

# **Full Service Partnerships: California's Investment to Support Children and Transition-Age Youth with Serious Emotional Disturbance and Adults and Older Adults with Severe Mental Illness**

**Contextual Factors and the Relationship to Expenditures and Cost Offsets**

## **Executive Summary**



**UCLA Center for Healthier Children, Youth and Families**

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## Executive Summary

Proposition 63 (2004) provides increased funding through the Mental Health Services Act (MHSA) to support mental health services for underserved and previously unserved individuals within the context of the public mental health system. Prop 63 funds are distributed to county departments of mental health to implement MHSA components. Components are: Prevention and Early Intervention (PEI); Workforce Education and Training (WET); Capital Facilities and Technological Needs (CF/TN); Innovation (INN); and Community Services and Supports (CSS), which includes the Full Service Partnership (FSP). CSS is designed to serve individuals with severe mental illness (SMI) or serious emotional disturbance (SED).<sup>1</sup>

The focus of this report is the Full Service Partnership (FSP), which is designed to serve Californians in all phases of life who experience the *most* severe mental health challenges because of illness or circumstance. This population has been historically underserved and has substantial opportunity for benefits from improved access and participation in quality mental health treatment and support.

FSP is grounded in earlier efforts, namely Assembly Bill 2034 (AB 2034)<sup>2</sup> and its predecessors. AB 2034 was unique in 1) its focus on serving homeless persons with serious mental illness; 2) the “*housing first*” mandate; 3) flexible funding; and 4) collection and reporting of client and system outcomes in “*real time*.” The final analysis of AB 2034 reported a percentage of costs offset of 49.8 percent.<sup>3</sup>

FSP services are a large portion of the Community Services and Supports (CSS) funding allocation from MHSA. CSS was designed to move the public mental health system beyond “*business as usual*” in order to improve access to more-effective services. CSS (particularly FSP) was intended to initiate significant changes in the system of care for individuals with serious emotional disturbance/serious mental illness.<sup>4</sup>

There is a requirement that “*the County shall direct the majority of its Community Services and Supports funds to the Full-Service Partnership Service Category*,”<sup>5</sup> and that clients be served with “*whatever it takes*.” The remaining portions of CSS are intended to expand supportive services, such as transportation or vocational training (which are typically unfunded), crisis intervention and treatment.

CSS and FSP services represent a commitment to improving mental health service to those Californians most in need. A recent report has shown FSP services to yield cost benefits statewide, yielding average savings in public cost attributable to the inadequately treated mental illness of FSP participants prior to program services that exceed the cost of those services – there is a cost savings of \$1.27 for every Prop 63 dollar spent. The detailed report summarizing statewide findings may be found at:

[http://mhsoc.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC\\_111512\\_Tab4\\_MHSA\\_CostOffset\\_Report\\_FSP.pdf](http://mhsoc.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC_111512_Tab4_MHSA_CostOffset_Report_FSP.pdf)

FSP expenditures per client and cost offsets also vary substantially across counties. This report focuses on identifying those factors that are associated with this variation in expenditures and cost offset, including differences in the array of FSP services provided by counties, characteristics of the participant population, and characteristics of county context. More specifically, this report has the following major information objectives:

- Describe the array of FSP services planned by counties
- Document variation in numbers served and FSP expenditure-per-client across counties for Fiscal Year 09-10

- Describe associations between service, participant, and county factors and FSP expenditure-per-client differences across counties
- Document variation in FSP cost offsets as percentage of FSP expenditures across counties
- Describe associations between service, participant, and county factors and differences in FSP cost offsets across counties

## Method

The analysis presented here builds on prior expenditure and cost offset analyses conducted by the UCLA team. Findings from these analyses are presented in the report, *Full Service Partnerships: California’s Investment to Support Children and Transition-Age Youth with Serious Emotional Disturbance and Adults and Older Adults with Severe Mental Illness*. The link to this report was provided on page i. In order to include a county in the FSP Expenditures and Cost Offsets Report, we needed Full Service Partnership expenditures broken out by age group. Per the California Code of Regulations, “*The County shall provide services to all age groups i.e., older adults, adults, transition age youth, and children/youth in the Full Service Partnership Service Category.*”<sup>6</sup> Age groups are defined as follows:

- “Children and youth” means individuals from birth through 17 years of age.<sup>7</sup>
- “Transition Age Youth” means youth 16 years to 25 years of age.<sup>8</sup>
- “Adult” means an individual 18 years of age through 59 years of age.<sup>9</sup>
- “Older Adult” means an individual 60 years of age and older.<sup>10</sup>

Accordingly, all findings for this analysis are reported separately by age group. Data collection and measurement procedures used for this analysis include:

- *Expenditures and Cost Offset.* County fiscal reporting varies substantially. In order to collect reliable and accurate data in a standardized format, expenditure data for this analysis were gathered through a web survey. All data were reported by Age Group. Almost all of the counties responded – 47 (81.0%). In addition, calculations were successfully completed for three (3) more counties that did not complete the web survey. These three counties aligned their CSS Plans, Annual Updates, and Revenue and Expenditure Reports (RER) in a consistent manner and broke out FSP programs into discrete age groups. Inclusion of the three (3) additional counties brings the total number of participants to **50 (86.2%)**. FSP Expenditures and Cost Offsets by Age Group for almost all of the counties are included in this report.
- *Services.* Information on the array of services provided in each county was coded from planning documents prepared by the counties. Measures of the number of service options, the number of evidence-based programs, and the number of peer-led programs were constructed from the coded data. Participant and county context measures were constructed from county databases developed for this study. The Community Services and Supports component section of the Three-Year Program and Expenditure Plan<sup>11</sup> (for the purpose of this report, we will refer to the part of the plan that addresses Community Services and Supports as the *CSS Plan*) and the attendant updates (*Annual Updates through FY 10-11*) served as the basis for the initial FSP review and summary conducted by UCLA. The FSP Service Assessment for each county/municipality was conducted using a systematic review and summary tool developed by a consultant formerly employed with a large county department of mental health and directly involved in the evaluation of that county’s MHSA program. The focus of the tool was straightforward – with instructions to trained reviewers to indicate whether planned services were present or absent in the CSS Plan and/or Annual Updates.

It is important to note that the estimates of expenditures are conservative.<sup>12</sup> Expenditures that are not clearly attributable to FSP clients have not been included, and cost savings estimates have been indexed to conservative estimates of expenditures. As is widely recognized, estimating the costs of savings attributable to service is complex – from both an expenditure estimate and a savings estimate point of view. At each step in these estimation processes, we have consciously adopted a conservative approach.

All data collection, measurement, and analysis procedures and all measurement results were reviewed by the study Advisory Group. The strategy of document review and summary was selected after discussion with the FSP Evaluation Advisory Group, and by counties. These experts and stakeholders had the opportunity to comment on method and result. Their input was incorporated into data collection, measurement procedures, and analysis.<sup>13</sup>

### Description of FSP Services

Differences in services provided may be an important factor in understanding county variation in FSP expenditure per client, and the magnitude of cost offsets in order to subsequently link specific services to specific age groups. Review of the Phase II Deliverable 1 MHSA Cost Report by county department of mental health stakeholders elicited feedback recommending description of Full Service Partnership programs, in order to provide the appropriate context within which to interpret findings.

