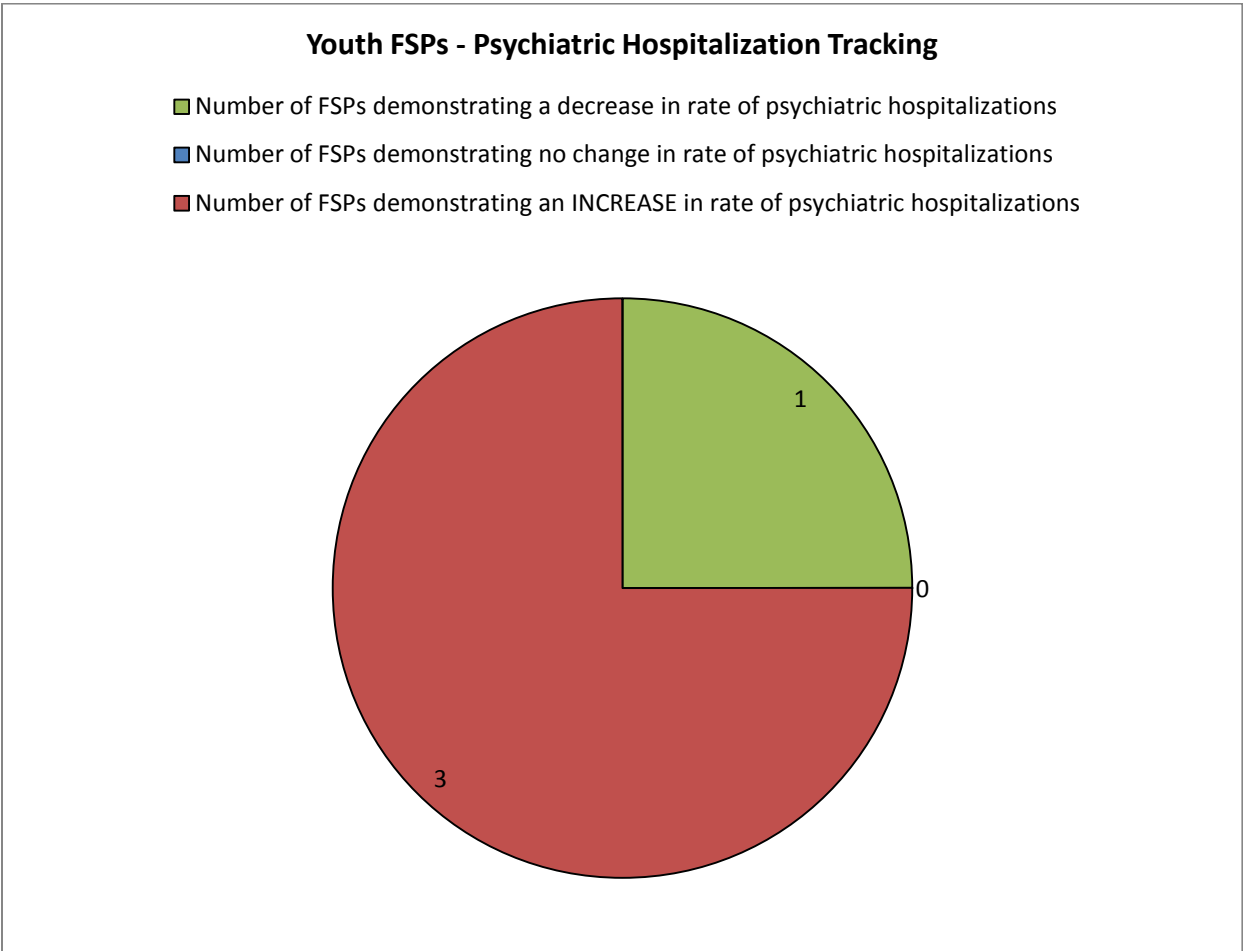
FSPs Discontinued for "Met Goals" - Psychiatric Hospitalization Tracking

- Number of FSPs demonstrating a decrease in rate of psychiatric hospitalizations
- Number of FSPs demonstrating no change in rate of psychiatric hospitalizations
- Number of FSPs demonstrating an INCREASE in rate of psychiatric hospitalizations



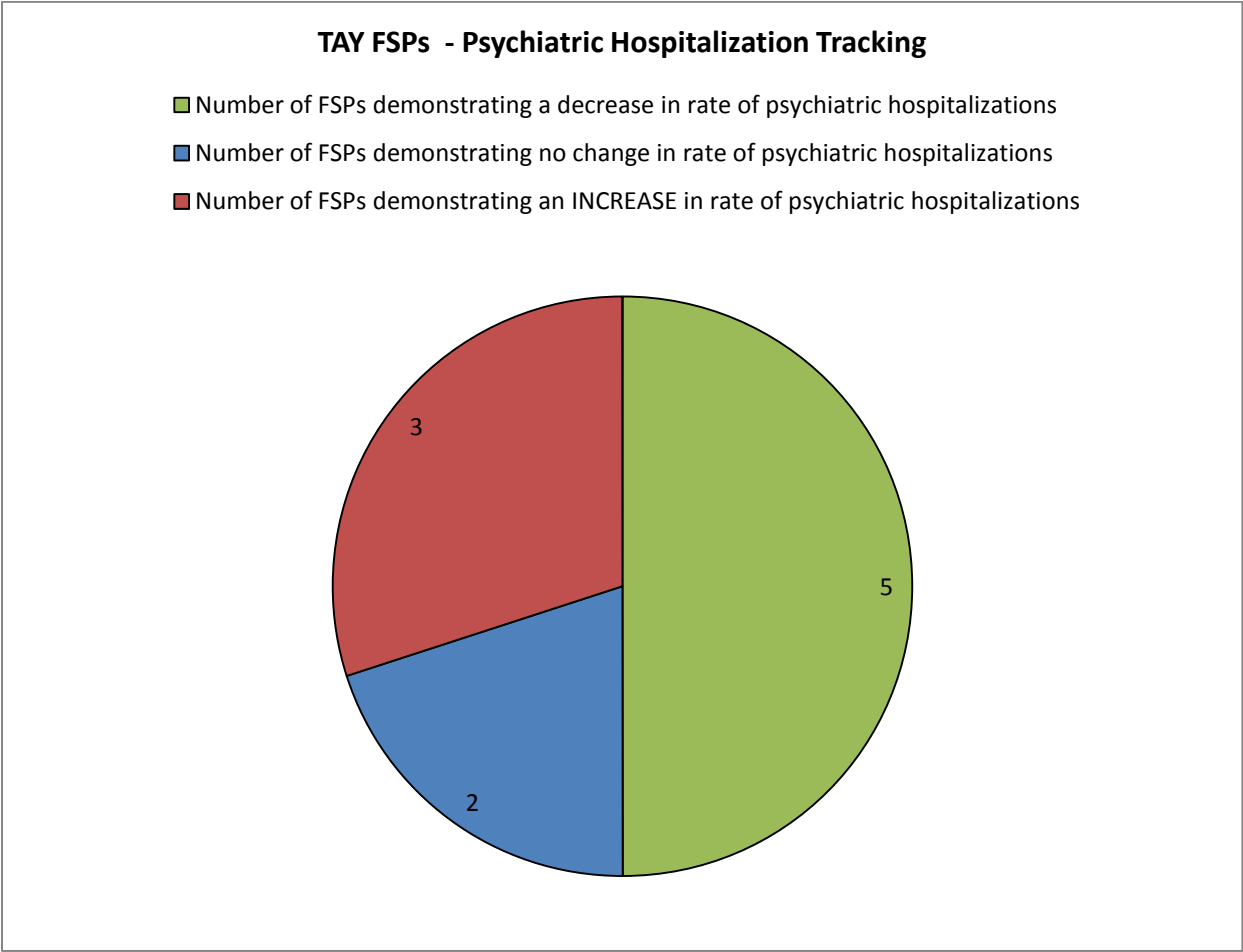
AGE GROUP “YOUTH”

- One case showed a decrease in rate of psychiatric hospitalizations
 - This case showed zero psychiatric hospitalizations while FSPs
- Three cases showed an increase in rate of psychiatric hospitalizations
 - One of the three showed zero psychiatric hospitalizations prior to becoming an FSP



AGE GROUP “TAY”

- Five cases showed a decrease in rate of psychiatric hospitalizations
 - Two of these 5 cases showed zero psychiatric hospitalizations after becoming an FSP
- Two cases showed no change in rate of psychiatric hospitalizations
 - Both cases showed zero psychiatric hospitalizations in both time frames
- Three cases showed an increase in rate of psychiatric hospitalizations
 - Two of these 3 cases showed zero psychiatric hospitalizations before becoming an FSP

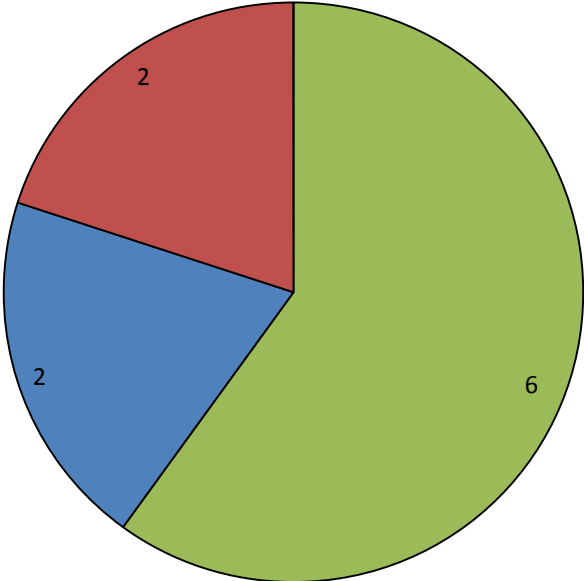


AGE GROUP “ADULT/OLDER ADULT”

- Six cases showed a decrease in rate of psychiatric hospitalizations
 - Three of the 6 cases showed zero psychiatric hospitalizations while FSPs
- Two cases showed no change in rate of psychiatric hospitalizations
 - Both cases showed zero psychiatric hospitalizations in both time frames
- Two cases showed an increase in rate of psychiatric hospitalizations
 - One case showed zero psychiatric hospitalizations prior to being an FSP

Adult/Older Adult FSPs - Psychiatric Hospitalization Tracking

- Number of FSPs demonstrating a decrease in rate of psychiatric hospitalizations
- Number of FSPs demonstrating no change in rate of psychiatric hospitalizations
- Number of FSPs demonstrating an INCREASE in rate of psychiatric hospitalizations

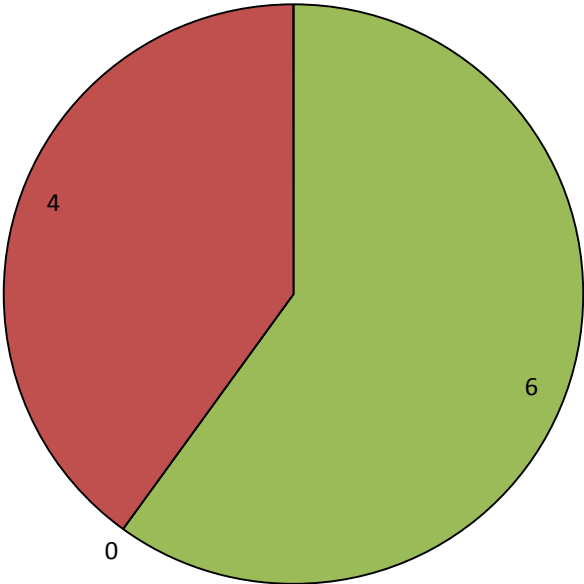


365-729 DAYS IN PARTNERSHIP

- Six cases showed a decrease in rate of psychiatric hospitalizations
 - Five of the 6 cases showed zero psychiatric hospitalizations while FSPs
- Four cases showed an increase in rate of psychiatric hospitalizations
 - Two of the 4 cases showed zero psychiatric hospitalizations prior to being an FSP

365-729 Days as FSPs - Psychiatric Hospitalization Tracking

- Number of FSPs demonstrating a decrease in rate of psychiatric hospitalizations
- Number of FSPs demonstrating no change in rate of psychiatric hospitalizations
- Number of FSPs demonstrating an INCREASE in rate of psychiatric hospitalizations

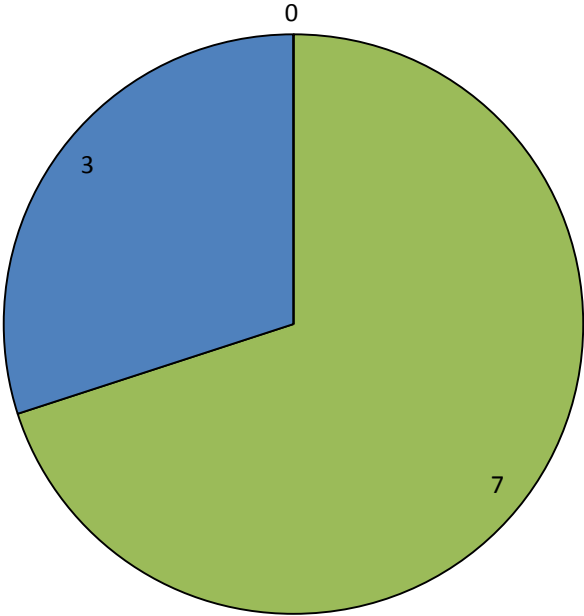


730-1094 DAYS IN PARTNERSHIP

- Seven cases showed a decrease in rate of psychiatric hospitalizations
 - Three cases showed zero psychiatric hospitalizations while FSPs
- Three cases showed no change in rate of psychiatric hospitalizations
 - All 3 cases showed zero psychiatric hospitalizations in both time frames

730-1094 Days as FSPs - Psychiatric Hospitalization Tracking

- Number of FSPs demonstrating a decrease in rate of psychiatric hospitalizations
- Number of FSPs demonstrating no change in rate of psychiatric hospitalizations
- Number of FSPs demonstrating an INCREASE in rate of psychiatric hospitalizations

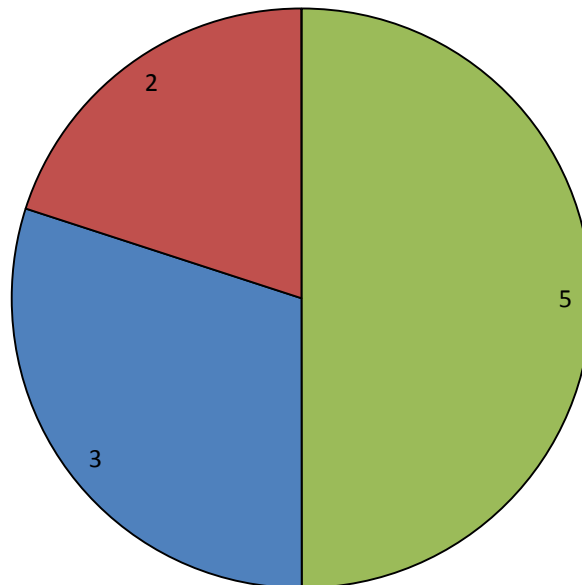


1095+ DAYS IN PARTNERSHIP

- Five cases showed a decrease in rate of psychiatric hospitalizations
 - Two cases showed zero psychiatric hospitalizations while FSPs
- Three cases showed no change in rate of psychiatric hospitalizations
 - All 3 cases showed zero psychiatric hospitalizations in both time frames
- Two cases showed an increase in rate of psychiatric hospitalizations
 - One case showed zero psychiatric hospitalizations prior to being an FSP

1095 + Days as FSPs - Psychiatric Hospitalization Tracking

- Number of FSPs demonstrating a decrease in rate of psychiatric hospitalizations
- Number of FSPs demonstrating no change in rate of psychiatric hospitalizations
- Number of FSPs demonstrating an INCREASE in rate of psychiatric hospitalizations



RESULTS SUMMARY – RATE OF PSYCHIATRIC HOSPITALIZATIONS

The majority of individuals with no change in their rate of psychiatric hospitalizations demonstrated no psychiatric hospitalizations at all, either before becoming an FSP or while active in the FSP program. More than half of the individuals with a decrease in their psychiatric hospitalization rate also demonstrated zero psychiatric hospitalizations while active in the FSP program. This data demonstrates positive outcomes for more than half of the FSPs served.

