

Full-Service Partnership Outcomes

Findings From 2021 to 2022 Fiscal Year

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Executive Summary

Full-service partnerships (FSPs) are a set of enhanced, integrated services administered through San Mateo County–contracted providers to assist individuals with mental and behavioral health challenges. The American Institutes for Research® (AIR®) is working with San Mateo County (the County) to understand how enrollment in FSPs promotes resilience and improves the health outcomes of individuals served. Two data sources are used for this report: (1) self-reported survey data collected by providers from FSP clients (hereafter, partners) and (2) electronic health records (EHR) obtained through the County’s Avatar system. The County currently has four comprehensive FSP providers: Edgewood Center and Fred Finch Youth Center (hereafter, Edgewood/Fred Finch),¹ serving children, youth, and transitional age youth (TAY), and Caminar and Telecare, serving adults and older adults. *This year’s report includes self-reported data from Edgewood/Fred Finch and Caminar since FSP inception (2006). Telecare changed its EHR system for FSP program data in December 2018 and is having technical difficulties providing the data prior to the change of the EHR system. Because of this change, we report data for Telecare from December 2018 to June 2022 separately.*

Exhibits 1 and 2 presents outcomes for children (16 years and younger), TAY (16–25 years), adults (25 to 59 years), and older adults (60 years and older) (hereafter, partners) of the FSP program in the County. Self-reported FSP outcomes presented in Exhibits 1 and 2 were obtained only from Edgewood/Fred Finch and Caminar. Because of changes in the reporting systems for Telecare, its data are provided in Exhibit 4.

For all outcomes, we compared the year just prior to enrollment in an FSP and the first year enrolled in an FSP. Blue font in Exhibits 1 and 2 indicates a statistically significant positive percent change. Red (and bold) font indicates a statistically significant negative percent change (e.g., worse academic grades for children and TAY partners). Black font indicates that there was no change, or there is a non-statistically significant change from the year before and the first year of an FSP. Percent change is the change in the number of partners with the outcome of interest (e.g., homelessness, incarceration, mental health emergencies) in the year after joining an FSP relative to the year prior to participating in an FSP out of the total number of partners in that age group. For example, the number of adult partners experiencing homelessness changed from 47 before FSP enrollment to 34 in the first year following FSP enrollment, out of 114 adult

¹ The self-reported data from Edgewood Center and Fred Finch Youth Center are combined into one data set; therefore, we refer to both centers as Edgewood/Fred Finch in this report to be consistent with the data.

partners, which is a 28% improvement. We first provide self-reported and EHR outcomes for adults and older adults followed by child and TAY partners.

Self-Reported Outcomes (Caminar) for Adults and Older Adults. For adults and older adults, most self-reported outcomes improved from the year prior to enrollment to the first year enrolled in an FSP.

- Fourteen out of 16 outcomes improved for adult and older adult partners. Fewer adult and older adult partners experienced homelessness, detention or incarceration, arrests, mental and physical health emergencies, or substance use disorders. In addition, employment increased among adult partners. More adult partners reported having substance use disorder treatment in the first year of an FSP compared with the year before. Five out of the 14 improvements were statistically significant.
- No older adults reported being employed before and after they joined FSP.

Fewer partners reported receiving treatment for substance use disorder. However, we also see a decrease in reported active substance use, which may explain the decrease in reported treatment. **Health Care Utilization (EHR Data) for Adults and Older Adults.** For adult and older adult partners, we detected improvements in outcomes from the year before an FSP compared with the first year in an FSP for all health care utilization outcomes. Compared with the year before joining an FSP, there was a

- decrease in the percentage of partners with any hospitalization,
- decrease in mean hospital days per partner,
- decrease in percentage of partners using any psychiatric emergency services (PES), and
- decrease in mean PES event per partner.

These changes were all statistically significant for adults; only the change in use of PES was statistically significant for older adults.