The strategy of document review and summary was selected after discussion with the FSP Evaluation Advisory Group, due to budget limitations and concerns about county/municipal burden inherent in a site visit/on-site service observation. The draft FSP Service Summary tool was reviewed at an FSP Evaluation Advisory Group meeting, and refined after that meeting. Based on the FSP Service Summary, the following services are offered across the state to FSPs (summarized in Table 1).

**Table 1. Full Service Partnership Services Summary**  
(Fiscal Year 06-07 through FY 09-10)<sup>14</sup>

Service Strategy Services/strategies indicated with an asterisk (*) represent requirements under the Mental Health Services Act.	Counties: CYF (N=54)		Counties: TAY (N=59)		Counties: Adults (N=59)		Counties: Older Adults (N=54)	
	N	%	N	%	N	%	N	%
Outreach and Engagement*	53	98.1%	59	100%	59	100%	54	100%
Personal Service Coordinator/Case Manager*	52	96.3%	58	98.3%	59	100%	52	96.3%
General Standards*	54	100%	59	100%	59	100%	54	100%
Outpatient Mental Health Services	51	94.4%	58	98.3%	56	94.9%	50	92.6%
Other Supports	48	88.9%	57	96.6%	56	94.9%	48	88.9%
Specific Positions for Clients/Family Members	51	94.4%	57	96.6%	56	94.9%	51	94.4%
Strategies Involving Peers on Team	50	92.6%	54	91.5%	55	93.2%	50	92.6%
Peers Augmenting Overall Team Capacity	48	88.9%	58	98.3%	57	96.6%	53	98.1%
Housing	40	74.1%	55	93.2%	55	93.2%	43	79.6%
Best practices – Team Composition	33	61.1%	42	77.8%	44	74.6%	43	79.6%
Services for Comorbidity	28	51.9%	49	83.1%	49	83.1%	38	70.4%
Evidence-Based Practices	41	75.9%	45	76.3%	49	83.1%	32	59.3%
Other Practices	30	50.9%	30	50.9%	33	55.9%	26	66.7%
Discharge Coordination	33	61.7%	40	67.8%	37	62.7%	27	50.0%

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The data in Table 1 supports the following findings regarding services offered to FSPs:

#### ***Outreach and Engagement***

- At least one of the required strategies are in place for outreach and engagement in all counties serving TAY, Adults and Older Adults, and nearly all counties serving CYF.

#### ***Personal Service Coordinator/Case Manager***

- A Personal Service Coordinator/Case Manager for each client (and when appropriate, the client's family) to be the single point of responsibility for that client/family<sup>15</sup> are in place for FSPs in all counties serving Adults, and in nearly all counties serving other age groups.

#### ***General Standards***

- Incorporation of required MHSA General Standards when providing services to FSPs was documented by all counties.

#### ***Outpatient Mental Health Services***

- Outpatient mental health services are offered in 92.6 to 98.3 percent of the counties to FSPs, depending upon the age group served.
  - Other support services are offered in 88.9 to 96.6 percent of counties, depending upon the age group served by the FSP

#### ***Clients and Family Members on the FSP Team***

- The inclusion of consumers/family members on staff was documented for nearly all counties - 94.4 to 96.6 percent of the counties. Up to 98.3 percent of counties (all serve Adults) noted ways in which clients and family members were planned to augment the team, but not all cited specific roles or current employment of peers/parent advocates.

#### ***Housing***

- Depending upon the age group served by the FSP, housing<sup>16</sup> is offered in 68.5 to 94.9 percent of counties.

#### ***Best Practices***

- Specific best practices with regard to team composition were cited by 61.1 to 79.6 percent of counties, depending upon the age group served by the FSP team.
- Linkage to substance abuse treatment for FSPs with co-occurring disorders was documented by 51.9 to 83.1 percent of counties, depending upon the age group.
- The majority of counties cited at least one evidence-based practice provided to each of the age groups served by the FSP (59.3 to 83.1%).
- More than half (59.3 to 67.8% of counties, depending upon the age group) document specific practices around discharge planning.

#### ***FSP Service Expenditures***

FSP services are intended to meet the needs of FSP-targeted clients. This is driven primarily by the policy objective to meet the serious needs of the hardest-to-serve clients – those with severe mental illness. This policy objective includes meeting both the service and the quality-of-life needs of FSP clients and the social outcomes and services needs of California. To address this complex balance between policy objective and client needs, this study has

assessed a broad range of costs to citizens of California that are a consequence of service delivery to mental health clients most in need.

More specifically,

- Fiscal years included in the study period are Fiscal Year 2008-09 (FY 08-09) and FY 09-10. The two fiscal years were selected because:
  - Outcome data are most robust and complete in these two fiscal years, and
  - Revenue and Expenditure Reports in these two fiscal years are broken out by FSP program, allowing a drill-down (with county input) to expenditures by age group.

The *annualized expenditure per FSP client year* is presented below, in Tables 2 through 5. <sup>17</sup> Annualized expenditure is the total expenditure for an FSP client over a year (12 months). <sup>18</sup> The data in Tables 2 and 3 reflect FY 08-09, and the data in Tables 4 and 5 reflect FY 09-10. The statewide total for each age group is provided in Tables 2 and 4, as well as the range among counties from low to high. The statewide average for each age group is provided in Tables 3 and 5, as well as the range among counties from low to high.

**Table 2. Full Service Partnership Services: Numbers Served by Age Group** <sup>19</sup>  
(Fiscal Year 08-09) <sup>20</sup>

Age Group	Number Served			Sum of Days			Number of Client Years		
	Total	Low	High	Total	Low	High	Total	Low	High
<b>CYF</b>	4,296	9	2,223	983,187	1,369	580,545	2,693.7	3.8	1,590.5
<b>TAY</b>	4,593	25	1,257	1,064,015	6,517	333,383	2,915.1	17.9	913.4
<b>Adults</b>	9,640	37	4,176	2,404,022	9,000	1,148,521	6,586.4	24.7	3,146.6
<b>Older Adults</b>	1,388	1	373	344,979	7	98,535	945.1	<.1	270.0

**Table 3. Full Service Partnership Services: Annualized Expenditure per-Client by Age Group** <sup>21</sup>  
(Fiscal Year 08-09) <sup>22</sup>

Age Group	Annualized Expenditure per FSP Client			Daily Expenditure per FSP Client			FSP Service Expenditure Total		
	Average	Low	High	Average	Low	High	Total	Low	High
<b>CYF</b>	\$21,931.29	\$3,759.79	\$72,054.99	\$60.09	\$10.30	\$197.41	\$59,076,305.79	\$86,851.14	\$27,863,702.00
<b>TAY</b>	\$18,553.96	\$6,753.44	\$92,470.00	\$50.83	\$18.50	\$253.34	\$54,086,655.41	\$352,529.77	\$21,698,945.60
<b>Adults</b>	\$26,737.23	\$6,815.18	\$64,318.98	\$73.25	\$18.67	\$176.22	\$176,102,066.30	\$254,338.00	\$81,947,433.40
<b>Older Adults</b>	\$22,303.26	\$14,593.75	\$112,063.43	\$61.10	\$41.06	\$307.02	\$21,078,807.79	\$64,976.01	\$5,720,395.00

Tables 4 and 5 display the same type of information about numbers served and expenditures as in Tables 2 and 3, but for Fiscal Year 09-10.