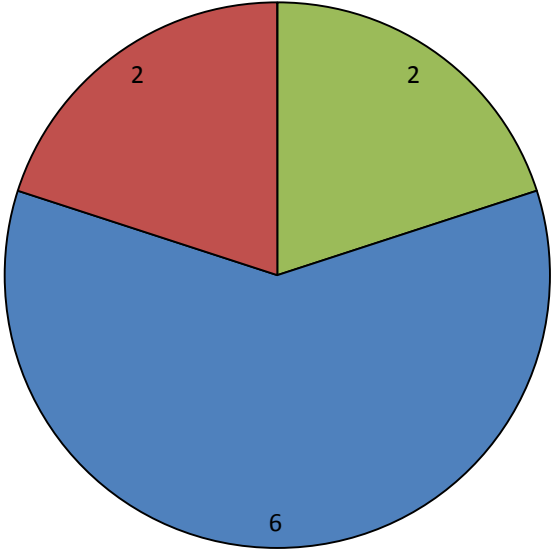
PHYSICAL HEALTH EMERGENCY INTERVENTIONS

DISCONTINUED FOR “MET GOALS”

- Two cases showed a decrease in rate of physical health emergency interventions
- Six cases showed no change in rate of physical health emergency interventions
 - All 6 cases showed zero physical health emergency interventions in both time frames
- Two case showed an increase in rate of physical health emergency interventions
 - Both cases showed zero physical health emergency interventions prior to becoming an FSP

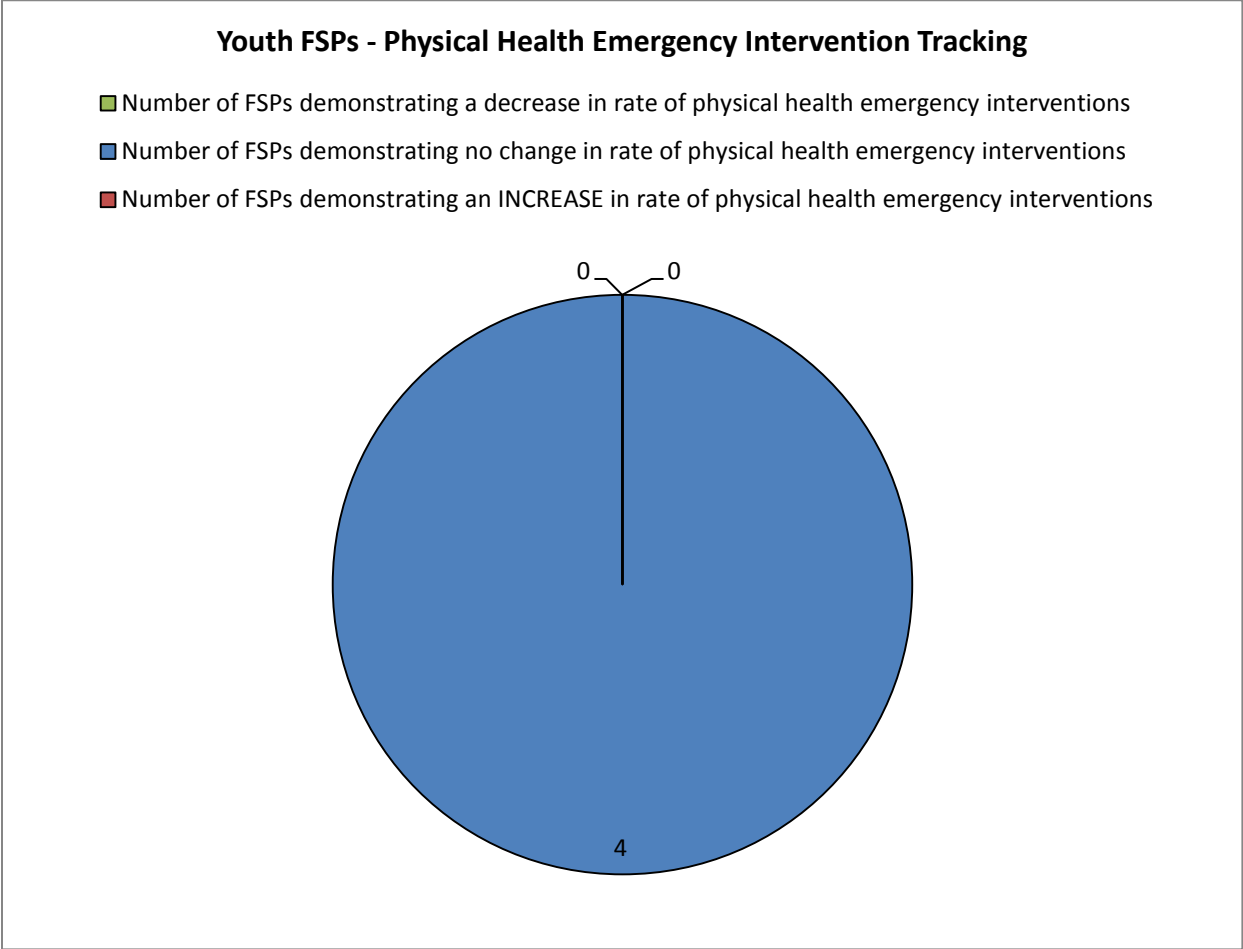
**FSPs Discontinued for "Met Goals" - Physical Health
Emergency Intervention Tracking**

- Number of FSPs demonstrating a decrease in rate of physical health emergency interventions
- Number of FSPs demonstrating no change in rate of physical health emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of physical health emergency interventions



AGE GROUP “YOUTH”

- Four cases showed no change in rate of physical health emergency interventions
 - All 4 cases showed zero physical health emergency interventions in both time frames

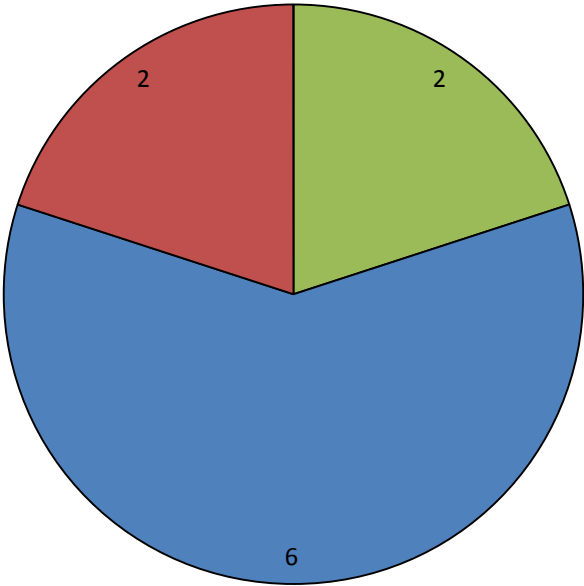


AGE GROUP “TAY”

- Two cases showed a decrease in rate of physical health emergency interventions
 - One of the 2 cases showed zero physical health emergency interventions while FSPs
- Six cases showed no change in rate of physical health emergency interventions
 - All 6 cases showed zero physical health emergency interventions in both time frames
- Two case showed an increase in rate of physical health emergency interventions
 - Both cases showed zero physical health emergency interventions prior to becoming an FSP

TAY FSPs - Physical Health Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of physical health emergency interventions
- Number of FSPs demonstrating no change in rate of physical health emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of physical health emergency interventions

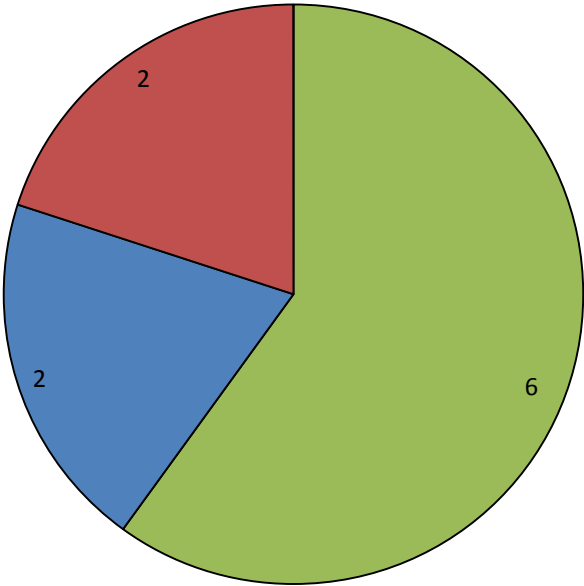


AGE GROUP “ADULT/OLDER ADULT”

- Six cases showed a decrease in rate of physical health emergency interventions
 - Five of the 6 cases showed zero physical health emergency interventions while FSPs
- Two cases showed no change in rate of physical health emergency interventions
 - Both cases showed zero physical health emergency interventions in both time frames
- Two case showed an increase in rate of physical health emergency interventions
 - Both cases showed zero physical health emergency interventions prior to becoming an FSP

Adult/Older Adult FSPs - Physical Health Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of physical health emergency interventions
- Number of FSPs demonstrating no change in rate of physical health emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of physical health emergency interventions

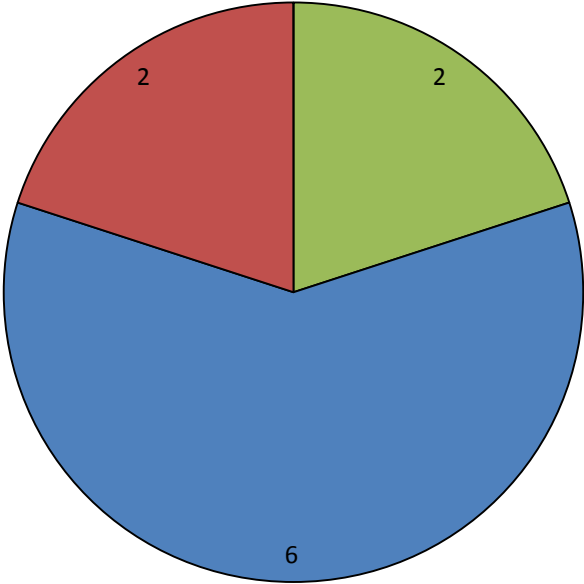


365-729 DAYS IN PARTNERSHIP

- Two cases showed a decrease in rate of physical health emergency interventions
 - Both cases showed zero physical health emergency interventions while FSPs
- Six cases showed no change in rate of physical health emergency interventions
 - All 6 cases showed zero physical health emergency interventions in both time frames
- Two cases showed an increase in rate of physical health emergency interventions
 - Both cases showed zero physical health emergency interventions prior to being an FSP

365-729 Days as FSPs - Physical Health Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of physical health emergency interventions
- Number of FSPs demonstrating no change in rate of physical health emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of physical health emergency interventions

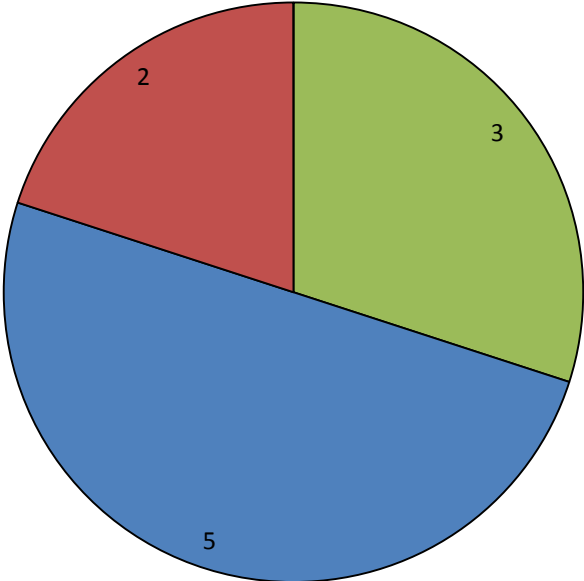


730-1094 DAYS IN PARTNERSHIP

- Three cases showed a decrease in rate of physical health emergency interventions
 - Two cases showed zero physical health emergency interventions while FSPs
- Five cases showed no change in rate of physical health emergency interventions
 - All 5 cases showed zero physical health emergency interventions in both time frames
- Two cases showed an increase in rate of physical health emergency interventions
 - Both cases showed zero physical health emergency interventions prior to being an FSP

730-1094 Days as FSPs - Physical Health Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of physical health emergency interventions
- Number of FSPs demonstrating no change in rate of physical health emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of physical health emergency interventions

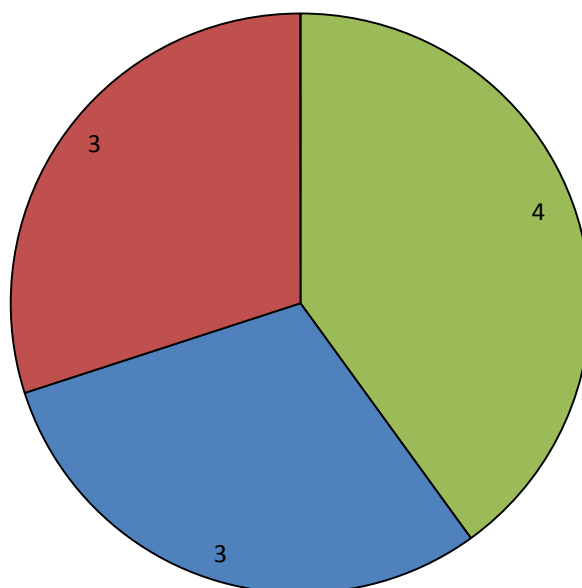


1095+ DAYS IN PARTNERSHIP

- Four cases showed a decrease in rate of physical health emergency interventions
 - Three cases showed zero physical health emergency interventions while FSPs
- Three cases showed no change in rate of physical health emergency interventions
 - All 3 cases showed zero physical health emergency interventions in both time frames
- Three cases showed an increase in rate of physical health emergency interventions
 - Two cases showed zero physical health emergency interventions prior to being an FSP

1095 + Days as FSPs - Physical Health Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of physical health emergency interventions
- Number of FSPs demonstrating no change in rate of physical health emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of physical health emergency interventions



RESULTS SUMMARY – PHYSICAL HEALTH EMERGENCY INTERVENTIONS

All of the individuals with no change in their rate of physical health emergency interventions demonstrated no interventions at all, either before becoming an FSP or while active in the FSP program. Approximately half of the individuals with a decrease in their physical health emergency interventions rate also demonstrated zero interventions while active in the FSP program. This data demonstrates positive outcomes for more than half of the FSPs served, although it is unclear whether the individuals who had no physical health emergency interventions would have begun having physical health issues leading to emergency intervention without the FSP program.