Exhibit 1. Percent Change in Outcomes for Adults and Older Adults, Year Before FSP Compared With First Year With FSP

FSP outcomes	Adult (25 to 59 years)			Older adult (60 years and older)		
<i>Self-reported outcomes</i>	<i>N = 114</i>			<i>N = 23</i>		
	<i>Yr before</i>	<i>Yr after</i>	<i>Change</i>	<i>Yr before</i>	<i>Yr after</i>	<i>Change</i>
Homelessness	47 (41%)	34 (30%)	-28%	5 (22%)	3 (13%)	-40%
Detention or incarceration	35 (31%)	22 (19%)	-37%*	4 (17%)	3 (13%)	-25%
Employment	1 (1%)	4 (4%)	300%	0 (0%)	0 (0%)	N/A
Arrests	20 (18%)	4 (4%)	-80%*	4 (17%)	1 (4%)	-75%
Mental health emergencies	84 (74%)	31 (27%)	-63%*	13 (57%)	4 (17%)	-69%*
Physical health emergencies	50 (44%)	17 (15%)	-66%*	7 (30%)	4 (17%)	-43%
Active Substance Use Disorder (SUD)	61 (54%)	57 (50%)	-7%	5 (22%)	4 (17%)	-20%
SUD treatment	27 (24%)	33 (29%)	22%	3 (13%)	2 (9%)	-33%
<i>Health care utilization (EHR data)</i>	<i>N = 360</i>			<i>N = 75</i>		
	<i>Yr before</i>	<i>Yr after</i>	<i>Change</i>	<i>Yr before</i>	<i>Yr after</i>	<i>Change</i>
Hospitalization	125 (35%)	57 (16%)	-54%*	22 (29%)	12 (16%)	-45%
Hospital days per partner	12.4	4.0	-68%*	10.5	4.6	-57%
Psychiatric Emergency Services (PES)	196 (54%)	140(39%)	-29%*	32 (43%)	19 (25%)	-41%*
PES event per partner	1.7	1.1	-37%*	1.1	0.5	-51%

Note. Self-reported outcomes do not include Telecare Yr = year; Exhibit 1 indicates the change in the number of partners with outcome of interest, comparing the year just prior to FSP with the first year of FSP. Counts are presented in Exhibit 1 to indicate the number of partners with outcome of interest, and percentages are presented in parentheses. For example, in Yr before, there were 47 adults who experienced homelessness, which is 41% of all 114 adults. In the Yr after, there were 34 adults, which is 30% of all adults who experienced homelessness. For self-reported outcomes, there are only 23 older adult partners; therefore, caution is needed when interpreting the results with small sample size. The percent difference with employment for older adults is reported as N/A because the percentage of older partners with employment was 0% in the Yr before (from 0% to 0%). Thus, the denominator is 0. Blue font indicates outcomes that improved. Black font indicates outcomes did not change or changed but the change was not statistically significant. *Indicates a change significantly different from 0 at 0.05 significance level.

Self-Reported Outcomes (Edgewood/Fred Finch) for Child and TAY Partners. The trends for child and TAY partners are similar to those for adult and older adult partners (as shown in Exhibit 2), where most of the self-reported outcomes improved from the year prior to enrollment to the first year enrolled in an FSP.

- Twelve out of 16 outcomes improved for child and TAY partners. Fewer child and TAY partners experienced homelessness, arrests, mental and physical health emergencies, and school suspensions. There was an improvement on detention or incarceration and rating of school attendance among TAY partners. Among these 12 outcomes, eight improvements were statistically significant.
- One outcome, detention or incarceration, remained the same for child partners. However, for arrests, there were significant decreases between the year prior to FSP and the first year after FSP enrollment among child partners (14% vs. 5%).
- Three outcomes worsened for child or TAY partners. For child partners, there were (statistically significant) decreases between the year prior to FSP and the first year after FSP enrollment for both academic grades and attendance. TAY partners reported decreased academic grades during the first year after enrolling in an FSP program, but this change was not statistically significant.

Health Care Utilization (EHR Data) for Child and TAY Partners. For child and TAY partners, we detected improvements in outcomes from the year before FSP compared with the first year of FSP for all health care utilization outcomes. Compared with the year before joining an FSP, there was a:

- decrease in the percentage of partners with any hospitalization,
- decrease in mean hospital days per partner,
- decrease in percentage of partners using any PES, and
- decrease in mean PES event per partner.

These changes were statistically significant for child partners for all but mean hospital days per partner; only the change in use of PES was statistically significant for TAY partners.