**Table 4. Full Service Partnership Services: Numbers Served by Age Group** <sup>23</sup>  
(Fiscal Year 09-10) <sup>24</sup>

Age Group	Number Served			Sum of Days			Number of Client Years		
	Total	Low	High	Total	Low	High	Total	Low	High
CYF	6,348	5	3,165	1,444,331	780	820,496	3,957.1	2.1	2,247.9
TAY	6,623	36	1,702	1,619,816	8,444	477,643	4,437.9	23.1	1,308.6
Adults	12,733	39	4,541	3,456,407	3,630	1,357,732	9,469.6	9.9	3,719.8
Older Adults	1,764	1	406	480,383	365	124,740	1,316.1	1	341.8

**Table 5. Full Service Partnership Services: Annualized Expenditure per-Client by Age Group** <sup>25</sup>  
(Fiscal Year 09-10) <sup>26</sup>

Age Group	Annualized Expenditure per FSP Client			Daily Expenditure per FSP Client			FSP Service Expenditure Total		
	Average	Low	High	Average	Low	High	Total	Low	High
CYF	\$17,481.79	\$3,933.95	\$54,663.66	\$47.90	\$10.78	\$149.76	\$69,177,192.53	\$82,641.89	\$40,675,886.00
TAY	\$13,741.40	\$5,584.11	\$54,570.82	\$37.65	\$15.30	\$129.51	\$60,982,974.12	\$287,581.77	\$22,853,881.40
Adults	\$23,626.13	\$5,066.28	\$55,558.11	\$64.73	\$13.88	\$261.41	\$223,729,986.45	\$320,491.79	\$113,766,228.00
Older Adults	\$18,785.22	\$9,538.23	\$162,106.00	\$51.47	\$26.13	\$141.99	\$24,723,227.99	\$43,553.21	\$6,412,015.00

The age breakouts reveal that FSP services for Adults comprise most of the expenditures in both fiscal years. Average daily expenditure on FSP clients in each age group varies substantially across counties.

Table 6 displays information about possible factors of service populations, the kinds of services provided by counties, and characteristics of the counties themselves that may contribute to differences between the average county FSP expenditure per client. These county-level factors were subsequently analyzed using multivariate statistics in order to determine the relationship to the average FSP expenditure in each county. Hence, the purpose was comparison of county-level variables (not individual-level variables).

**Table 6. Description of County-Level Variables - Total FSP Average Daily Expenditure per County**

	CYF Average Daily Expenditure	TAY Daily Expenditure	Adult Daily Expenditure	Older Adult Daily Expenditure
<i>Number of Counties</i>	The number of counties for which we have daily expenditure data. An average for each age group was calculated, in order to produce a county-level variable, to compare with other county-level variables.			
Number of Service Options	The total number of FSP activities/strategies offered in the county (see Appendix B).			
Evidence-Based Services	The total number of FSP evidence-based activities/strategies offered in the county (see Appendix B).			
Peer Services	The total number of FSP activities/strategies led by peers in the county (see Appendix B).			
Penetration Rate	The Penetration Rate is a ratio estimate of the prevalence of serious mental illness/serious emotional disturbance in California (developed by Dr. Charles Holzer from the University of Texas).			
Population Density	Population density was created for each county using county population and square miles of the county.			
Percent County Population Insured	Percent of county population with health insurance.			
Poverty Level	2009 Poverty and Median Income Estimates – Counties; Source: U.S. Census Bureau, Small Area Estimates Branch			
Unemployment Rate	The California Employment Development Department (CA EDD) defines “Unemployment Rate” as the number of unemployed divided by the labor force then multiplied by 100.			
Rate of Foreclosures	Rate of foreclosures in the county.			

A series of multivariate analyses were conducted in order to determine the relationship between average expenditure by age group and county factors. Analyses completed included:

- Regression
- General Linear Model
- ANOVA
- MANCOVA

None of the multivariate models yielded meaningful results, resulting in return to examining the correlational matrices produced during the process of conducting multivariate analyses. The results are displayed in Table 7. Table 7 provides information on possible factors of service populations, the kinds of services provided by counties, and characteristics of the counties themselves that may contribute to differences between the average county FSP expenditure per age group. Table 7 displays correlations between select characteristics of services provided (number of service options offered in the county, number of evidence-based options, number of peer led services offered); and characteristics of the county environment <sup>27</sup> (penetration rate, <sup>28</sup> population density, <sup>29</sup> percent of county population with health insurance, <sup>30</sup> poverty level, <sup>31</sup> county unemployment rate, <sup>32</sup> and rate of foreclosures). <sup>33</sup>

**Table 7. Correlations (Pearson’s) of FSP Services, and County Characteristics to Total FSP Average Daily Expenditures for Counties (Fiscal Year 09-10)**

	CYF Daily Expenditure	TAY Daily Expenditure	Adult Daily Expenditure	Older Adult Daily Expenditure
<i>Number of Counties</i>	34	39	42	31
Number of Service Options	-0.120	-0.262	-0.011	-0.290
Evidence-Based Services	-0.102	-0.171	0.133	-0.225
Peer Services	-0.070	0.034	0.050	-0.230
Penetration Rate	-0.070	-0.140	0.006	-0.156
Population Density	0.180	-0.177	0.077	-0.078
Percent County Population Insured	0.420*	0.095	-0.067	-0.164
Poverty Level	-0.373*	-0.208	-0.212	0.066
Unemployment Rate	-0.310	0.115	-0.173	0.057
Rate of Foreclosures	-0.179	0.144	-0.264	0.191

\*Correlation is significant at the .05 level

The results displayed in Table 7 highlight the:

1. relatively small degree to which these factors are associated with the average FSP daily expenditure across counties,
2. presence of only one factor that shows a consistent direction of association with the average daily FSP expenditure across all age groups (number of service options – negative correlation for each age group),

	CYF Daily Expenditure	TAY Daily Expenditure	Adult Daily Expenditure	Older Adult Daily Expenditure
Number of Service Options	-0.120	-0.262	-0.011	-0.290

and

3. degree to which other factors related to the average FSP daily expenditure differ across participant age groups (e.g., unemployment rate is negatively correlated with CYF and Adult Daily expenditure and positively correlated with TAY and Older Adult Daily expenditure. In addition, the correlation is moderate for CYF, and very small for the other age groups)

	CYF Daily Expenditure	TAY Daily Expenditure	Adult Daily Expenditure	Older Adult Daily Expenditure
Unemployment Rate	-0.310	0.115	-0.173	0.057

With respect to the relatively small magnitude of association as measured by these coefficients, two associations reach a level of statistical significance, but only for CYF expenditures (percent of county population insured and poverty level). Please note that correlation does not equal causation – association merely means that two variables are related to one another, not that one variable changed the other variable in any way:

- **Percent of Population Insured:** Higher percentages of children with insurance were correlated (at .05 significance level) with higher average daily FSP expenditure for CYF.
- **Poverty Level:** Lower percentages of families with children living in poverty were correlated (at .05 significance level) with higher average daily expenditure for CYF.