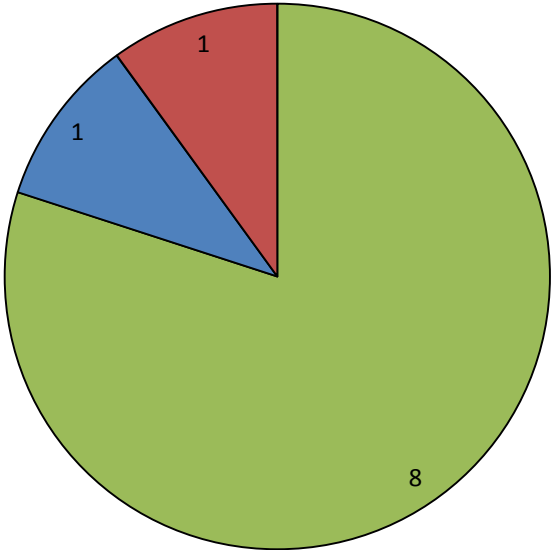
MENTAL HEALTH/SUBSTANCE ABUSE EMERGENCY INTERVENTIONS

DISCONTINUED FOR “MET GOALS”

- Eight cases showed a decrease in rate of mental health/substance abuse emergency interventions
 - Four cases showed zero mental health/substance abuse emergency interventions while FSPs
- One case showed no change in rate of mental health/substance abuse emergency interventions
 - This case showed zero mental health/substance abuse emergency interventions in both time frames
- One case showed an increase in rate of mental health/substance abuse emergency interventions
 - This case showed zero mental health/substance abuse emergency interventions prior to becoming an FSP

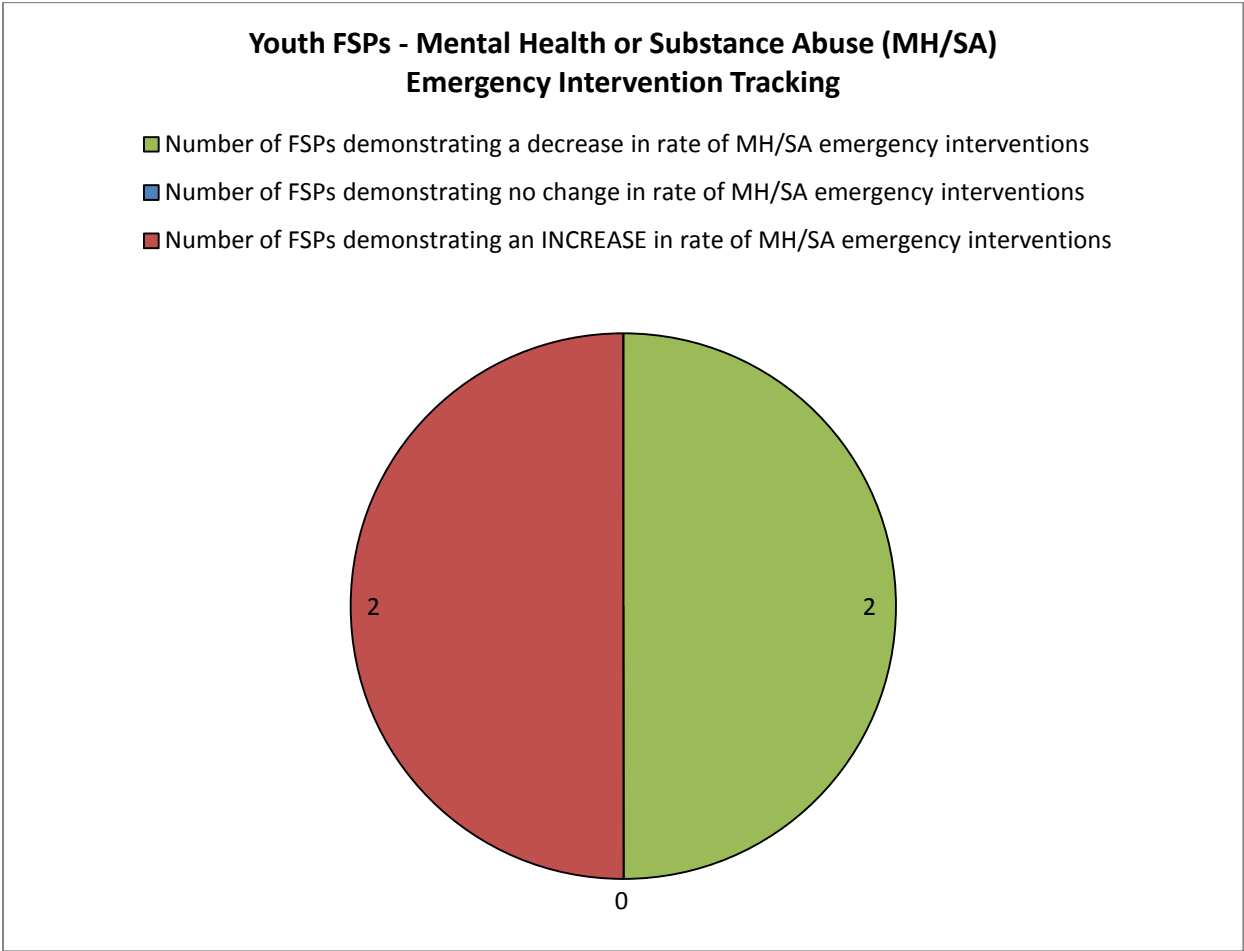
FSPs Discontinued for "Met Goals" - Mental Health or Substance Abuse (MH/SA) Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of MH/SA emergency interventions
- Number of FSPs demonstrating no change in rate of MH/SA emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of MH/SA emergency interventions



AGE GROUP “YOUTH”

- Two cases showed a decrease in rate of mental health/substance abuse emergency interventions
- Two cases showed an increase in rate of mental health/substance abuse emergency interventions

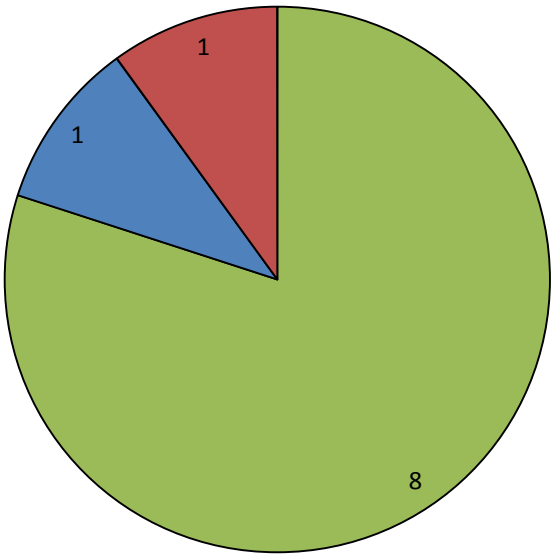


AGE GROUP “TAY”

- Eight cases showed a decrease in rate of mental health/substance abuse emergency interventions
 - Four cases showed zero mental health/substance abuse emergency interventions while FSPs
- One case showed no change in rate of mental health/substance abuse emergency interventions
 - This case showed zero mental health/substance abuse emergency interventions in both time frames
- One case showed an increase in rate of mental health/substance abuse emergency interventions

**TAY FSPs - Mental Health or Substance Abuse (MH/SA)
Emergency Intervention Tracking**

- Number of FSPs demonstrating a decrease in rate of MH/SA emergency interventions
- Number of FSPs demonstrating no change in rate of MH/SA emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of MH/SA emergency interventions

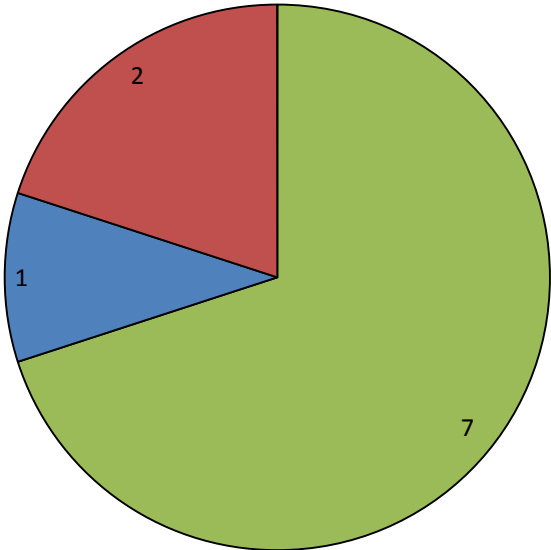


AGE GROUP “ADULT/OLDER ADULT”

- Seven cases showed a decrease in rate of mental health/substance abuse emergency interventions
 - Four cases showed zero mental health/substance abuse emergency interventions while FSPs
- One case showed no change in rate of mental health/substance abuse emergency interventions
 - This case showed zero mental health/substance abuse emergency interventions in both time frames
- Two cases showed an increase in rate of mental health/substance abuse emergency interventions
 - One case showed zero mental health/substance abuse emergency interventions prior to becoming an FSP

Adult/Older Adult FSPs - Mental Health or Substance Abuse (MH/SA) Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of MH/SA emergency interventions
- Number of FSPs demonstrating no change in rate of MH/SA emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of MH/SA emergency interventions

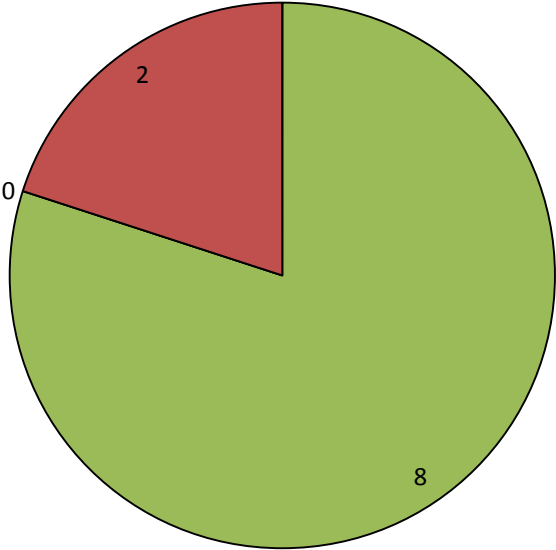


365-729 DAYS IN PARTNERSHIP

- Eight cases showed a decrease in rate of mental health/substance abuse emergency interventions
 - Five cases showed zero mental health/substance abuse emergency interventions while FSPs
- Two cases showed an increase in rate of mental health/substance abuse emergency interventions
 - One cases showed zero mental health/substance abuse emergency interventions prior to being an FSP

**365-729 Days as FSPs - Mental Health or Substance Abuse (MH/SA)
Emergency Intervention Tracking**

- Number of FSPs demonstrating a decrease in rate of MH/SA emergency interventions
- Number of FSPs demonstrating no change in rate of MH/SA emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of MH/SA emergency interventions

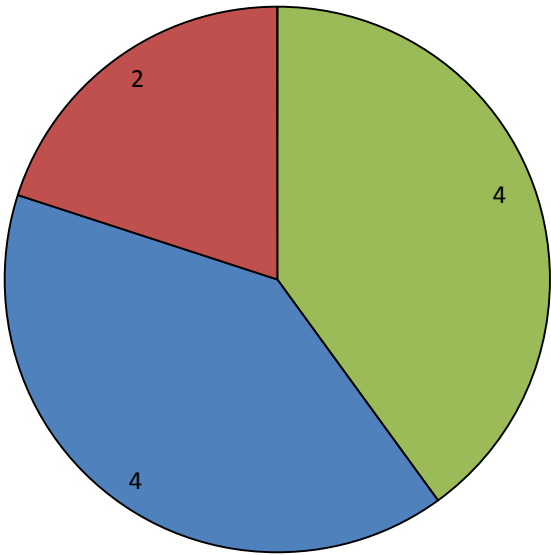


730-1094 DAYS IN PARTNERSHIP

- Four cases showed a decrease in rate of mental health/substance abuse emergency interventions
 - One case showed zero mental health/substance abuse emergency interventions while FSPs
- Four case showed no change in rate of mental health/substance abuse emergency interventions
 - All 4 cases showed zero mental health/substance abuse emergency interventions in both time frames
- Two cases showed an increase in rate of mental health/substance abuse emergency interventions

730-1094 Days as FSPs - Mental Health or Substance Abuse (MH/SA) Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of MH/SA emergency interventions
- Number of FSPs demonstrating no change in rate of MH/SA emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of MH/SA emergency interventions

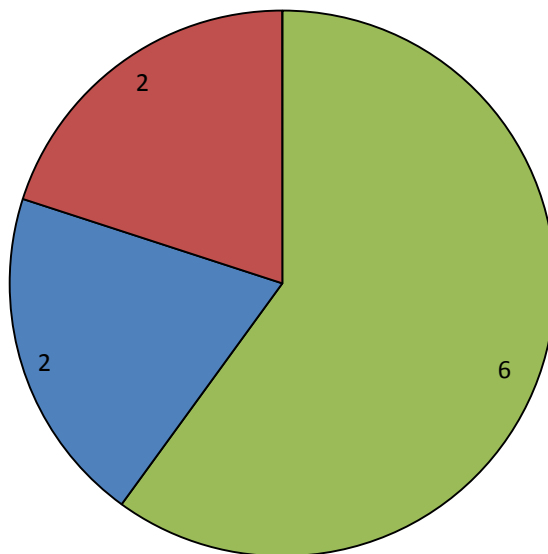


1095+ DAYS IN PARTNERSHIP

- Six cases showed a decrease in rate of mental health/substance abuse emergency interventions
 - Two cases showed zero mental health/substance abuse emergency interventions while FSPs
- Two cases showed no change in rate of mental health/substance abuse emergency interventions
 - Both cases showed zero mental health/substance abuse emergency interventions in both time frames
- Two cases showed an increase in rate of mental health/substance abuse emergency interventions
 - Both cases showed zero mental health/substance abuse emergency interventions prior to being FSPs

1095 + Days as FSPs - Mental Health or Substance Abuse (MH/SA) Emergency Intervention Tracking

- Number of FSPs demonstrating a decrease in rate of MH/SA emergency interventions
- Number of FSPs demonstrating no change in rate of MH/SA emergency interventions
- Number of FSPs demonstrating an INCREASE in rate of MH/SA emergency interventions



RESULTS SUMMARY – MENTAL HEALTH/SUBSTANCE ABUSE EMERGENCY INTERVENTIONS

All of the individuals with no change in their rate of mental health/substance abuse emergency interventions demonstrated no interventions at all, either before becoming an FSP or while active in the FSP program. Approximately half of the individuals with a decrease in their mental health/substance abuse emergency interventions rate also demonstrated zero interventions while active in the FSP program. This data demonstrates positive outcomes for more than half of the FSPs served.