Exhibit 2. Percent Change in Outcomes for Children and TAY, Year Before FSP Compared With First Year With FSP

FSP outcomes	Child (16 years and younger)			TAY (17 to 25 years)		
<i>Self-reported outcomes</i>	<i>N = 219</i>			<i>N = 264</i>		
	<i>Yr before</i>	<i>Yr after</i>	<i>Change</i>	<i>Yr before</i>	<i>Yr after</i>	<i>Change</i>
Homelessness	9 (4%)	7 (3%)	-22%	34 (13%)	32 (12%)	-6%
Detention or incarceration	28 (13%)	28 (13%)	0%	40 (15%)	32 (12%)	-20%
Arrests	30 (14%)	10 (5%)	-67%*	65 (25%)	20 (8%)	-69%*
Mental health emergencies	78 (36%)	8 (4%)	-90%*	119 (45%)	27 (10%)	-77%*
Physical health emergencies	16 (7%)	1 (0%)	-94%*	55 (21%)	5 (2%)	-91%*
Suspension	45 (21%)	20 (9%)	-56%*	26 (10%)	6 (2%)	-77%*
Grade	3.35	3.02	-10%*	3.22	3.14	-3%
Attendance	2.22	1.95	-12%*	2.40	2.49	4%
	<i>N = 213</i>			<i>N = 206</i>		
	<i>Yr before</i>	<i>Yr after</i>	<i>Change</i>	<i>Yr before</i>	<i>Yr after</i>	<i>Change</i>
Hospitalization	10 (5%)	3 (1%)	-70%*	25 (12%)	15 (7%)	-40%
Hospital days per partner	1.2	0.1	-91%	4.4	2.1	-53%
PES	52 (24%)	23 (11%)	-56%*	85 (41%)	53 (26%)	-38%*
PES event per partner	0.5	0.2	-55%*	1.0	0.8	-29%

Note. Yr = year. Exhibit 2 indicates the change in the number of partners with outcome of interest, comparing the year just prior to FSP with the first year of FSP. Counts are presented in Exhibit 2 to indicate the number of partners with outcome of interest, and percentages are presented in parentheses. Percent change in ratings indicates the change in the average rating for the first year on the program as compared with the year just prior to FSP. Blue font indicates outcomes that improved. Red (and bold) font indicates outcomes that worsened. Black font indicates outcomes did not change or changed but the change was not statistically significant. *Indicates a change significantly different from 0 at 0.05 significance level.

Exhibit 3 shows the hospitalization outcomes for partners across all age groups who joined the FSP program since 2006, completed 1 full year or more in an FSP program, and had health utilization data in the EHR. Among these partners, we looked at their mean health utilization outcomes in the first year of FSP and the year prior to FSP. Exhibits 19-22 show reductions in outcomes for health care utilization over the years since the inception of the FSP program.

Exhibit 3. FSP Partners Have Significantly Improved Hospitalization Outcomes (N = 854)

	Percentage/Mean	95% confidence interval
Percentage of partners with any hospitalization*		
1 year before	21%	(19%–24%)
Year 1 during	10%	(8%–12%)
Mean number of hospital days*		
1 year before	7.52	(6.01–9.03)
Year 1 during	2.61	(1.77–3.45)
Percentage of partners with any PES event*		
1 year before	43%	(39%–46%)
Year 1 during	28%	(25%–31%)
Mean PES events, per partner*		
1 year before	1.16	(1.01–1.32)
Year 1 during	0.72	(0.59–0.84)

* Significance testing was conducted using chi-square tests for percentages and *t* tests for means; results are statistically significant at the 5% level.

Because of the issue with Telecare’s incomplete data noted earlier, we conducted a separate analysis for Telecare. Exhibit 4 shows self-reported outcomes among Telecare partners, for the year before FSP compared with the first year with FSP. There were 85 partners in the Telecare survey data who completed at least a year of an FSP between December 2018 through June 30, 2022. Our analysis combined all age groups (TAY, adults and older adults) served by Telecare for this separate analysis because of the small sample size. Exhibit 4 shows improvements for Telecare partners on homelessness, incarceration, arrests, and active substance use disorder, with the decreases in these negative events being statistically significant for all but homelessness. No change was observed for employment outcomes of Telecare partners. Telecare partners had poorer outcomes after joining an FSP in two outcome areas: more Telecare partners reported having mental and physical health emergencies in the first year of an FSP compared to the year prior to FSP. Fewer partners reported receiving treatment for substance use disorder. However, we also see a decrease in reported active substance use, which may explain the decrease in reported treatment. The change was statistically significant only for the increased experience of mental health emergencies.