In order to examine select characteristics of FSP participants (gender, race/ethnicity), <sup>34</sup> additional correlational analyses were conducted. An explanation of the variables used in analysis is provided below, in Table 8, and the results are displayed in Table 9.

**Table 8. Description of FSP-Level Variables - Total FSP Average Daily Expenditure**

	CYF Average Daily Expenditure	TAY Daily Expenditure	Adult Daily Expenditure	Older Adult Daily Expenditure
Gender	The proportion of Caucasian FSPs (by age group) in each county.			
Race	The proportion of FSPs (by age group) in each county that are Male.			

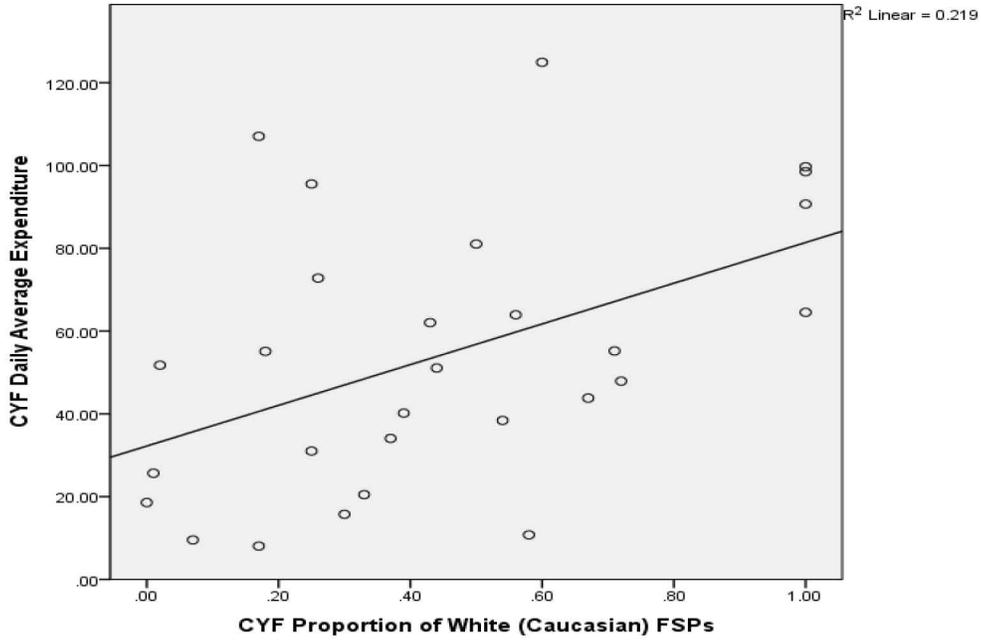
**Table 9. Correlations (Spearman’s Rank Order) of FSP Characteristics to FSP Average Daily Expenditures (Fiscal Year 09-10)**

	CYF Daily Expenditure	TAY Daily Expenditure	Adult Daily Expenditure	Older Adult Daily Expenditure
Number of Counties	34	39	42	31
Gender	-0.175	-0.066	0.116	-0.437*
Race	0.458*	0.404*	0.150	0.126

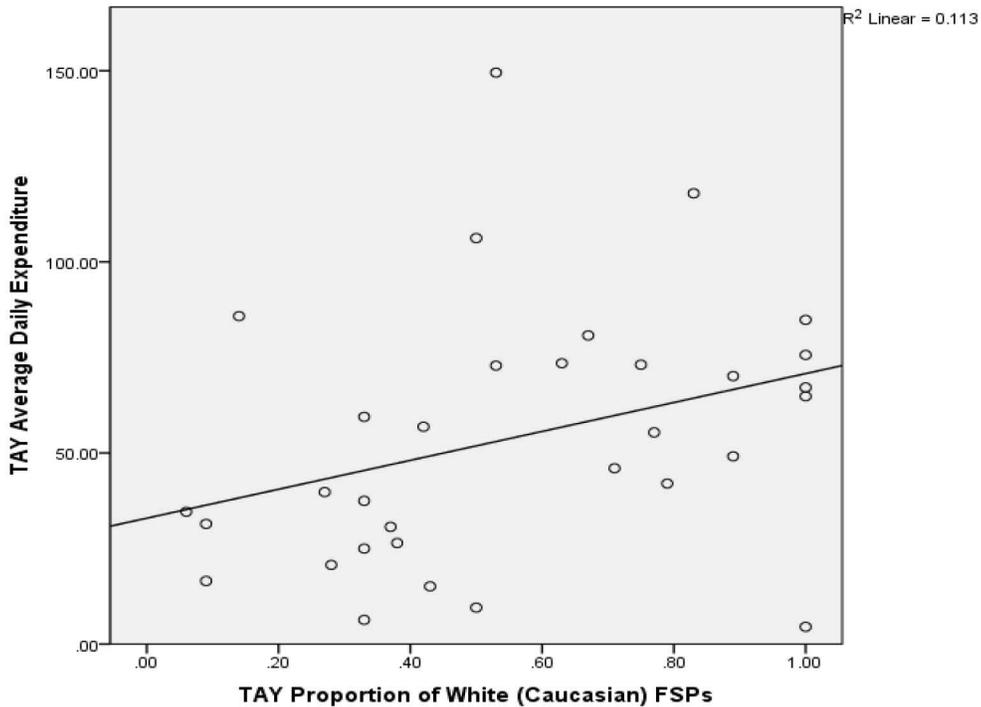
\*Correlation is significant at the .05 level (2-tailed)



**Exhibit 1. Relationship of CYF Race/Ethnicity to FSP Average Daily Expenditures (Fiscal Year 09-10)**



**Exhibit 2. Relationship of TAY Race/Ethnicity to FSP Average Daily Expenditures (Fiscal Year 09-10)**



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### ***Cost Offsets of Full Service Partnership Services***

Tables 10 through 13 represent service expenditures and costs saved as a result of service for FY 08-09 (Tables 10 and 11) and FY 09-10 (Tables 12 and 13) for new enrollees in FSP. Cost-offset analysis is limited to new enrollees for the following reasons:

- The baseline intake assessment (documented on the Partnership Assessment Form) contains questions about service use in offset categories of interest in the 12 months prior to FSP enrollment.
- The post-FSP period, therefore, should be equivalent to the pre-intake period (no more than 12 months), in order to compare the proverbial “apples to apples.”
- Given that the two fiscal years of focus are 08-09 and 09-10, the logical groups for inclusion in analyses were new enrollees in FY 08-09 and new enrollees in FY 09-10.
- Cost offsets are calculated for each individual FSP client (e.g., number of inpatient psychiatric hospitalization days in the 12 months prior to FSP and the 12 months post-FSP enrollment).

More specifically,

- Cost offsets are the total differential between the cost of mental and physical health services, and criminal justice involvement costs in the year prior to entry into FSP services and the average 12-month cost after entry into services.<sup>36</sup> This is the amount of public money in these areas that was saved after these clients had access to service.