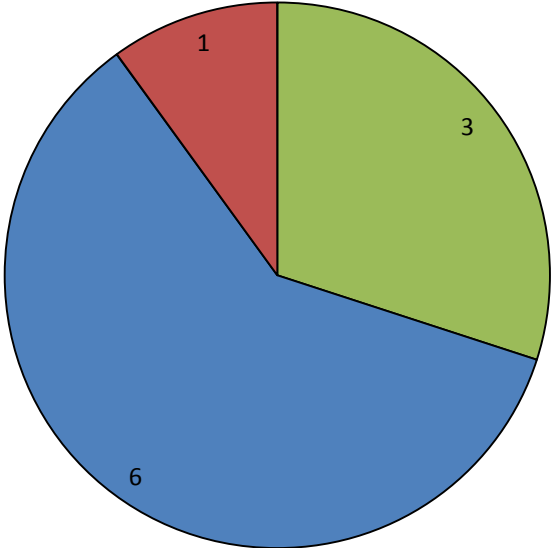
PRIMARY CARE PHYSICIAN

DISCONTINUED FOR “MET GOALS”

- Three cases showed a gain of a primary care physician
- Six cases showed maintenance of a primary care physician
- One case showed no primary care physician in either time frame

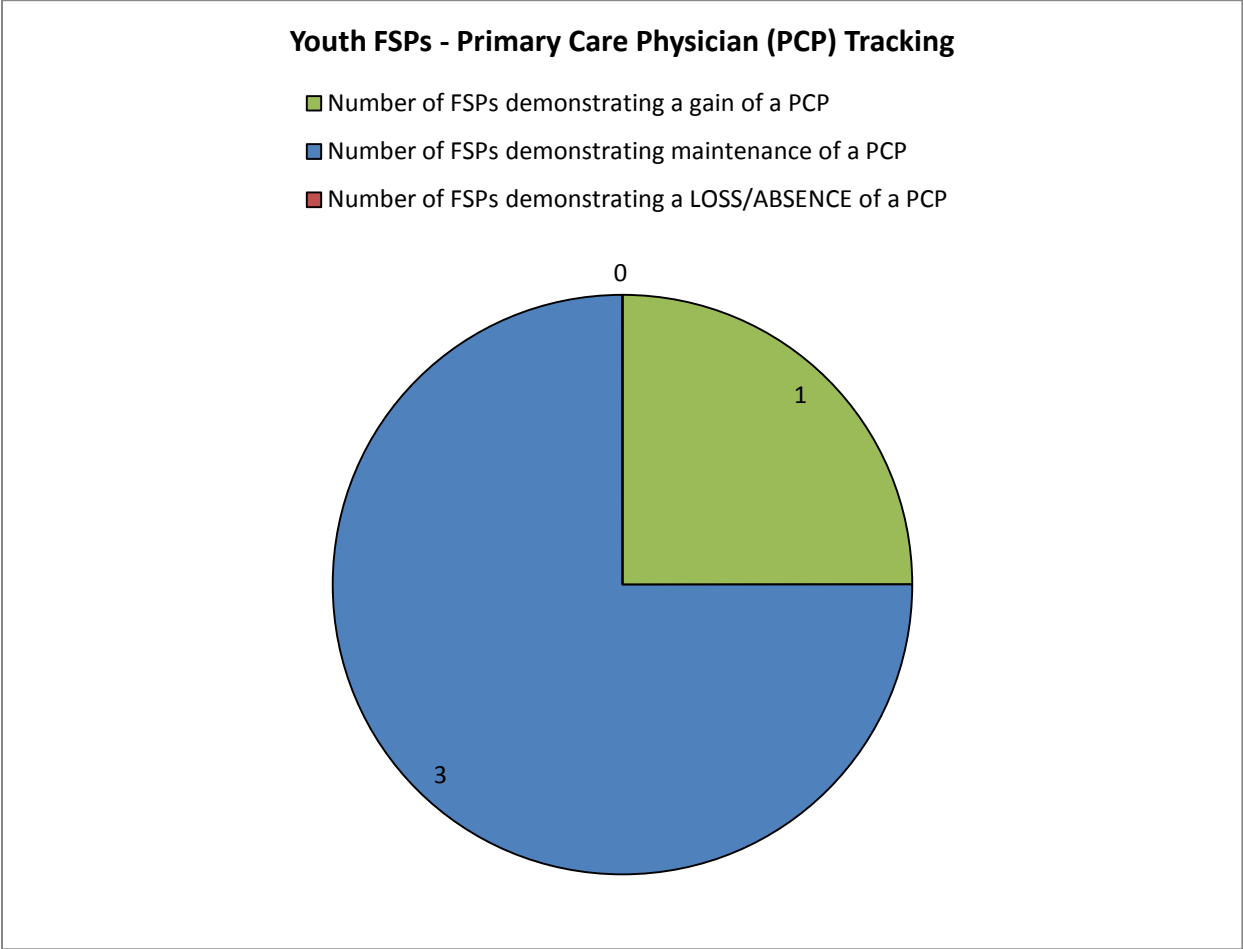
FSPs Discontinued for "Met Goals" - Primary Care Physician (PCP) Tracking

- Number of FSPs demonstrating a gain of a PCP
- Number of FSPs demonstrating maintenance of a PCP
- Number of FSPs demonstrating a LOSS/ABSENCE of a PCP



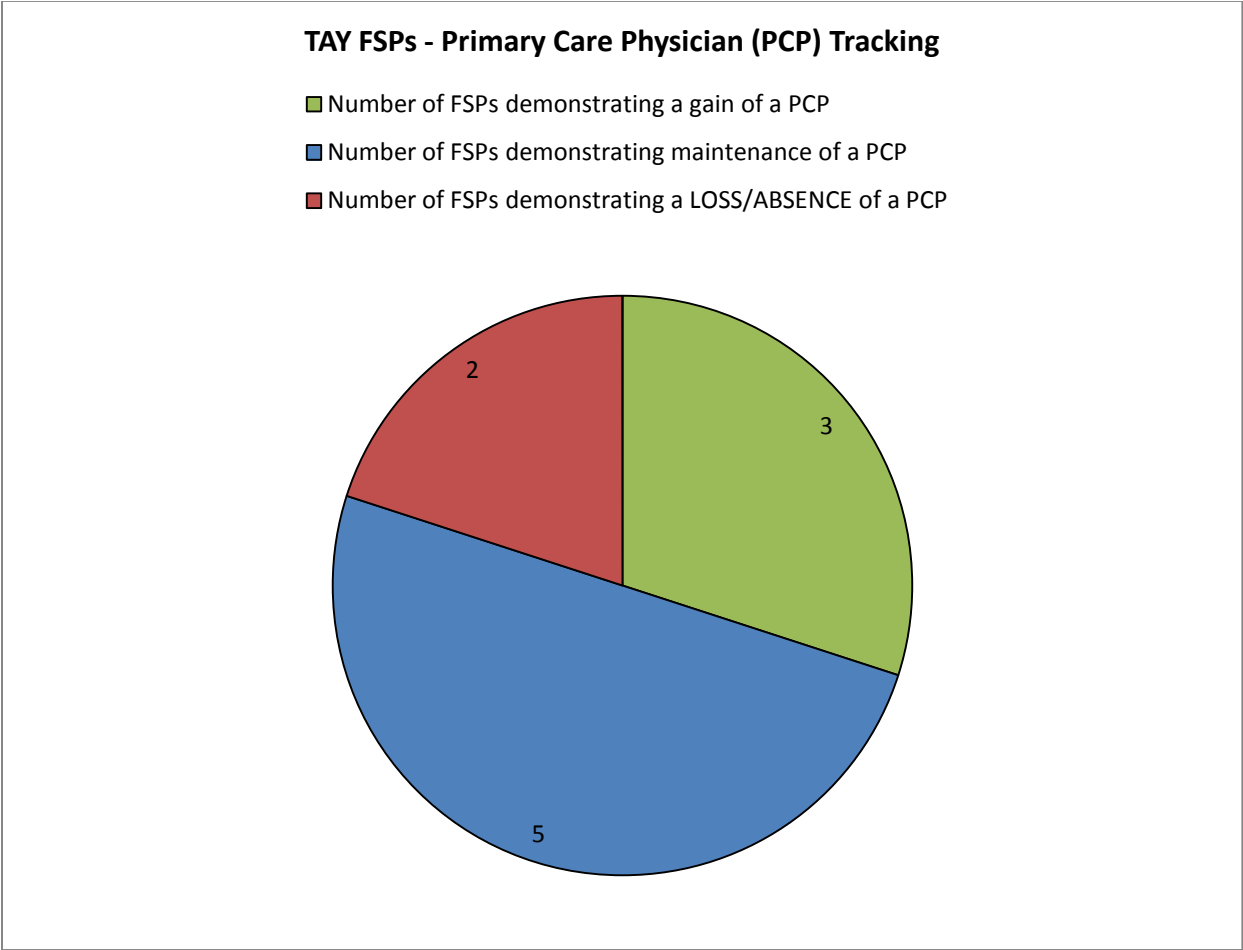
AGE GROUP “YOUTH”

- One case showed a gain of a primary care physician
- Three cases showed maintenance of a primary care physician



AGE GROUP “TAY”

- Three cases showed a gain of a primary care physician
- Five cases showed maintenance of a primary care physician
- Two cases showed the loss or absence of a primary care physician
 - One case showed a primary care physician prior to being an FSP
 - One case showed no primary care physician in either time frame

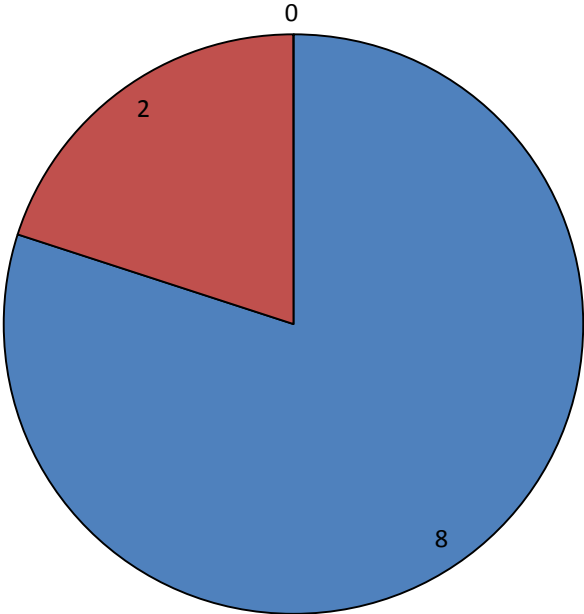


AGE GROUP “ADULT/OLDER ADULT”

- Zero cases showed a gain of a primary care physician
- Eight cases showed maintenance of a primary care physician
- Two cases showed the loss or absence of a primary care physician
 - Both cases showed no primary care physician in either time frame

Adult/Older Adult FSPs - Primary Care Physician (PCP) Tracking

- Number of FSPs demonstrating a gain of a PCP
- Number of FSPs demonstrating maintenance of a PCP
- Number of FSPs demonstrating a LOSS/ABSENCE of a PCP

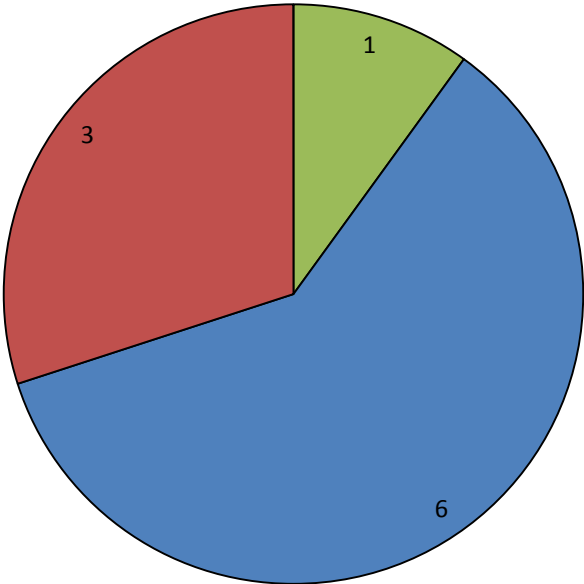


365-729 DAYS IN PARTNERSHIP

- One case showed a gain of a primary care physician
- Six cases showed maintenance of a primary care physician
- Three cases showed the loss or absence of a primary care physician
 - One case showed no primary care physician in either time frame

365-729 Days as FSPs - Primary Care Physician (PCP) Tracking

- Number of FSPs demonstrating a gain of a PCP
- Number of FSPs demonstrating maintenance of a PCP
- Number of FSPs demonstrating a LOSS/ABSENCE of a PCP

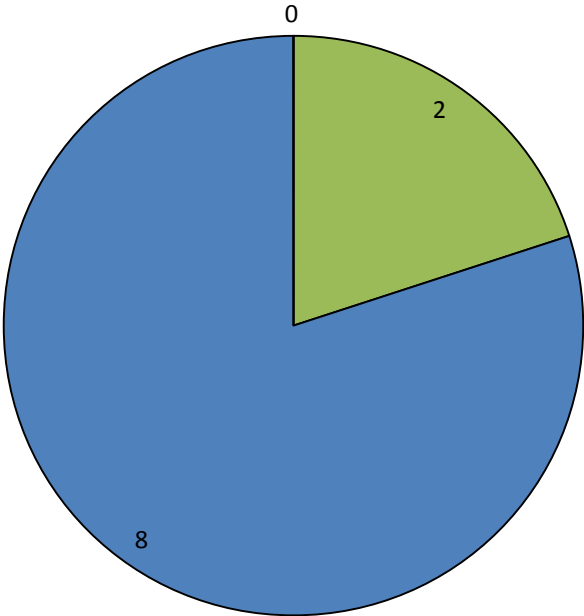


730-1094 DAYS IN PARTNERSHIP

- Two cases showed a gain of a primary care physician
- Eight cases showed maintenance of a primary care physician

730-1094 Days as FSPs - Primary Care Physician (PCP) Tracking

- Number of FSPs demonstrating a gain of a PCP
- Number of FSPs demonstrating maintenance of a PCP
- Number of FSPs demonstrating a LOSS/ABSENCE of a PCP

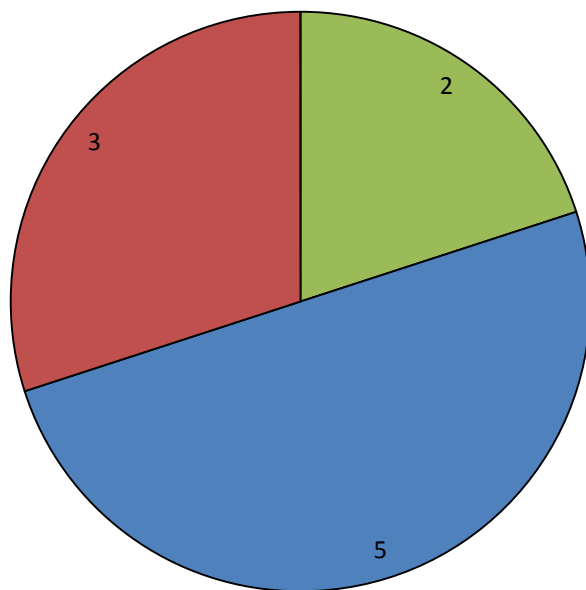


1095+ DAYS IN PARTNERSHIP

- Two cases showed a gain of a primary care physician
- Five cases showed maintenance of a primary care physician
- Three cases showed the loss or absence of a primary care physician
 - One case showed a primary care physician prior to being an FSP
 - Two cases showed no primary care physician in either time frame

1095 + Days as FSPs - Primary Care Physician (PCP) Tracking

- Number of FSPs demonstrating a gain of a PCP
- Number of FSPs demonstrating maintenance of a PCP
- Number of FSPs demonstrating a LOSS/ABSENCE of a PCP



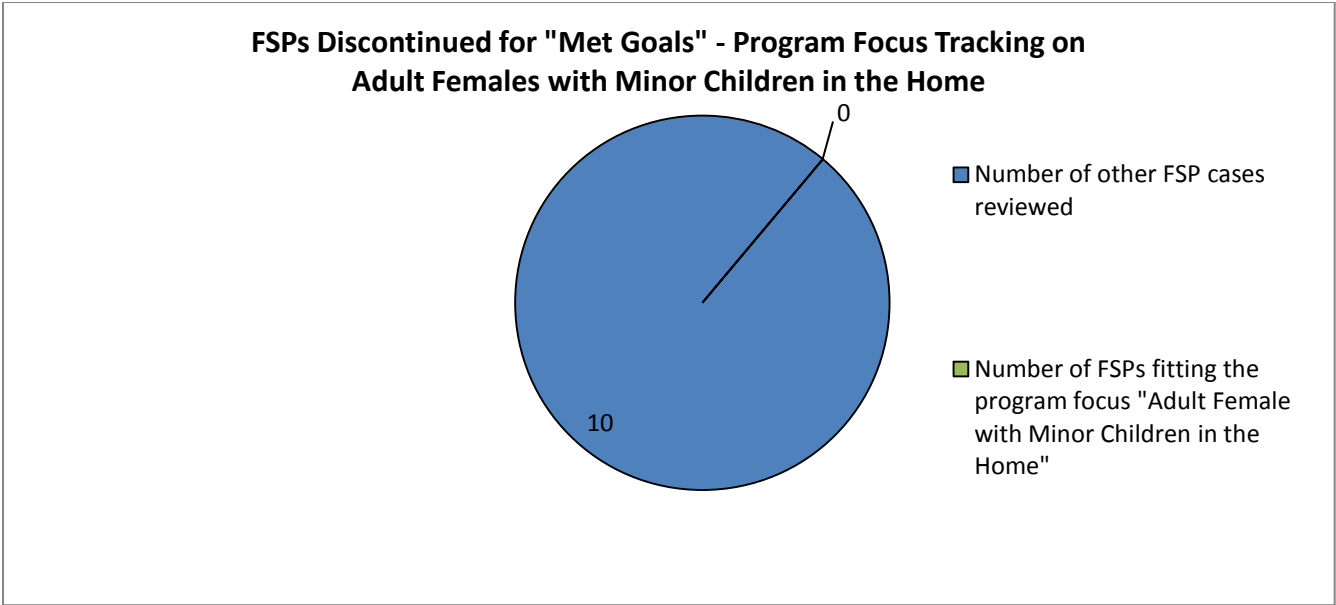
RESULTS SUMMARY – PRIMARY CARE PHYSICIAN

Over 80% of the individuals had a primary care physician at the time their FSP case ended, and more than half of them had had a primary care physician since before they started the FSP program. This data demonstrates positive outcomes for nearly all FSPs served, although it is unclear whether the majority of individuals who already had a primary care physician would have lost and not sought another one out on their own without the FSP program.