Exhibit 4. Percent Change in Outcomes Among Telecare Partners, Year Before FSP Compared With First Year With FSP

FSP Self-reported outcomes	Everyone N = 85		
	Yr before	Yr after	Change
Homelessness	24 (28%)	19 (22%)	-21%
Detention or incarceration	17 (20%)	4 (5%)	-76%*
Employment	0 (0%)	0 (0%)	N/A
Arrests	22 (26%)	8 (9%)	-64%*
Mental health emergencies	16 (19%)	31 (36%)	94%*
Physical health emergencies	11 (13%)	12 (14%)	9%
Active S.U. disorder	49 (58%)	31 (36%)	-37%*
S.U. treatment	7 (8%)	3 (4%)	-57%

Note. S.U. = substance use. Yr = year. Exhibit 4 indicates the change in the percentage of partners with any events, comparing the year just prior to FSP with the first year with FSP. The percent difference with employment is reported as N/A because the percentage of partners with employment in the year before is 0%, and it did not change (from 0% to 0%). Thus, the denominator is 0. Blue font indicates outcomes that improved. Red (and bold) font indicates outcomes that worsened. Black font indicates outcomes did not change or changed but the change was not statistically significant. *Indicates a change significantly different from 0 at 0.05 significance level.

Background and Introduction

The Mental Health Services Act (MHSA), enacted in 2005, provides a dedicated source of funding to improve the quality of life for individuals living with mental illness. In San Mateo County (the County), a large component of this work is accomplished through full-service partnerships (FSPs). FSP programs provide individualized integrated mental health services, flexible funding, intensive case management, and 24-hour access to care (“whatever it takes” model) to help support recovery and wellness for persons with serious mental illness (SMI) and their families. There are currently four comprehensive FSP providers in the County: Edgewood Center and Fred Finch Youth Center (hereafter, Edgewood/Fred Finch),² serving children, youth, and transitional age youth (TAY), and Caminar and Telecare, serving adults and older adults.

² The self-reported data from Edgewood Center and Fred Finch Youth Center are combined into one data set; therefore, we refer to both centers as Edgewood/Fred Finch in this report to be consistent with the data.

The County has partnered with the American Institutes for Research (AIR) to understand how enrollment in an FSP is promoting resiliency and improving health outcomes of the County's clients living with mental illness. Two data sources are used for this report: (1) self-reported survey data collected by providers from FSP clients (hereafter, partners) and (2) electronic health records (EHR) obtained through the County's Avatar system.

This year's report includes self-reported data from all Edgewood/Fred Finch and Caminar providers since FSP inception (2006). Telecare changed its EHR system for FSP program data in the middle of 2018 and is having technical difficulties providing the data prior to the change of the EHR system. Because of this change, we report data from Telecare from December 2018 to June 2022 separately.

Providers collect initial survey data through an intake assessment, called the Partnership Assessment Form (PAF), which includes information on well-being across a variety of measures (e.g., living in a residential setting) at the start of FSP and over the 12-month "lookback" window of the year prior to FSP enrollment. Providers gather survey data on partners during their participation in an FSP in two ways. Life-changing events are tracked by Key Event Tracking (KET) forms, which are triggered by any key event (e.g., a change in residential setting). Partners are also assessed regularly with 3-Month (3M) forms. Changes in partner outcomes are gathered by comparing data on baseline from PAF forms to follow-up data from KET and 3M forms.

EHR data collected through the County Avatar system contain longitudinal partner-level information on demographics, FSP program participation, hospitalizations, and psychiatric emergency services (PES) utilization before and after FSP enrollment. The Avatar system is limited to individuals who obtain emergency care in the County hospitals. Hospitalizations outside of the County, or in private hospitals, are not captured.

This report presents changes in partners' self-reported and hospitalization outcomes in two consecutive years: (1) the baseline year, that is, the 12 months prior to enrollment in an FSP program, and (2) the first full 12 months of the partner's FSP participation. Children (ages 16 and younger), transitional age youth (TAY; ages 17 to 25), adults (ages 25 to 59), and older adults (ages 60 and older) were included in the analysis if they had completed at least 1 full year with an FSP program by June 30, 2022 (the data acquisition date). Trends in EHR data are subsequently presented as an average across all years since inception of the program (2006) as well as annually, by year of FSP program enrollment.