Full Service Partnership Cost Offsets by Age Group include:

#### ***Physical Health***

- Acute Care Inpatient Hospitalization (number of days)
- Skilled Nursing (Non-Psychiatric) (number of days)
- Emergency Room Visits (number of times)

#### ***Psychiatric Care***

- Inpatient Psychiatric Hospitalization (number of days)
- Long-Term Care (number of days)
- Skilled Nursing (Psychiatric) (number of days)

#### ***Criminal Justice Involvement***

- Arrests (number of times)
- Division of Juvenile Justice (number of days)
- Juvenile Hall/Camp (number of days)
- Jail (number of days)
- Prison (number of days)

**Table 10. Full Service Partnership Services: Number of New Enrollees by Age Group**<sup>37</sup>  
(Fiscal Year 08-09)<sup>38</sup>

Age Group	Number of New Enrollees FY 08 09			Sum of Days		
	Total	Low	High	Total	Low	High
CYF	2,164	9	2,223	340,323	1,369	580,545
TAY	2,327	25	1,257	371,250	6,517	333,383
Adults	4,315	37	4,176	690,298	9,000	1,148,521
Older Adults	582	1	373	91,220	7	98,535

**Table 11. Full Service Partnership Services: Expenditures and Cost Offsets by Age Group**<sup>39</sup>  
(Fiscal Year 08-09)<sup>40</sup>

Age Group	Total Expenditures for FY 08 09 New Enrollees			Total Cost Offset FY 08 09		
	Total	Low	High	Total	Low	High
CYF	\$20,450,009.07	\$3,759.79	\$72,054.99	\$2,428,313.16	\$86,851.14	\$27,863,702.00
TAY	\$18,870,637.50	\$6,753.44	\$92,470.00	\$22,437,417.44	\$352,529.77	\$21,698,945.60
Adults	\$50,564,328.50	\$6,815.18	\$64,318.98	\$41,509,329.01	\$254,338.00	\$81,947,433.40
Older Adults	\$5,573,542.00	\$14,593.75	\$112,063.43	\$5,421,665.55	\$64,976.01	\$5,720,395.00

Tables 12 and 13 display the same type of information about numbers served, expenditures and cost offsets as in Tables 10 and 11, but for Fiscal Year 09-10.

**Table 12. Full Service Partnership Services: Number of New Enrollees by Age Group**<sup>41</sup>  
(Fiscal Year 09-10)<sup>42</sup>

Age Group	Number of New Enrollees FY 09 10			Sum of Days		
	Total	Low	High	Total	Low	High
CYF	3,101	9	2,223	454,605	1,369	580,545
TAY	2,977	25	1,257	496,190	6,517	333,383
Adults	4,702	37	4,176	868,415	9,000	1,148,521
Older Adults	645	1	373	103,459	7	98,535

**Table 13. Full Service Partnership Services: Expenditures and Cost Offsets by Age Group**<sup>43</sup>  
(Fiscal Year 09-10)<sup>44</sup>

Age Group	Total Expenditures for FY 09 10 New Enrollees			Total Cost Offset FY 09 10		
	Total	Low	High	Total	Low	High
CYF	\$21,775,579.50	\$3,759.79	\$72,054.99	\$2,262,842.11	\$86,851.14	\$27,863,702.00
TAY	\$18,681,553.50	\$6,753.44	\$92,470.00	\$27,501,007.94	\$352,529.77	\$21,698,945.60
Adults	\$56,212,502.95	\$6,815.18	\$64,318.98	\$56,120,875.82	\$254,338.00	\$81,947,433.40
Older Adults	\$5,325,034.73	\$14,593.75	\$112,063.43	\$3,857,684.17	\$64,976.01	\$5,720,395.00

The findings displayed in Tables 10 through 13 support the following conclusions:

- Cost savings over the two-year period are consistent in relative magnitude across age groups. In particular, TAY consumers experienced the greatest cost-related benefits of service. Transition-Age Youth are at high risk for criminal justice and crisis management services, and FSP participation apparently has a significant impact on consequences for this age group.
- Cost offsets are dramatically lower for the CYF age group. This may reflect the more preventive orientation of services for children, which is not as clearly reflected in the short time line of the measured

offsets. Savings for children may appear over a much longer period of time, outside the currently funded study period. In addition, the “consequence” nature of the offset categories examined (e.g., criminal justice involvement) is more relevant to older age cohorts. Effects of service are sensitive to life maturation, indicators of service success and the time horizon of measured effects.

- Overall, across all age groups, 75 and 88 percent of FSP expenditures for new enrollees in FY 08-09 and FY 09-10 (respectively) are offset by savings to the public mental health, health and justice systems. Although the argument of cost savings should never be advanced as the primary reason for providing public mental health services, results of this magnitude make a strong case for the wisdom of investing public resources in programs such as the Full Service Partnership.

In summary, this analysis of cost offsets in larger social costs attributable to participation in the FSP program documents positive results. Results for the TAY and Adult age groups, which account for the great majority of clients, are particularly positive. These results are quite favorable when compared with AB 2034, a program charged with serving homeless (or at risk of becoming homeless) TAY and Adults with severe mental illness – the final analysis reported a percentage of costs offset of 49.8 percent.

In addition, an analysis of county contextual variables that may be related to cost offsets was conducted. This analysis (and the multivariate analyses preceding the results shown below) parallels the analysis of average daily FSP expenditures (Table 7). Variable definitions and analysis technique are the same as those described in that section. The dependent variable is total cost offset as a percentage of total cost. Table 14 displays associations, as measured by Pearson’s correlation coefficients, between the individual, service, and county environment characteristics identified above, and average cost offset for each county.

The pattern of association for cost offsets is quite different than that identified for expenditures. Table 14 demonstrates the following patterns in association across the age groups.

**Table 14. Correlations (Pearson’s) of FSP Services and County Characteristics to Average Cost Offsets for Counties (Fiscal Year 09-10)**

	CYF Average Cost Offset	TAY Average Cost Offset	Adult Average Cost Offset	Older Adult Average Cost Offset
<i>Number of Counties</i>	34	39	42	31
Number of Service Options	-0.382*	0.048	-0.011	0.293
Evidence-Based Services	-0.248	0.025	-0.113	0.233
Peer Services	-0.314	-0.077	-0.070	0.100
Penetration Rate	-0.057	-0.351*	0.263	0.292
Population Density	0.103	-0.251	-0.238	-0.236
Percent County Population Insured	0.196	0.095	-0.212	-0.301
Poverty Level	-0.150	-0.208	0.176	0.168
Unemployment Rate	-0.133	0.115	-0.100	-0.030
Rate of Foreclosures	0.083	0.088	0.005	0.019

\*Correlation is significant at the .05 level (2-tailed)

The results displayed in Table 14 highlight the:

1. relatively small degree to which these factors are associated with the FSP average cost offset across counties,
2. presence of only one factor that shows a consistent direction of association with the FSP average cost offset across all age groups (rate of foreclosures – positive correlation with each age group), and

	CYF Average Cost Offset	TAY Average Cost Offset	Adult Average Cost Offset	Older Adult Average Cost Offset
Rate of Foreclosures	0.083	0.088	0.005	0.019

- degree to which other factors related to the FSP cost offsets differ across participant age groups (e.g., poverty level is negatively correlated with CYF and TAY average cost offset and positively correlated with Adult and Older Adult average cost offset)

Please note that correlation does not equal causation – association merely means that two variables are related to one another, not that one variable changed the other variable in any way:

- Number of Service Options** is associated with offsets for CYF.
  - The greater number of services offered, the lower average cost offset among CYF (significant at .05 level). In plain language, offering more services for CYF is not associated with greater cost offsets in the near term. However, it is not possible to know the impact after one year – CYF cost offsets may not be likely to appear until many years later, perhaps even into adolescence or young adulthood.
- Penetration Rate** (ratio estimate of the prevalence of serious mental illness/serious emotional disturbance) is associated with offsets in all but the CYF group, but varies across age groups.
  - For TAY participants, a higher penetration rate is related (at .05 significance level) to lower average cost offset in counties.