FEMALES WITH CHILDREN IN THE HOME

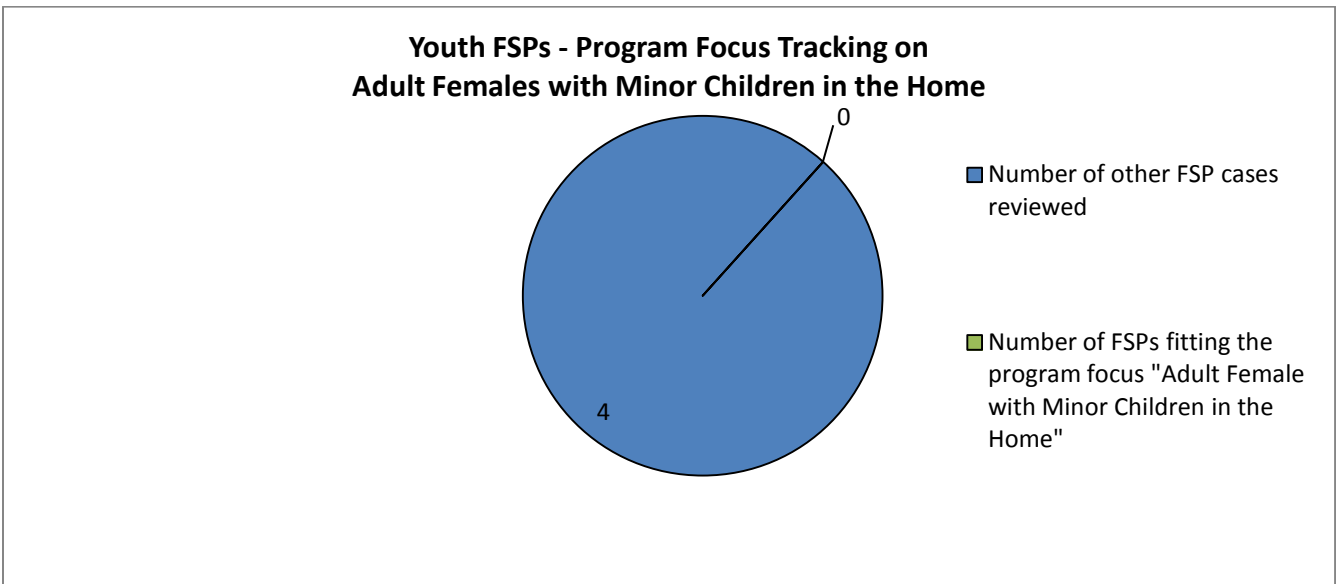
DISCONTINUED FOR “MET GOALS”

- None of the ten cases were an adult female with minor children in the home
 - Three of the cases were females who did have minor children
 - In all three cases the children were not living with the mother at any point in either time frame, and all the children had been legally removed and adopted out prior to her FSP case beginning



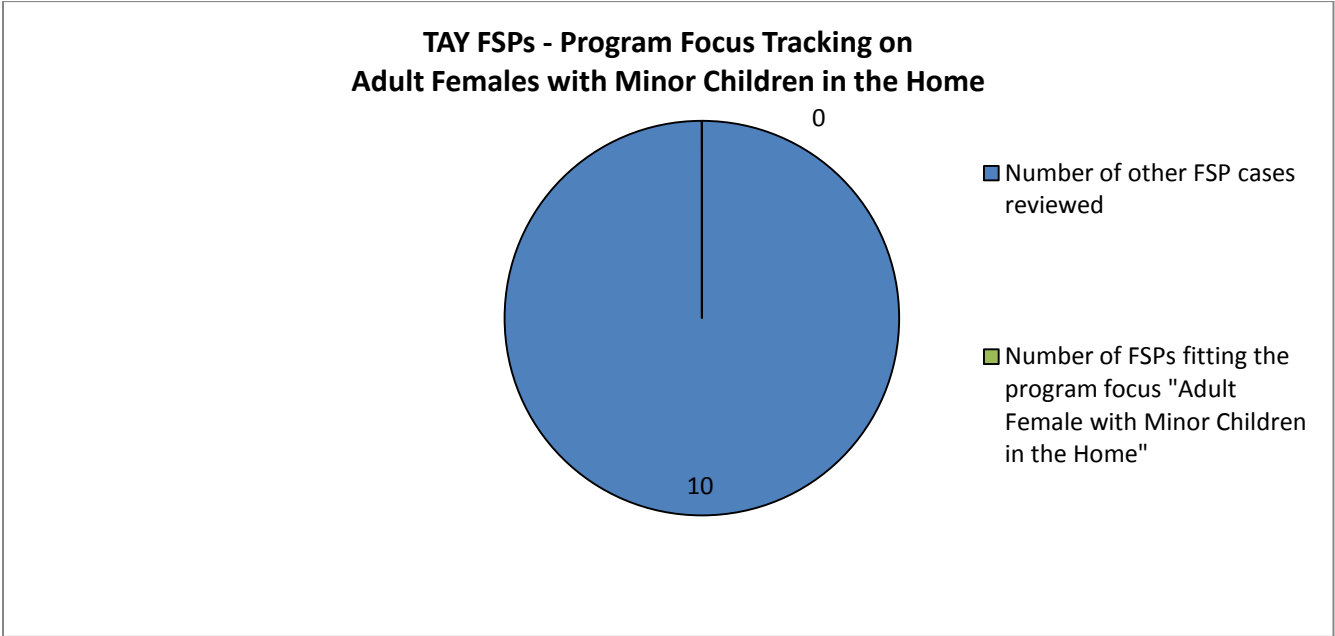
AGE GROUP “YOUTH”

- None of the 4 cases were a female with minor children of her own in the home



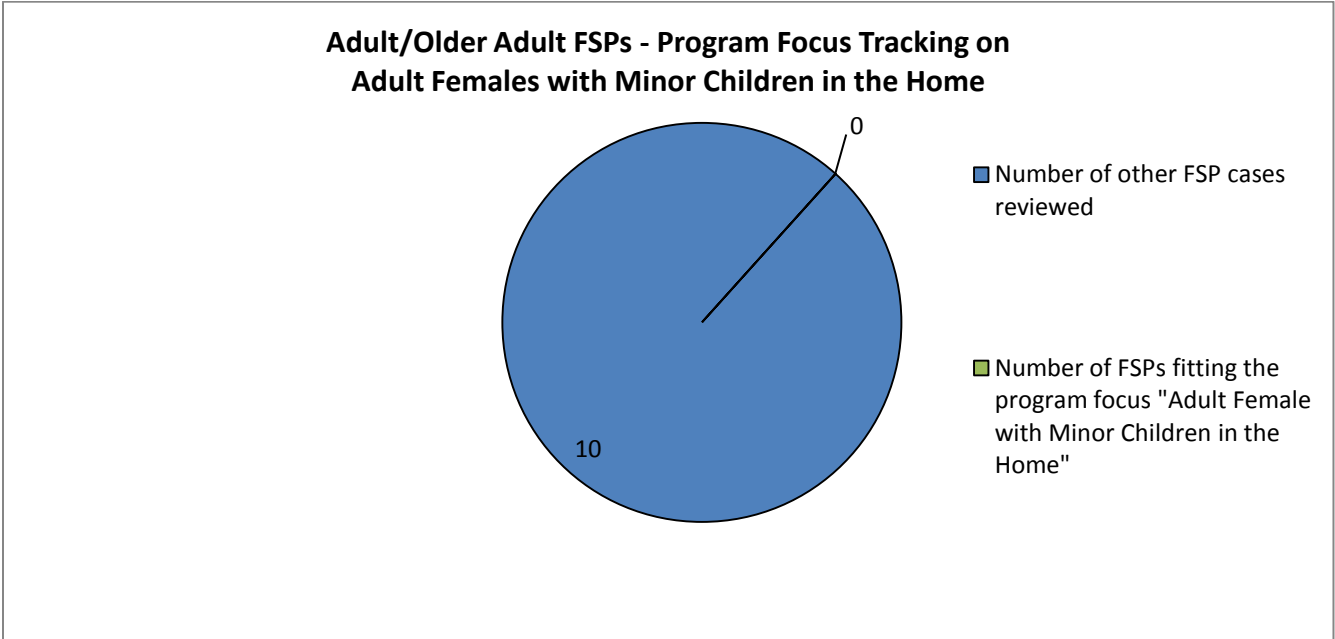
AGE GROUP “TAY”

- None of the 10 cases was an adult female with minor children in her home
- One case was a female whose child had been legally removed and adopted out prior to her FSP case beginning



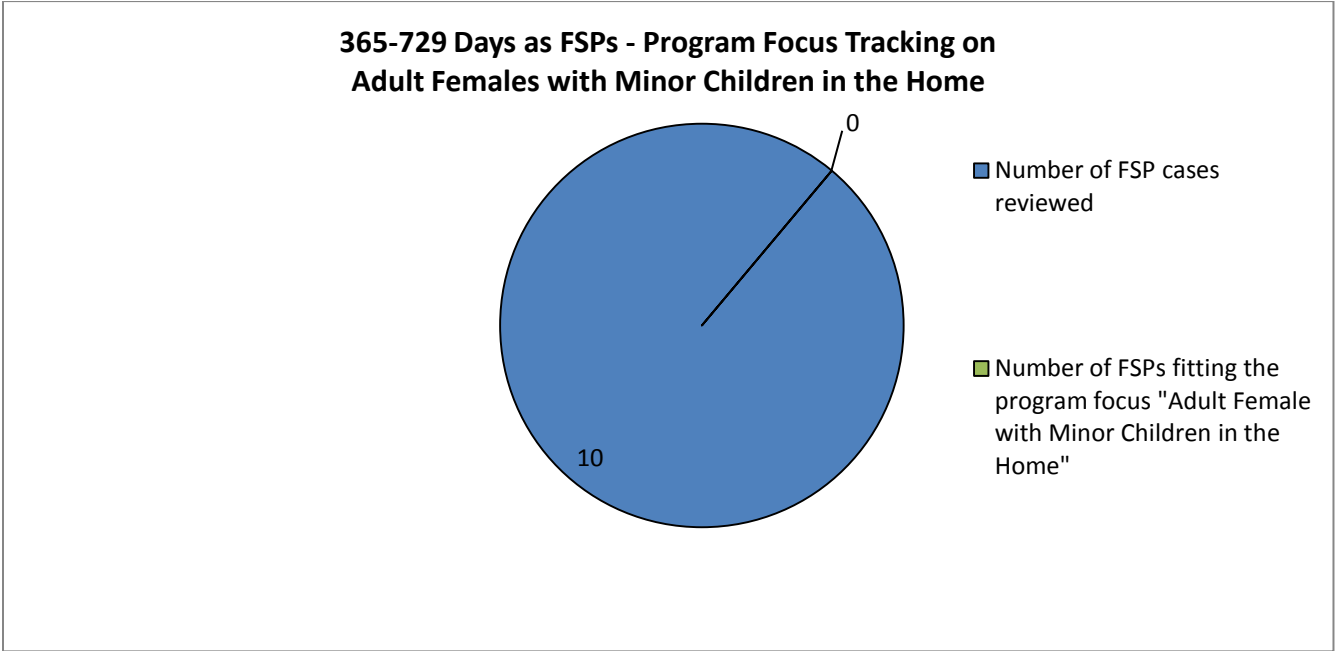
AGE GROUP “ADULT/OLDER ADULT”

- None of the 10 cases were an adult female with minor children in the home



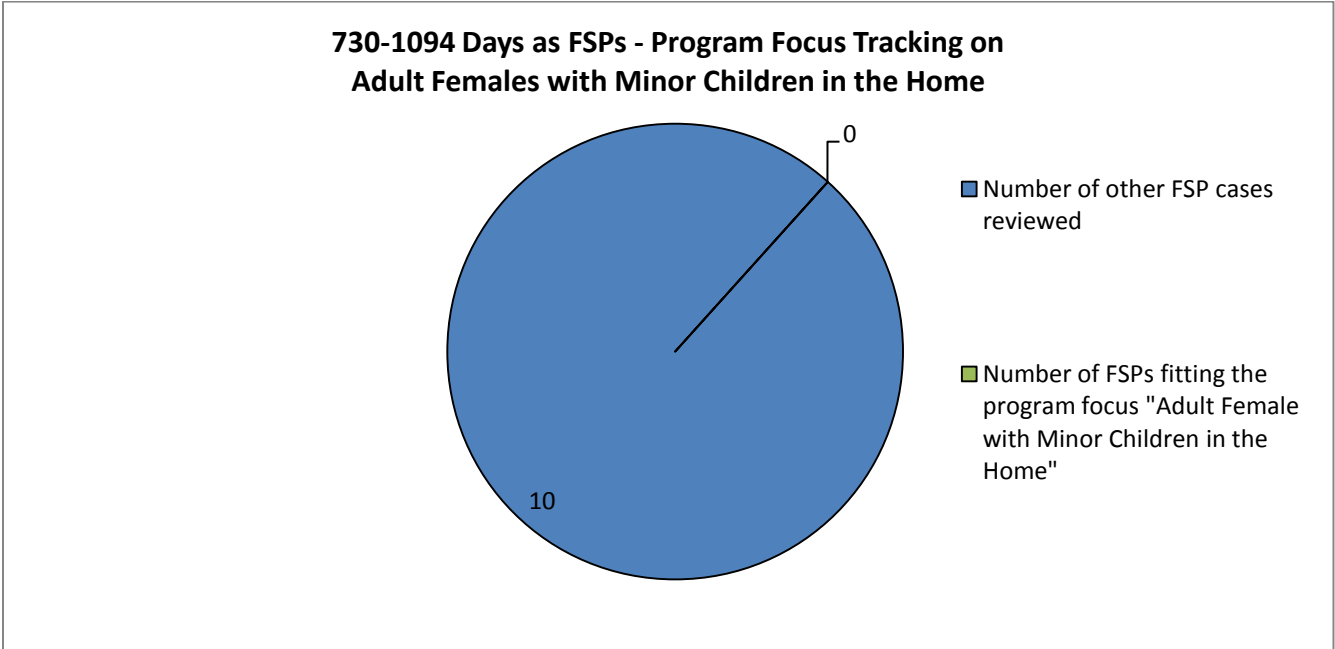
365-729 DAYS IN PARTNERSHIP

- None of the 10 cases were a female with minor children of her own in the home
- One case was a female whose child had been legally removed and adopted out prior to her FSP case beginning



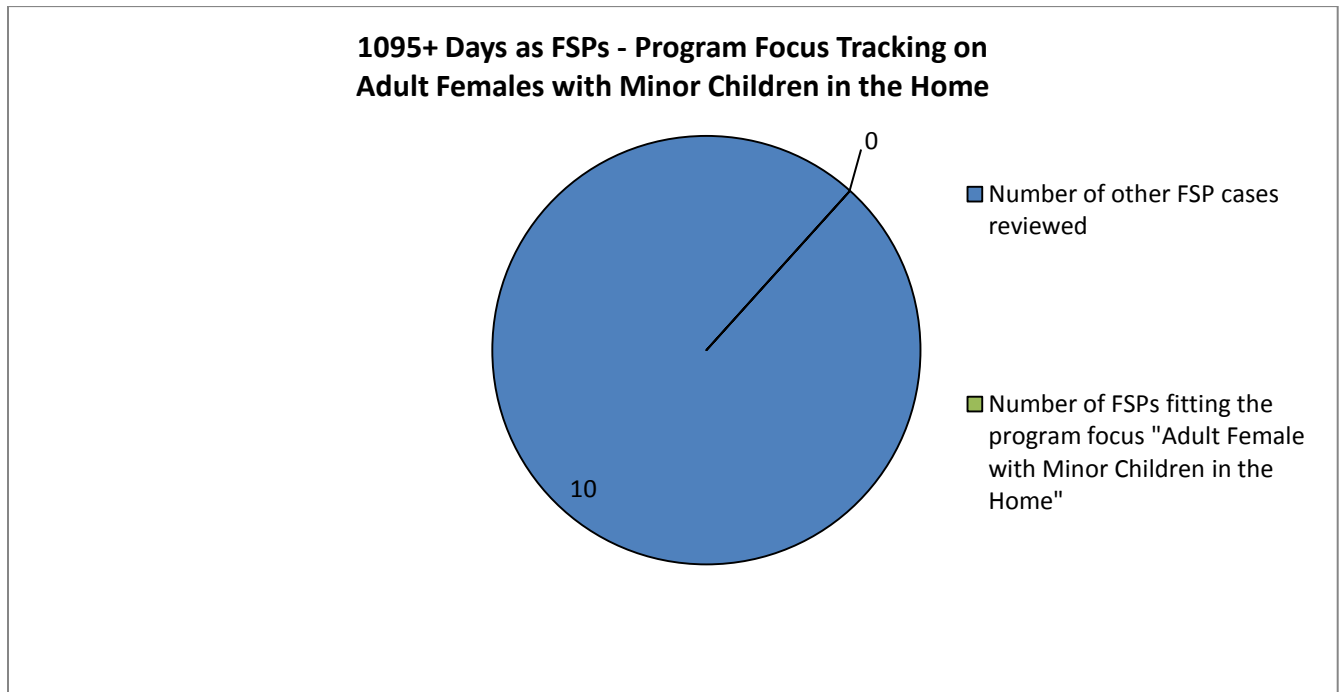
730-1094 DAYS IN PARTNERSHIP

- None of the cases were a female with minor children of her own in the home
 - One of the cases was a female who did have a minor child but the child had been legally removed and adopted out prior to the FSP cases beginning



1095+ DAYS IN PARTNERSHIP

- None of the cases were an adult female with minor children in the home
 - Two of the cases were females who did have minor children
 - In both cases the children had been legally removed and adopted out prior to the FSP case beginning



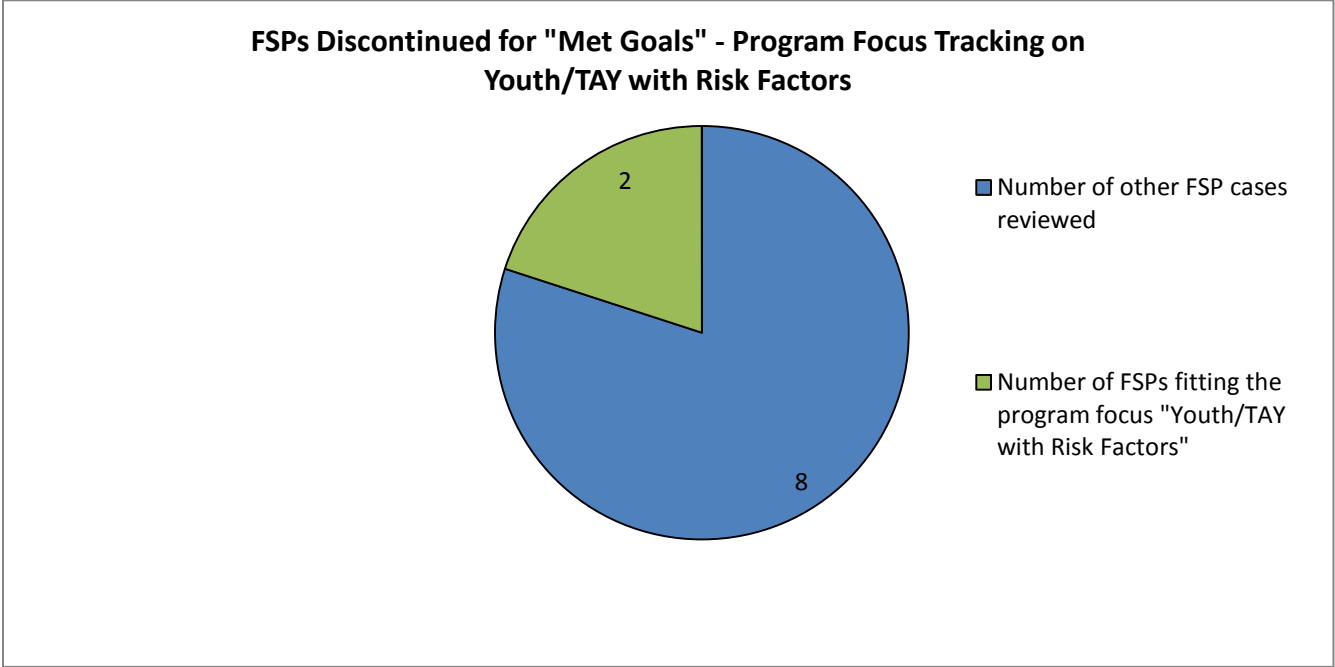
RESULTS SUMMARY – FEMALE WITH CHILDREN IN THE HOME

In all the cases reviewed, no case fit this program focus category. A few cases are on females who did have minor children, but in all of those cases the children had already been legally removed and adopted out prior to the FSP cases starting. Overall, the data shows that the STAR program has not been successful at targeting this particular segment of the population for services.

YOUTH/TRANSITION AGE YOUTH WITH RISK FACTORS

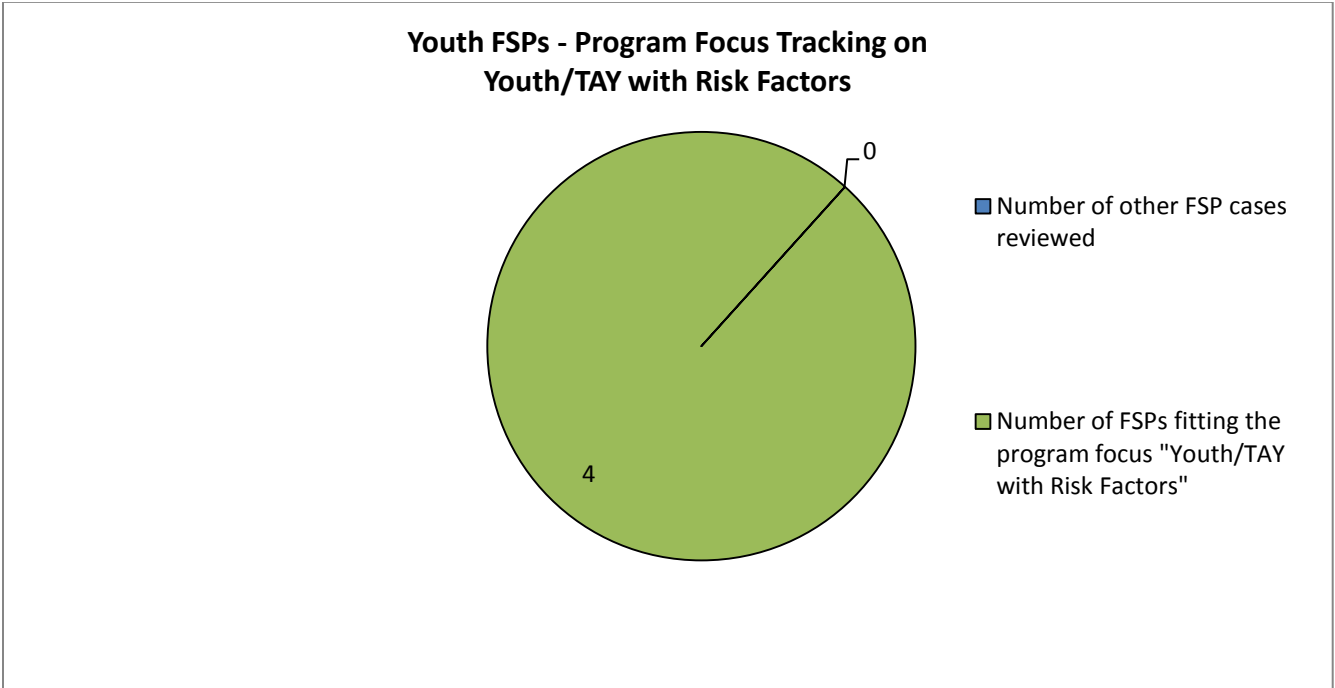
DISCONTINUED FOR “MET GOALS”

- Two of the cases were youth or transition age youth with risk factors



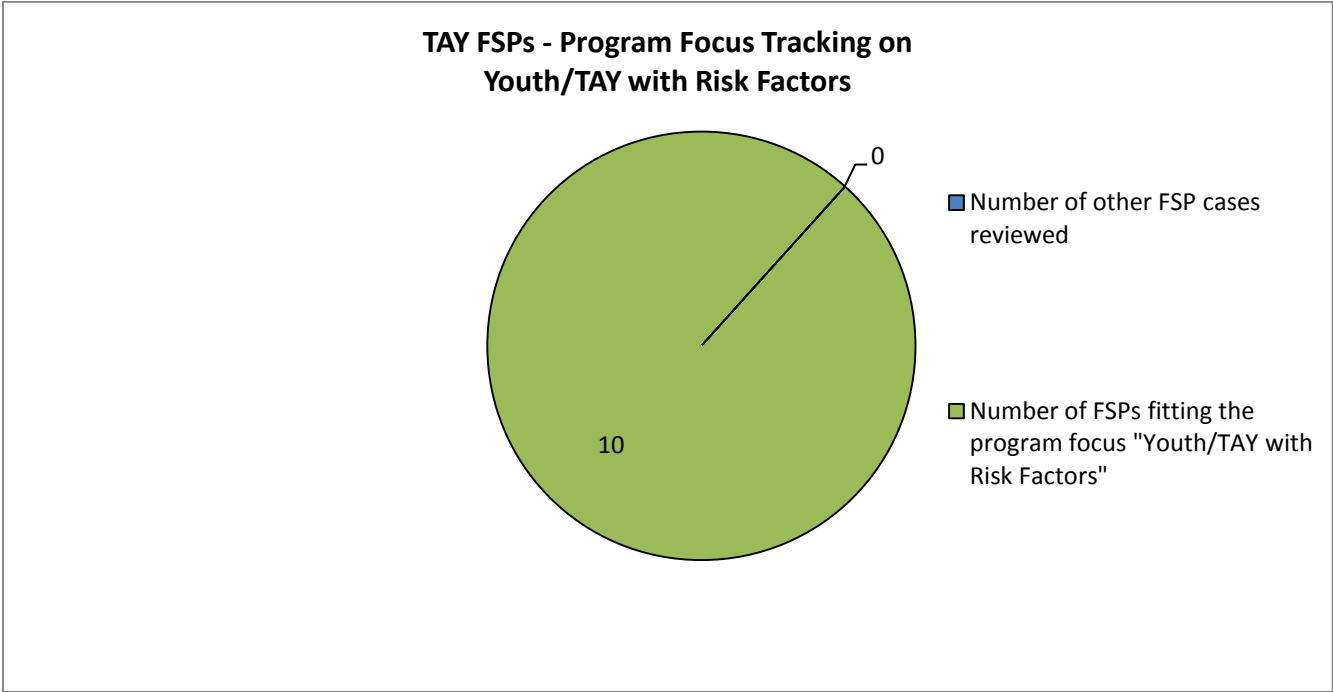
AGE GROUP “YOUTH”

- All 4 of the cases reviewed were youth with risk factors



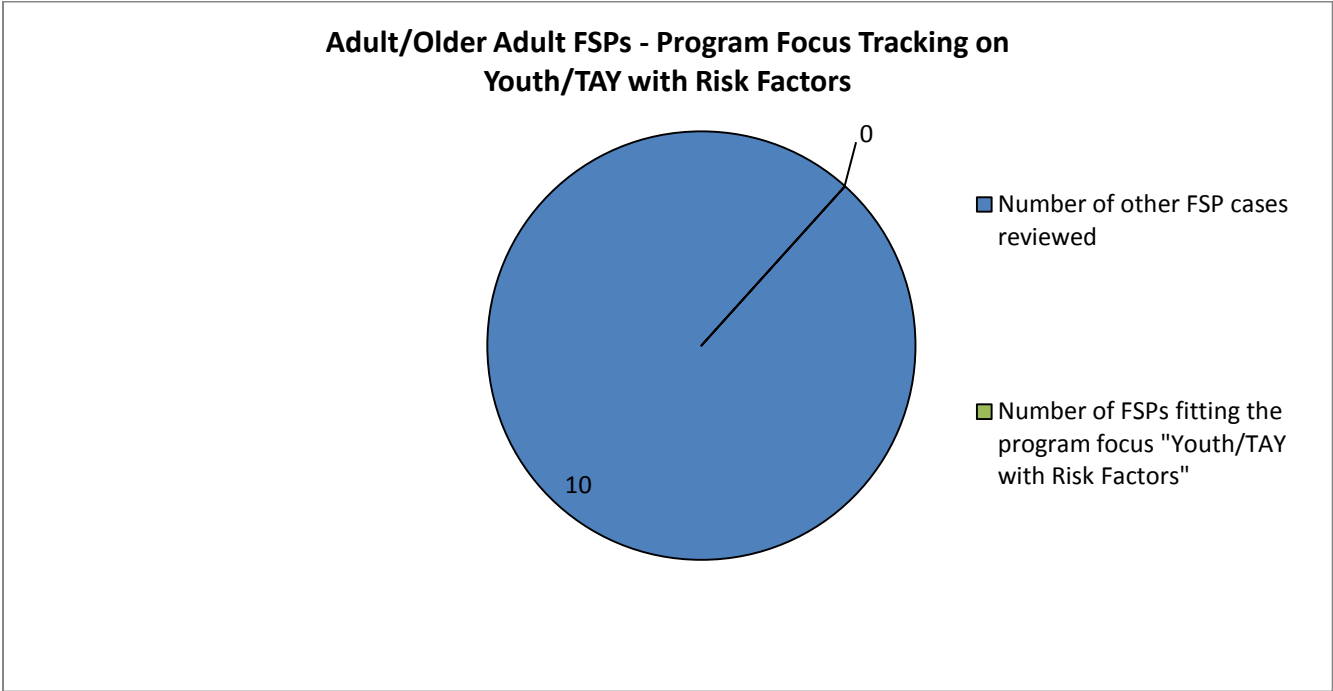
AGE GROUP "TAY"