In order to examine select characteristics of FSP participants (gender, race/ethnicity), additional correlational analyses were conducted. The results are displayed in Table 15.

**Table 15. Correlations (Spearman’s Rank Order) of FSP Characteristics to FSP Average Cost Offset (Fiscal Year 09-10)**

	CYF Total Cost Offset	TAY Total Cost Offset	Adult Total Cost Offset	Older Adult Total Cost Offset
<i>Number of Counties</i>	34	39	42	31
Gender	0.298	0.217	0.166	-0.097
Race	-0.025	-0.054	0.142	-0.037

*\*Correlation is significant at the .05 level (2-tailed)*

The results displayed in Table 15 highlight the relatively small degree to which FSP characteristics are associated with the FSP average cost offset across counties. The descriptive analyses examining participant characteristics suggests that cost offsets are less related to these factors than is daily service expenditure.

### Summary

CSS and FSP services represent a commitment to improving mental health service to those Californians most in need. A wide variety of service strategies are offered under FSP (selected highlights below):

- Outreach and Engagement (all counties)
- Personal Service Coordinator (all counties)
- Outpatient Mental Health Services (over 90% of counties)
- Client/Family Member on the Team (95% of counties)

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A recent report has shown FSP services to yield cost benefits statewide, yielding average savings in public cost attributable to the inadequately treated mental illness of FSP participants prior to program services that exceed the cost of those services – there is a cost savings of \$1.27 for every Prop 63 dollar spent.

FSP expenditures per client and cost offsets vary substantially across counties. The age breakouts reveal that FSP services for Adults comprise most of the expenditures – yet when participant and county characteristics were analyzed in order to determine potential association with FSP expenditures, significant relationships between county and participant characteristics were only identified for CYF, TAY and Older Adults (correlations in the moderate range):

- **Percent of Population Insured:** Higher percentages of children with insurance were correlated with higher average daily FSP expenditure for CYF.
- **Poverty Level:** Lower percentages of families with children living in poverty were correlated with higher average daily expenditure for CYF.
- **Race/Ethnicity:** Higher percentages of white (Caucasian) FSPs served by a county were associated with higher average daily FSP expenditure for CYF and TAY.

Cost savings over the two-year period are consistent in relative magnitude across age groups. In particular, TAY consumers experienced the greatest cost-related benefits of service. Transition-Age Youth are at high risk for criminal justice and crisis management services, and FSP participation apparently has a significant impact on consequences for this age group.

- **Penetration Rate** (ratio estimate of the prevalence of serious mental illness/serious emotional disturbance) is associated with lower average cost offset for TAY across counties.

Cost offsets are dramatically lower for the CYF age group. This may reflect the more preventive orientation of services for children, which is not as clearly reflected in the short time line of the measured offsets. Savings for children may appear over a much longer period of time, outside the currently funded study period. In addition, the “consequence” nature of the offset categories examined (e.g., criminal justice involvement) is more relevant to older age cohorts. Effects of service are sensitive to life maturation, indicators of service success and the time horizon of measured effects.

- **Number of Service Options** is associated with offsets for CYF, in that the greater number of services offered, the lower average cost offset among CYF. In plain language, offering more services for CYF is not associated with greater cost offsets in the near term. However, it is not possible to know the impact after one year – CYF cost offsets may not be likely to appear until many years later, perhaps even into adolescence or young adulthood.

Overall, across all age groups, 75 and 88 percent of FSP costs for new enrollees in FY 08-09 and FY 09-10 (respectively) are offset by savings to the public mental health, health and justice systems. Although the argument of cost savings should never be advanced as the primary reason for providing public mental health services, results of this magnitude make a strong case for the wisdom of investing public resources in programs such as the Full Service Partnership.

The moderate relationships between FSP expenditures, cost offsets and county/participant characteristics suggest other factors relate to variation between counties. Additional investigation is needed in order to determine county, service and client characteristics that may impact FSP expenditures and cost offsets. For example, clinical diagnosis has been shown in a previous study to be an important covariate, and encounter data at the unit of service level a critical outcome variable (particularly use of outpatient services).<sup>45</sup> Neither variable was available

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for analysis given the need to rely largely upon available data sources for the current study. Fidelity to implementation of evidence-based practices and other quality of service indicators merit further investigation, given the logical relationship to outcomes.

## Definition of Terms

DEFINITION OF TERMS	
3M	Quarterly Assessment
AB	Assembly Bill
CF	Capital Facilities
CFTN	Capital Facilities and Technological Needs
CMHDA	California Mental Health Directors Association
CSA	Corrections Standards Authority
CSI	Client Services Information System
CSS	Community Services and Supports
CYF	Children, Youth and Families
DCR	Data Collection and Reporting System for MHSA FSP
DJJ	Division of Juvenile Justice
DMH	Department of Mental Health
DNR	Agency did not report costs
DOF	Department of Finance
EAG	Evaluation Advisory Group
ER	Emergency Room
FFP	Federal Financial Participation
FSP	Full Service Partner or Full Service Partnership
FY	Fiscal Year
GSD	General System Development
IMD	Institution for Mental Diseases
INN	Innovation
IMPACT	Improving Mood – Promoting Access to Collaborative Treatment
JHC	Juvenile Halls and/or Camps
KET	Key Event Tracking
LAO	Legislative Analyst’s Office
LGBTQ	Lesbian, Gay, Bisexual, Transsexual/Transgendered and Questioning
MH	Mental Health
MHRC	Mental Health Rehabilitation Centers
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission (also OAC)
NC	No Camp
NJH	No Juvenile Hall
NJHC	No Juvenile Hall or Camp
OA	Older Adults
OSHPD	Office of Statewide Health Planning and Development
PAF	Partnership Assessment Form
PEI	Prevention and Early Intervention
POQI	Performance Outcomes & Quality Improvement
RER	Revenue and Expenditure Reports
RFA	Request for Applications
RFP	Request for Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SED	Serious Emotional Disturbance
SGF	State General Fund
SMA	Statewide Maximum Allowance
SMI	Severe Mental Illness
SMHA	State Mental Health Authority
SPSS	Statistical Package for the Social Sciences
TAY	Transition-Age Youth
TN	Technological Needs

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DEFINITION OF TERMS	
WET	Workforce Education and Training
WIC	Welfare and Institutions Code
YSS	Youth Services Survey
YSS-F	Youth Services Survey for Families

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## Executive Summary End Notes

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<sup>1</sup> The system of care is addressed in:

California Welfare and Institutions Code (WIC), Division 5. Community Mental Health Services, Part 3. Adult and Older Adult System of Care Act. Article 1. Legislative Findings and Intent (5801 – 5802) and Article 2. Establishing New County Systems of Care (5803 – 5809) and Part 4. The Children’s Mental Health Services Act. Chapter 1. Interagency System of Care (5850 – 5851.5).