- All ten of the cases were transition age youth with risk factors



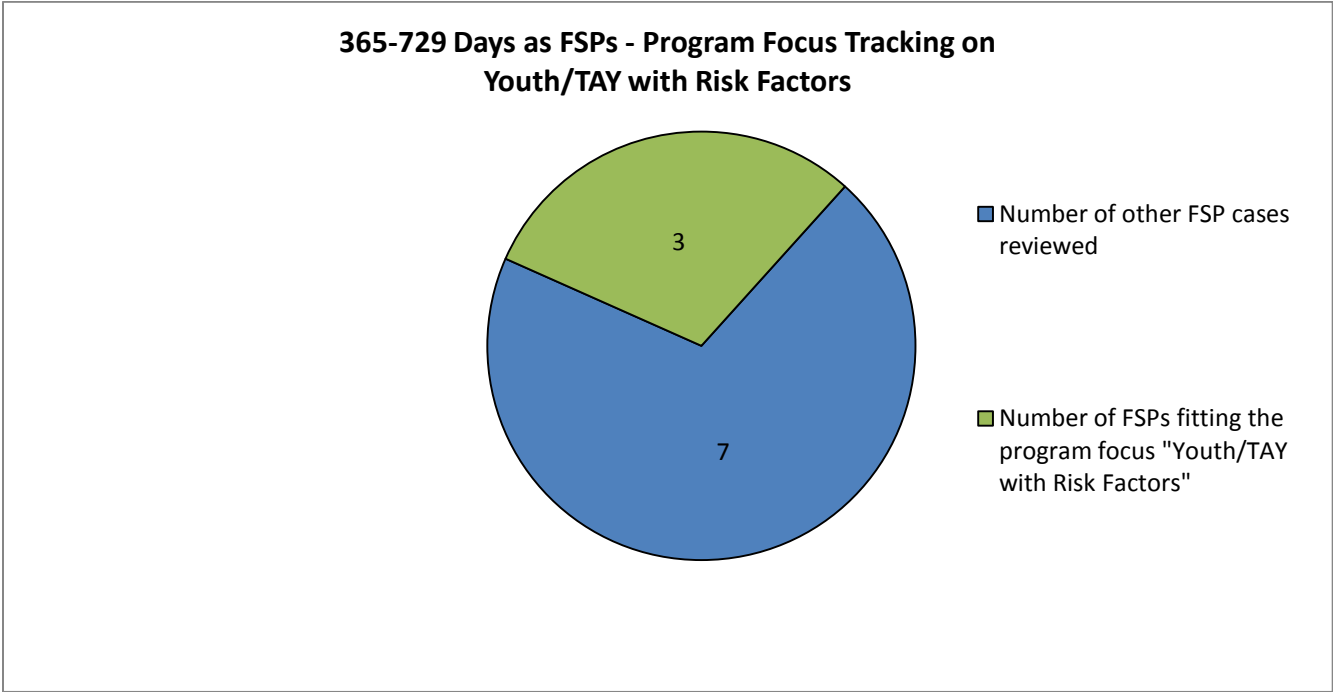
AGE GROUP "ADULT/OLDER ADULT"

- None of the 10 cases were youth or transition age youth with risk factors



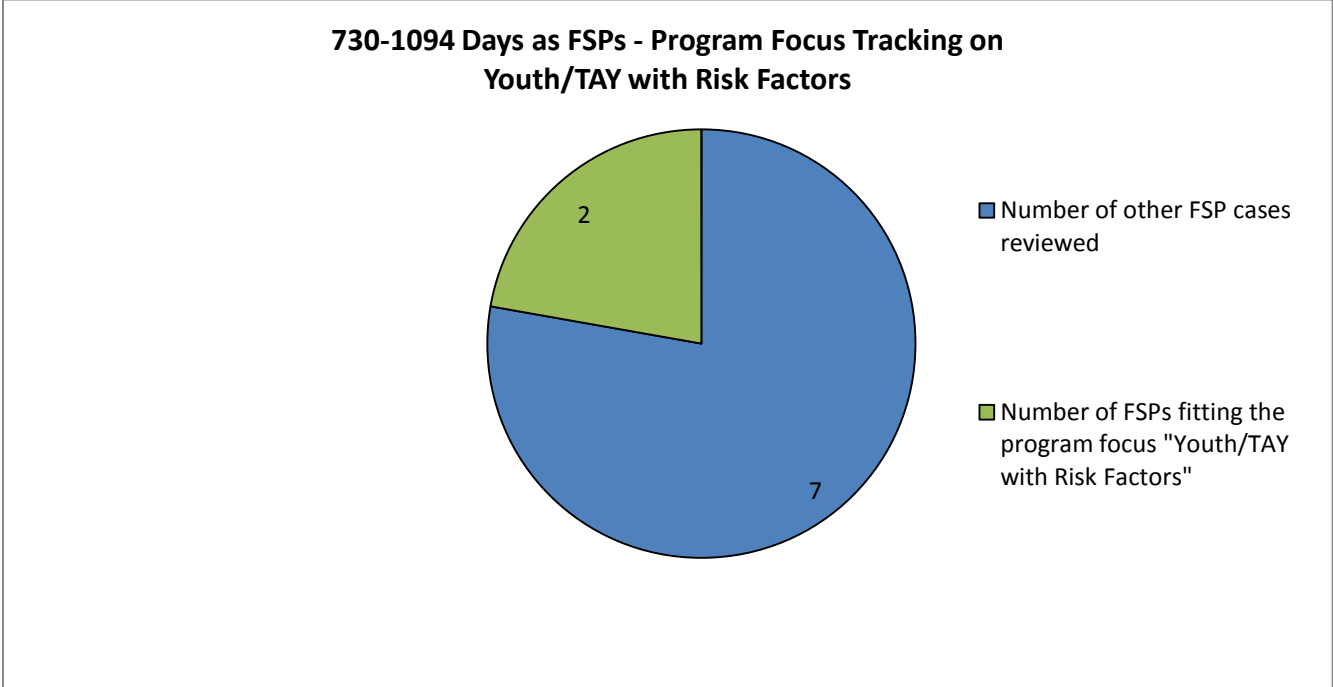
365-729 DAYS IN PARTNERSHIP

- Three of the cases were youth or transition age youth with risk factors



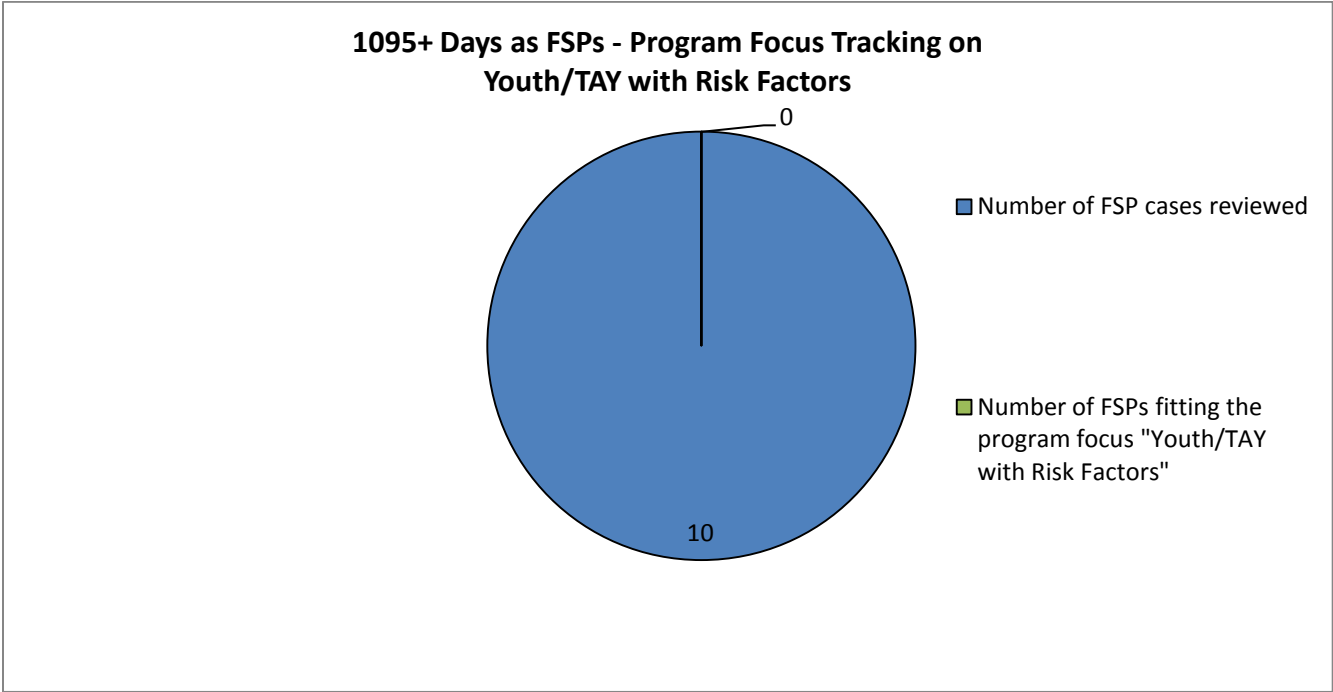
730-1094 DAYS IN PARTNERSHIP

- Three of the cases were youth or transition age youth with risk factors



1095+ DAYS IN PARTNERSHIP

- None of the cases were youth or transition age youth with risk factors



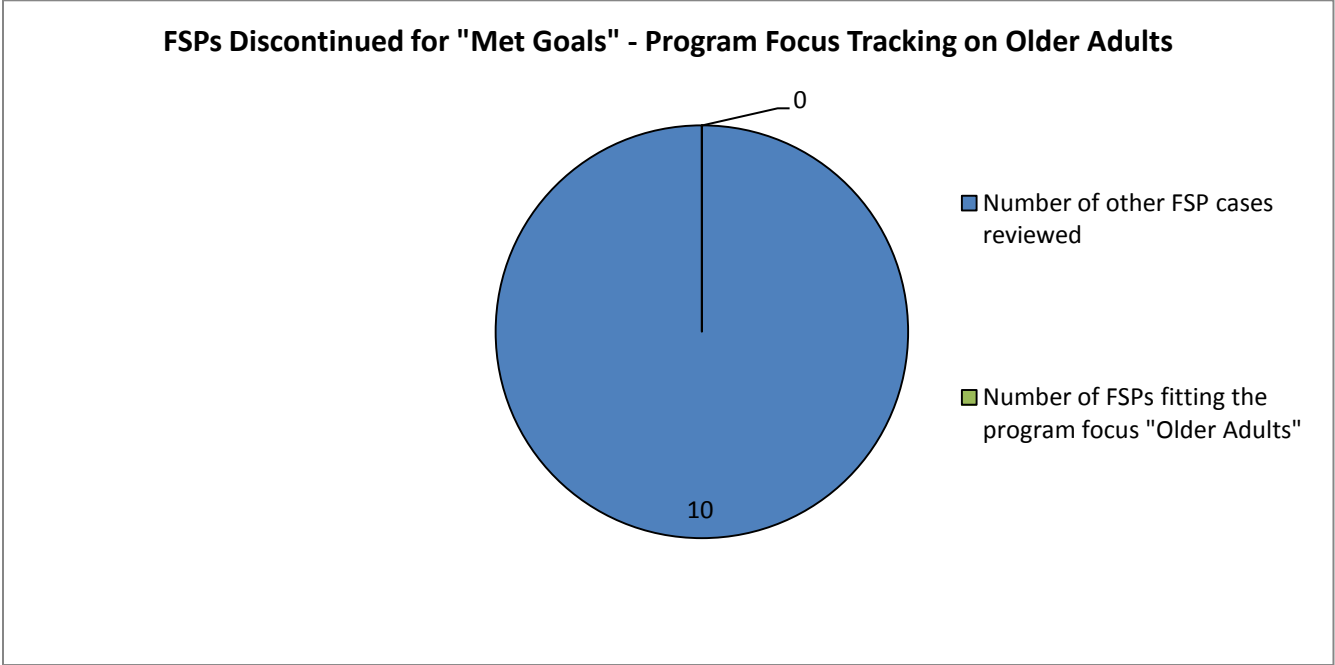
RESULTS SUMMARY – YOUTH/TAY WITH RISK FACTORS

In the cases reviewed, approximately 20% fit into this program focus category. This reasonably matches the overall population distribution by age group for Shasta County, as reported in the federal 2009-2011 American Community Survey 3-Year Estimates. Overall, the data shows that the STAR program has been successful at targeting this particular segment of the population for services.

OLDER ADULTS

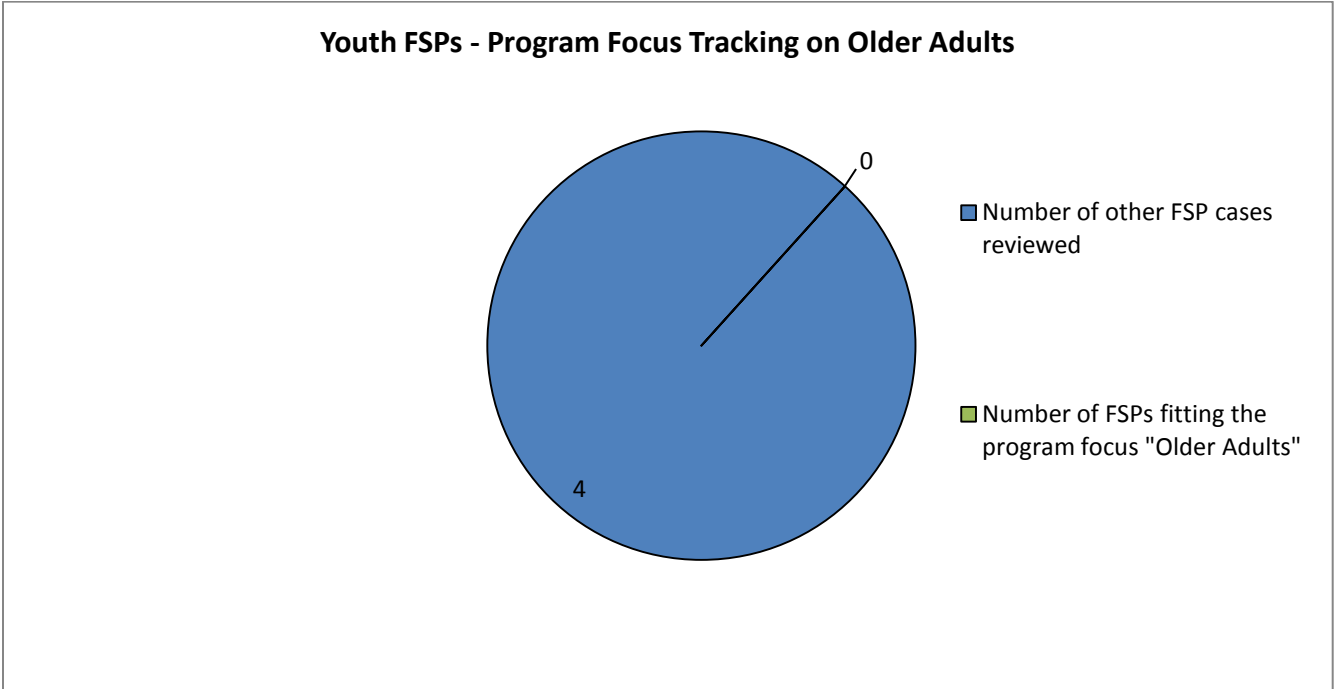
DISCONTINUED FOR “MET GOALS”

- None of the ten cases were older adults



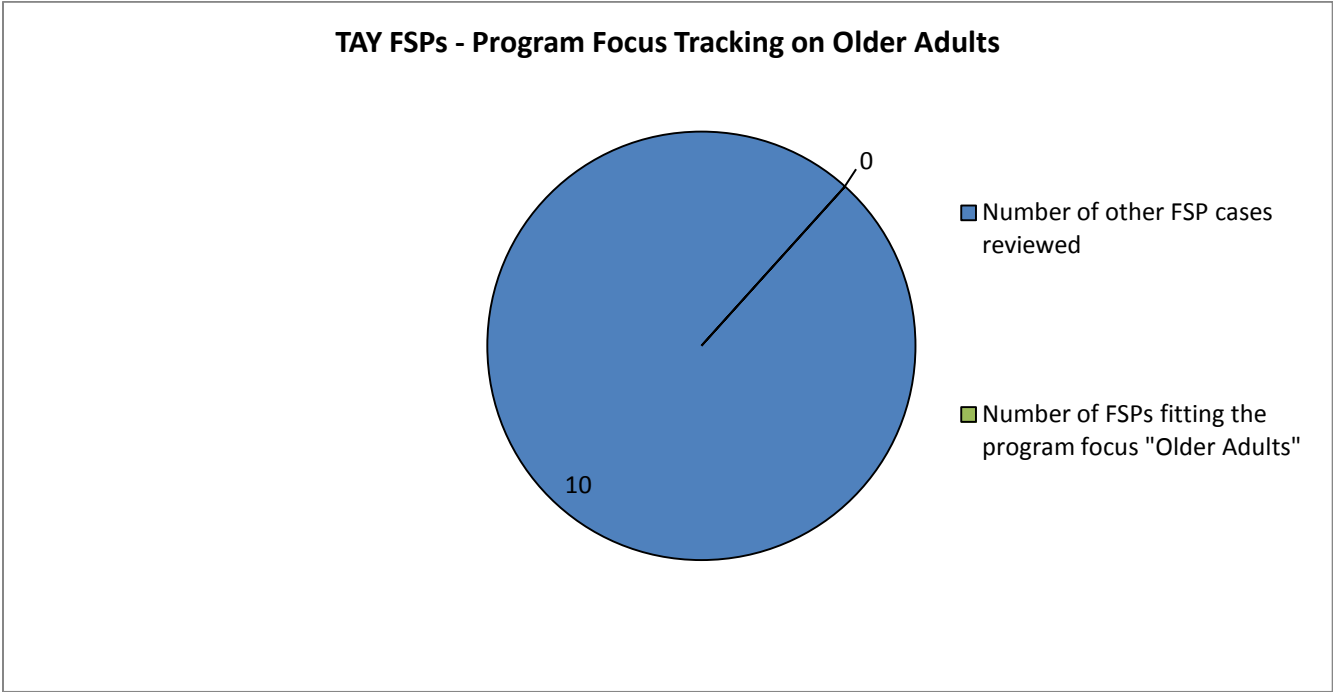
AGE GROUP “YOUTH”

- None of the 4 cases were older adults



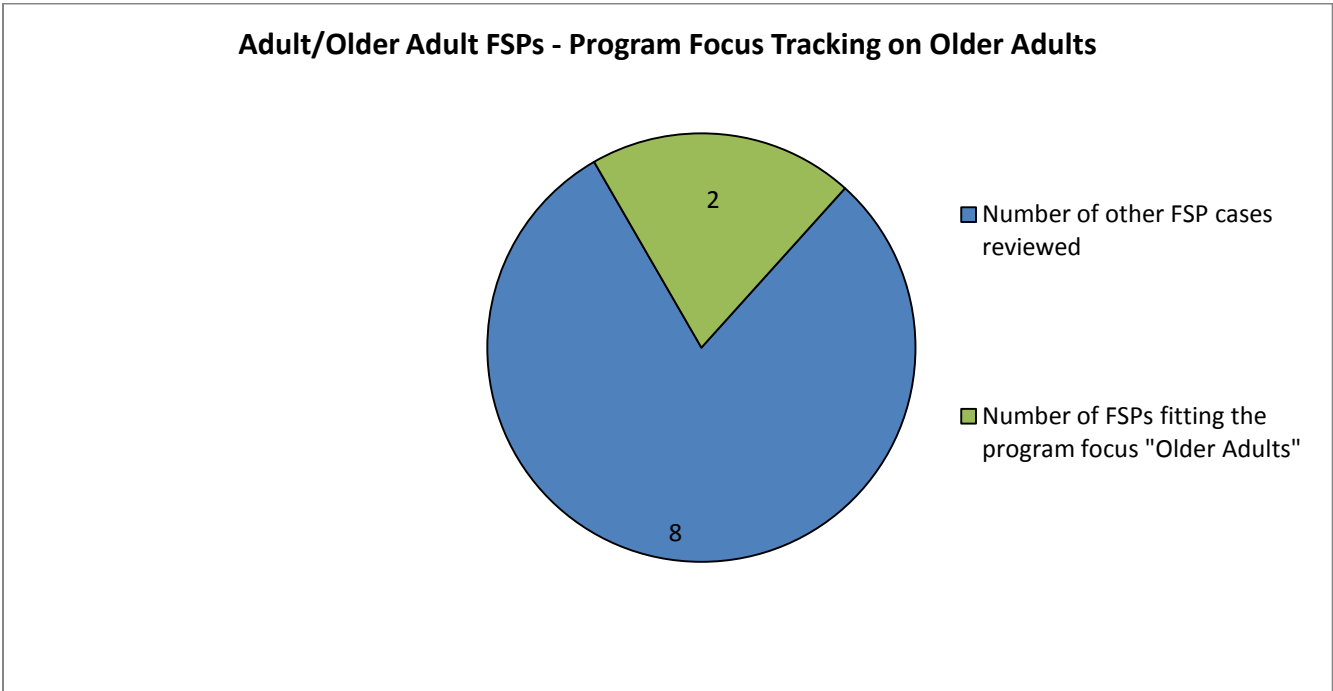
AGE GROUP “TAY”

- None of the 10 cases were older adults



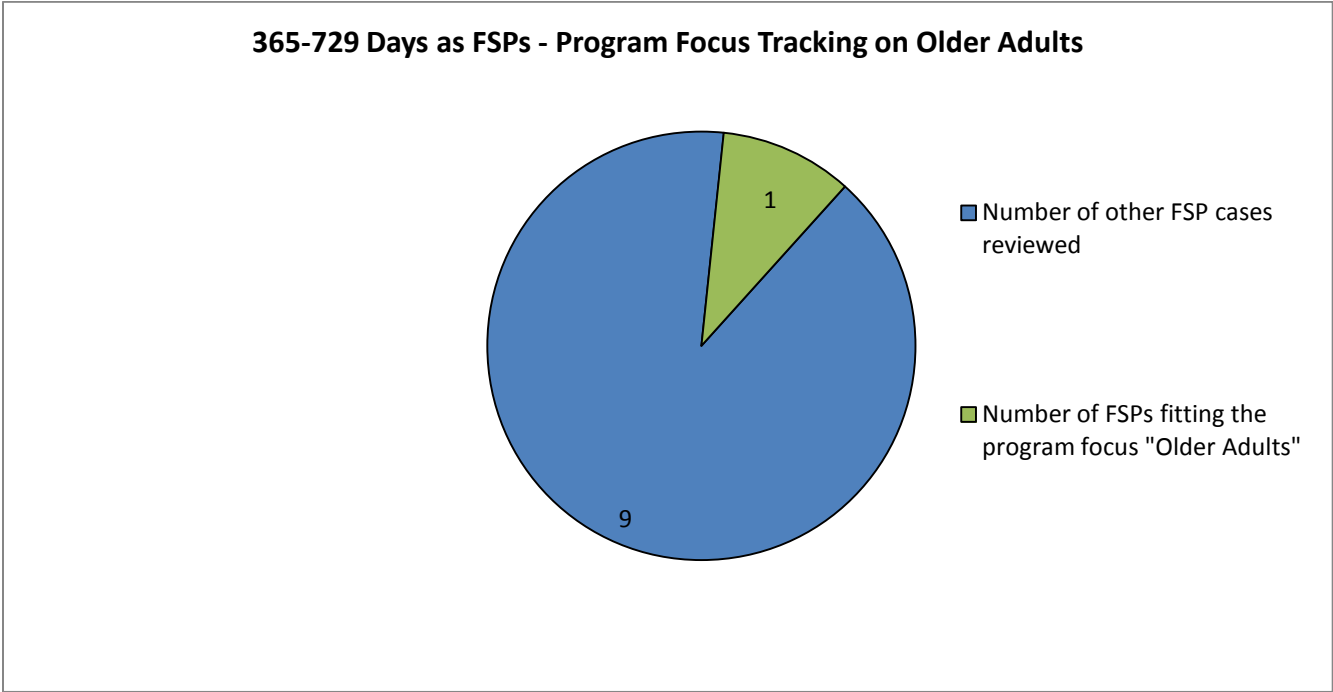
AGE GROUP “ADULT/OLDER ADULT”

- Two of the cases were older adults



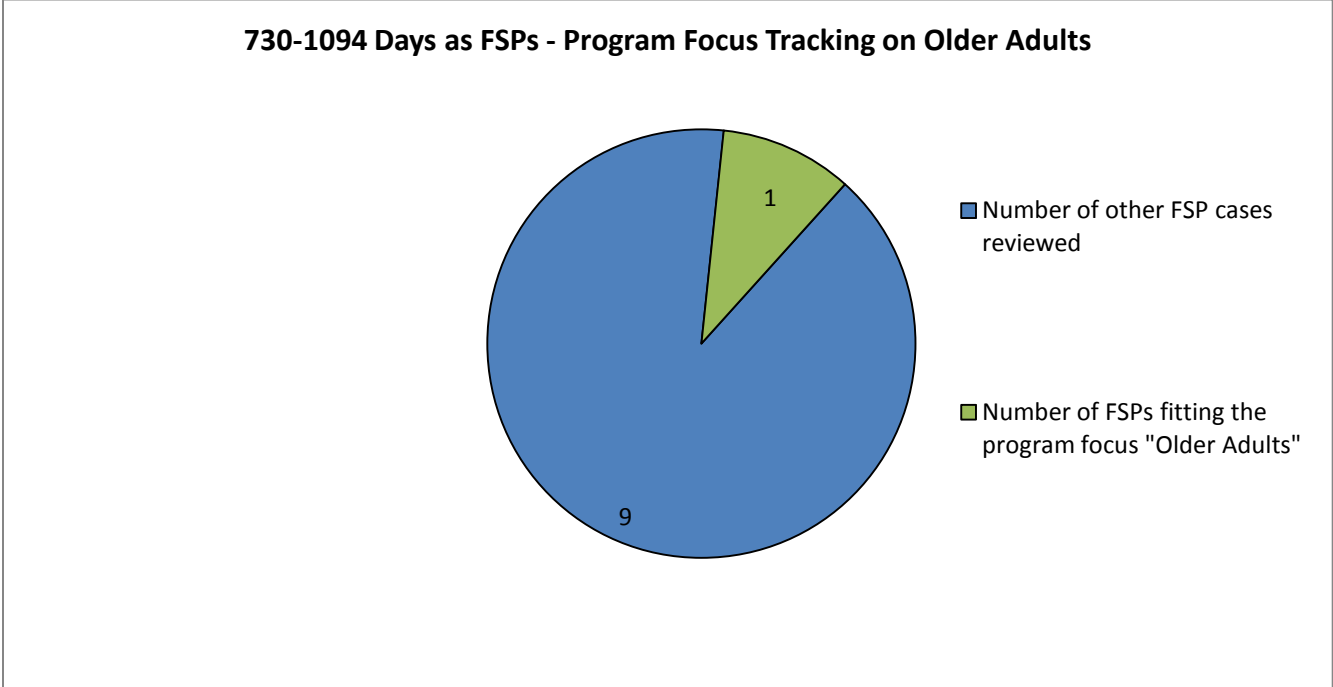
365-729 DAYS IN PARTNERSHIP

- One of the cases was an older adult



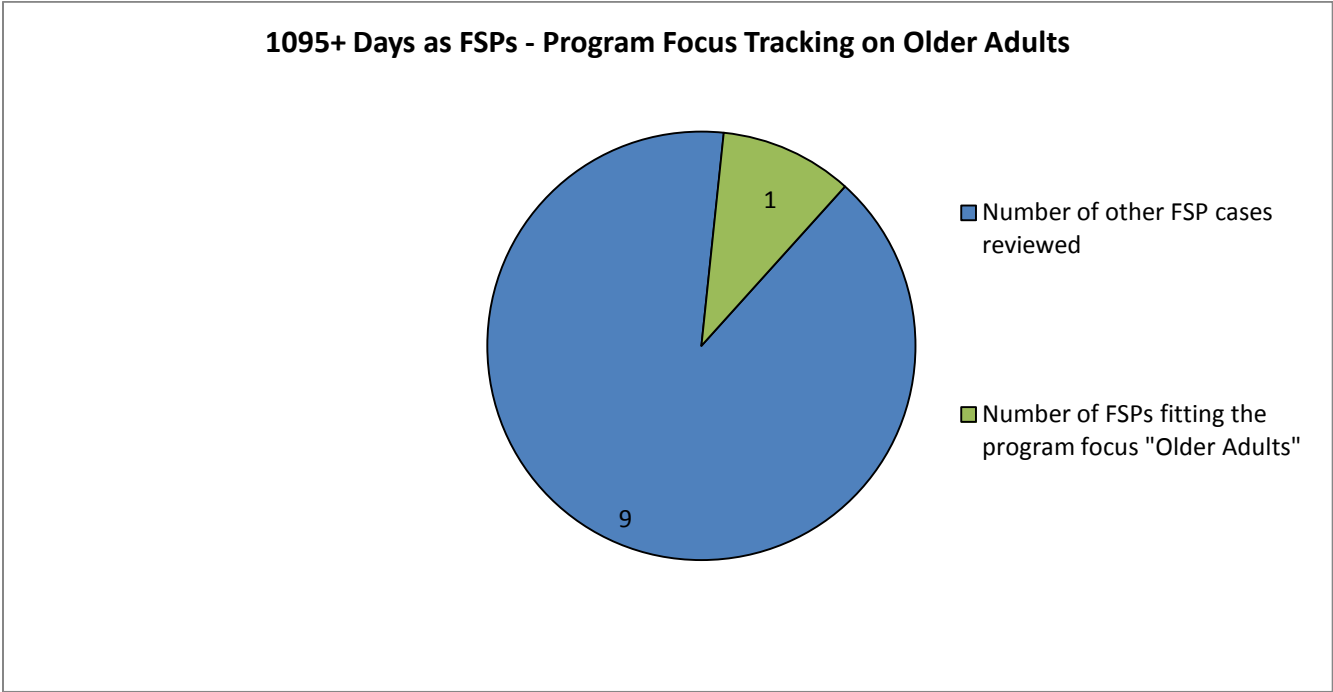
730-1094 DAYS IN PARTNERSHIP

- One of the cases was an older adult



1095+ DAYS IN PARTNERSHIP

- One of the cases was an older adult



RESULTS SUMMARY – OLDER ADULT

In the cases reviewed, approximately 10% of the cases fit this program focus category. This reasonably matches the overall population distribution by age group for Shasta County, as reported in the federal 2009-2011 American Community Survey 3-Year Estimates. Overall, the data shows that the STAR program has been successful at targeting this particular segment of the population for services.