Certified as current (January 18, 2013). Note that the direct web link to WIC specific to the Mental Health Services Act requires search onsite, using the link below:

<http://leginfo.legislature.ca.gov/faces/codes.xhtml>

CSS is addressed in:

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, Community Services and Supports, 3200.080.

Note that the direct web link to CCR specific to the Mental Health Services Act requires search onsite, using the link below,

<http://government.westlaw.com/linkedslice/default.asp?RS=GVT1.0&VR=2.0&SP=CCR-1000&Action=Welcome>

Full Service Partnership is further addressed in:

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 6. Community Services and Supports, 3620. Full Service Partnership Service Category. Subsection (c).

<sup>2</sup> Per the Corporation for Supportive Housing (undated report), *AB 2034 Program experiences in housing homeless people with serious mental illness*:

The state legislature started laying the foundation for MHSA back in 1999 when it passed AB 34, which provided \$10 million for pilot programs through the mental health departments in Los Angeles, Sacramento and Stanislaus counties. Based on the success of that effort, funding increased dramatically in FY 00-01 under AB 2034. AB 2034 provided the resources necessary to expand existing pilots and create additional programs statewide. (p. 1)

In summary, there are many predecessors to Prop 63. Others include AB 34 and AB 3777.

<sup>3</sup> California Department of Mental Health (2007). (unpublished) *Report to the Legislature on the effectiveness of integrated services for homeless adults with serious mental illness*. Sacramento, CA: Author. (p. 3)

Data collected from November 1, 1999 – January 31, 2007. \$55 million in costs, \$27.4 million in offsets (psychiatric hospitalization, incarceration and emergency room use for psychiatric episodes).

<sup>4</sup> Please refer to End Note #1.

<sup>5</sup> Full Service Partnership is addressed in:

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 6. Community Services and Supports, 3620. Full Service Partnership Service Category. Subsection (c).

<sup>6</sup> Alignment of plan, update, RER, plus breakout of discrete FSP programs into distinct age groups was a rarity among the counties, but this should not be viewed as a “negative” on the part of the counties, because the original intent of the RER had nothing to do with breakouts by age group.

Note that one county was in start-up during the entire study period, and was therefore removed from the total N for purpose of this study. No comparable data was available for analysis – this is the reason for removal. Therefore, the N = 58 (rather than 59).

California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 6. Community Services and Supports, 3620 Full Service Partnership Service Category. Subsection (j).

<sup>7</sup> California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions. 3200.030. Children and Youth:

(1) Individuals age 18 and older who meet the conditions specified in Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code are considered children and youth who are eligible to receive services.

<sup>8</sup> California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.280. Transition Age Youth.

<sup>9</sup> California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.010. Adult.

<sup>10</sup> California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.230. Older Adult.

<sup>11</sup> California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 3. General Requirements, 3310. The Three-Year Program and Expenditure Plan. Subsection (b) (1).

<sup>12</sup> The most conservative estimate of cost offsets would involve accessing consequence data directly from providers – jails, prisons, etc. However, this was not feasible from either a time or a study-cost perspective. Therefore, self-report data were relied upon in order to estimate days in jail, prison, etc.

Note that the term “cost offsets” is used, compared to “expenditures” when discussing the daily average expenditure per FSP. The term “cost” is used in reference to offsets because the unit of analysis is the actual cost (recognized as accurate by a governmental agency, either at the state or at the county level) incurred to providers when providing a “service,” whether it be the cost of inpatient psychiatric hospitalization for one day, the daily cost of incarceration, or the cost of an emergency room visit – the official source for each agency cost is discussed extensively in the report, *Full Service Partnerships: California’s Investment to Support Children and Transition-Age Youth with Serious Emotional Disturbance and Adults and Older Adults with Severe Mental Illness*:

[http://mhsoac.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC\\_111512\\_Tab4\\_MHSA\\_CostOffset\\_Report\\_FSP.pdf](http://mhsoac.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC_111512_Tab4_MHSA_CostOffset_Report_FSP.pdf)

and therefore need not be repeated here.

<sup>13</sup> Documentary review was selected as the method due to budget limitations and concerns about county/municipal burden inherent in a site visit/on-site service observation. See Appendix A for a list of Evaluation Advisory Group members.

Following the FSP Service Summary, counties/municipalities had the opportunity to review their individualized FSP Services Assessment, and to provide supplementary documentation for consideration in the event that critical services were not documented in the CSS Plan or Annual Updates. When supplementary documentation was provided by a county or municipality, its specific, individualized FSP Service Summary was updated to reflect new information. The FSP Service Summary includes documentation of the source material, for county/municipal reference. Because of the opportunity for counties to review and comment on planned FSP services, and to make corrections where necessary, the services summarized in Table 1 (above) may reasonably be considered to be implemented for FSPs (rather than simply planned).

<sup>14</sup> See Appendix B for FSP services by county and age group – not all age groups were served in all counties during the study period.

<sup>15</sup> California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 6. Community Services and Supports, 3620. Full Service Partnership Service Category. Subsection (f).

<sup>16</sup> Housing, for the purpose of this study, is defined as:

- 1) Project-Based Housing Program, per California Code of Regulation (Barclays Official), Title 9, Division 1, Chapter 14, Mental Health Services Act. Article 6. Community Services and Supports, 3630.05. Project-Based Housing Program. Per Subsection (a):  
*The County may use General System Development funds for costs associated with Project-Based Housing...*
- 2) Mental Health Services Act Housing Program Service Category, per California Code of Regulation (Barclays Official), Title 9. Rehabilitative and Developmental Services, Division 1. Department of Mental Health, Chapter 14, Mental Health Services Act. Article 2. Definitions, 3200.225. Mental Health Services Act Housing Program Service Category.  
*"Mental Health Services Act Housing Program Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans under which Mental Health Services Act funds, administered through the California Housing Finance Agency, are used to acquire, rehabilitate, or construct permanent supportive housing for clients with serious mental illness and provide operating subsidies.*

<sup>17</sup> For more details on methods related to the cost-offset study, see Chapter IV of the full Report.

<sup>18</sup> Annualization of the service period is the same methodology used by the California Department of Mental Health when evaluating and reporting on AB 2034 outcomes.

California Department of Mental Health (2007). (unpublished) *Report to the Legislature on the effectiveness of integrated services for homeless adults with serious mental illness*. Sacramento, CA: Author.

<sup>19</sup> Small counties have been pooled for the purpose of summarizing the data in Tables 2 – 5, and in Appendix G. For Tables 2 – 5, small county data was pooled as a means of dealing with skew (as opposed to transformation, which would not be appropriate for purpose of display in Tables 2 – 5), based upon Evaluation Advisory Group recommendation. For Appendix G, small county data was pooled for purpose of display based upon the recommendation of the Evaluation Advisory Group. This recommendation was based upon the lower number of FSPs served in smaller counties, and what would amount to an unfair comparison if aligned in a table containing larger counties. Pooling of small counties aggregates the small county data, allowing for a fairer comparison to their larger counterparts.

Small counties were not pooled in all tables/analyses, and thus it is noted when pooling occurred.

In addition, small counties were pooled in the following report:

*Mental Health Services Act Evaluation: Compiling Community Services and Supports (CSS) Data to Produce All Priority Indicators Contract Deliverable 2F, Phase II*, available for download at:

[http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators\\_2FPhase2\\_121812.pdf](http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators_2FPhase2_121812.pdf)

<sup>20</sup> See Appendix G for a display of the data shown in this table, by county.

<sup>21</sup> See End Notes 18 and 19.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Of course, cost savings in individual counties could be attributable to many plausible alternative influences other than FSP enrollment, particularly additional services from other programs in that county. However, these influences would not adequately explain aggregate state-level savings.

<sup>28</sup> UCLA updated the Penetration Rate for each county to reflect the relevant year and applicable census data, per the following notation from DMH:

When considering these penetration rates, it is important to remember that they are based on census data combined with estimates that were calculated by applying prediction weights. Due to the way census data is updated, the data in the tables should be viewed as "best available" and should be checked and/verified at the local level where numbers do not appear to represent actual local population data.

[http://www.dmh.ca.gov/Statistics\\_and\\_Data\\_Analysis/RetentionPenetrationData.asp](http://www.dmh.ca.gov/Statistics_and_Data_Analysis/RetentionPenetrationData.asp)

Please refer to the following report for further information about the *Penetration Rate and its use: Mental Health Services Act Evaluation: Compiling Community Services and Supports (CSS) Data to Produce All Priority Indicators; Contract Deliverable 2F, Phase II*

[http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators\\_2FPhase2\\_121812.pdf](http://www.mhsoac.ca.gov/Evaluations/docs/CompilingCSSDataToProducePriorityIndicators_2FPhase2_121812.pdf)

See pages 42 – 45.

Cost Offsets can be developed only for counties that submit data to the State Department of Mental Health's Full Service Partnership (FSP) Data Collection and Reporting System (DCR). All of the variables used in the FSP Cost Offset analysis are contained in the DCR. UCLA does not have access to non-DCR data from counties.

<sup>29</sup> Population density was created for each county using county population and square miles of the county. The population of each county was taken from the following archival dataset:

<http://www.census.gov/popest/research/eval-estimates/eval-est2010.html>

Population Estimates, 2010, U.S. Census Bureau, Population Division.

The square miles of each county was taken from the following archival dataset:

<http://quickfacts.census.gov/qfd/states/06000.html> U.S. Census Bureau State and County Quick Facts.

The areas analyzed for savings are very similar to those analyzed in the evaluation of AB 2034 efforts, which included inpatient psychiatric hospitalization and incarceration. Emergency room use was also evaluated but was limited to psychiatric rather than physical health.

California Department of Mental Health (2007). (unpublished) *Report to the Legislature on the effectiveness of integrated services for homeless adults with serious mental illness*. Sacramento, CA: Author.

<sup>30</sup> *Percentage Insured - 2003, 2005, 2007, and 2009: California Health Interview Survey:*

<http://www.chis.ucla.edu/>

The areas analyzed for savings are very similar to those analyzed in the evaluation of AB 2034 efforts, which included inpatient psychiatric hospitalization and incarceration. Emergency room use was also evaluated but was limited to psychiatric rather than physical health.

California Department of Mental Health (2007). (unpublished) *Report to the Legislature on the effectiveness of integrated services for homeless adults with serious mental illness*. Sacramento, CA: Author.

<sup>31</sup> *Poverty Rate: Table 1: 2009 Poverty and Median Income Estimates – Counties* (released in December 2010); Source: U.S. Census Bureau, Small Area Estimates Branch

<http://www.census.gov/did/www/saie/data/statecounty/data/2009.html>

<sup>32</sup> *Unemployment - California Unemployment Rate (Average – Not Seasonally Adjusted)*

<http://www.labormarketinfo.edd.ca.gov/?pageid=164>

The California Employment Development Department (CA EDD) defines “*Unemployment Rate*” as the number of unemployed divided by the labor force then multiplied by 100 (<http://www.labormarketinfo.edd.ca.gov/?pageid=1006>). For sake of consistency in data presentation, UCLA calculated unemployment rates using the same method as CA EDD.

<sup>33</sup> The foreclosure rate is defined as the number of foreclosed properties as a percent of households. HousingLink (2007). *Fixing the foreclosure system: The trouble with foreclosure data*. Retrieved August 23, 2011, from

[http://www.minneapolisfed.org/news\\_events/events/community/100407/foreclosedata\\_obrien.pdf](http://www.minneapolisfed.org/news_events/events/community/100407/foreclosedata_obrien.pdf)

California Number of Foreclosures (Annual) were obtained from Realty Trac, and then foreclosure rates calculated using the methodology described above.

<sup>34</sup> In order to create a county-level variable, the percentage of the FSP population in each county that is Caucasian was calculated. Individual-level data could not be entered into the model analyzing county-level data. For gender, the percentage of the FSP population that was male was calculated.

<sup>35</sup> However, when the results are depicted graphically (see Exhibit IV.3), most counties tend to cluster in the center of the distribution (mid-range of expenditures, serving a population that ranges from 30 to 50% male). Therefore, the data display does not tell a clear story, and this result is inconclusive (by way of comparison, examine Exhibits IV.1 and IV.2, in which a clearer relationship can be drawn between CYF and TAY daily expenditures and the proportion of white/Caucasians served).

<sup>36</sup> Please refer to the report for a complete discussion of cost offsets: *Full Service Partnerships: California's Investment to Support Children and Transition-Age Youth with Serious Emotional Disturbance and Adults and Older Adults with Severe Mental Illness:*

[http://mhsoac.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC\\_111512\\_Tab4\\_MHSA\\_CostOffset\\_Report\\_FSP.pdf](http://mhsoac.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC_111512_Tab4_MHSA_CostOffset_Report_FSP.pdf)

<sup>37</sup> Small counties have been pooled for the purpose of summarizing the data in Tables 10 – 13, and in Appendix H. For Tables 10 – 13, small county data was pooled as a means of dealing with skew (as opposed to transformation, which would not be appropriate for purpose of display in Tables 10 - 13), based upon Evaluation Advisory Group recommendation. For Appendix H, small county data was pooled for purpose of display based upon the recommendation of the Evaluation Advisory Group. This recommendation was based upon the lower number of FSPs served in smaller counties, and what would amount to an unfair comparison if aligned in a table containing larger counties. Pooling of small counties aggregates the small county data, allowing for a fairer comparison to their larger counterparts.

<sup>38</sup> See Appendix H for a display of the data shown in this table, by county.

<sup>39</sup> See End Notes 36 and 37.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> Gilmer, T.P.; Stefancic, A.; Ettner, S.L.; Manning, W.G.; & Tsemberis, S. (2010). Effect of Full Service Partnerships on homelessness, use and costs of mental health services, and quality of life among adults with serious mental illness. *Archives of General Psychiatry*, 67, 645-652.

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