Appendices provide details on our methodology as well as detailed findings for each outcome. Appendix A presents additional detail on residential outcomes. Appendix B provides outcomes

for individual FSP providers. Appendix C provides methodology for both the self-reported outcomes and the EHR-based hospitalization outcomes.

Self-Reported Outcomes

Overview

This section presents outcomes for 705 FSP partners in total across four FSP providers. The results presented in this section compare the first year enrolled in an FSP with the year just prior to FSP enrollment for partners completing at least 1 year in an FSP program.

- The Caminar section presents outcomes for 114 adult (ages 26–59) FSP partners; and 23 older adult (ages 60 and older) FSP partners who joined and completed at least 1 year in FSP since 2006.³
- The Edgewood/Fred Finch section below presents outcomes for 219 child (ages 16 and younger) FSP partners and 264 TAY (ages 17–25) FSP partners. the Caminar.
- The Telecare section presents outcomes for 85 FSP partners regardless of age. Because of the small sample size, we have combined findings for all age groups when reporting findings for Telecare partners.

Telecare changed its EHR system on December 1, 2018 and was only able to provide the data after the conversion date as a result of data reliability issues. Because of the incompleteness of the Telecare data, we conducted a separate analysis for Telecare.

In this section, we first provide a list of self-reported outcomes collected by all providers. We then present findings from the analysis of Caminar and Edgewood/Fred Finch combined data since FSP inception, followed by findings from the analysis using Telecare data since December 2018.

Outcomes Assessed

We describe the self-reported outcomes below. Most of these outcomes are broken down by age group. Note that employment, homelessness, arrests, and incarceration outcomes are not presented for adults ages 60 or older, as there are insufficient observations in this age group for meaningful interpretation.

³ Caminar’s self-reported data also includes 55 TAY (ages 17-25), however, we exclude them from the analysis due to lack of ongoing data collection.

1. **Partners with any reported homelessness incident:** measured by residential setting indicating homelessness or emergency shelter (sources: PAF and KET)
2. **Partners with any reported detention or incarceration incident:** measured by residential setting indicating jail or prison (sources: PAF and KET)
3. **Partners with any reported employment:** measured by employment in past 12 months and date of employment change (sources: PAF and KET)⁴
4. **Partners with any reported arrests:** measured by arrests in past 12 months and date arrested (sources: PAF and KET)
5. **Partners with any self-reported mental health emergencies:** measured by emergencies in past 12 months and date of mental health emergency (sources: PAF and KET)
6. **Partners with any self-reported physical health emergencies:** measured by emergencies in past 12 months and date of acute medical emergency (sources: PAF and KET)
7. **Partners with any self-reported active substance use disorder:** measured by self-report in past 12 months and captured again in regular updates (sources: PAF and 3M)
8. **Partners in substance use disorder treatment:** measured by self-report in past 12 months and captured again in regular updates (sources: PAF and 3M)⁵

In addition, we also examined three outcomes specific to child and TAY partners:

1. **Partners with any reported suspensions:** measured by suspensions in past 12 months (source: PAF) and date suspended (source: KET)
2. **Average school attendance self-rating:** an ordinal ranking (1–5) indicating overall attendance; measured for past 12 months (source: PAF), at start of FSP (source: PAF), and over time on FSP (source: 3M)
3. **Average school grade self-rating:** an ordinal ranking (1–5) indicating overall grades; measured for past 12 months (source: PAF), at start of FSP (source: PAF), and over time on FSP (source: 3M)

Mental and Physical Health Emergencies by Living Situation. Mental and physical health emergencies are considered in conjunction with residential status for all age groups combined. Specifically, we explore the likelihood of an emergency in relation to whether the partner’s living situation in their first year of FSP participation is “advantageous” (i.e., living with family or

⁴ Employment outcome is not applicable to child and TAY partners.

⁵ If more partners reported receiving substance use disorder treatment in the year following their FSP enrollment, it may indicate that the integrated care and case management services offered through FSP connected partners with needed care. However, if more partners have substance use disorder, there would be more partners reporting receiving treatment.

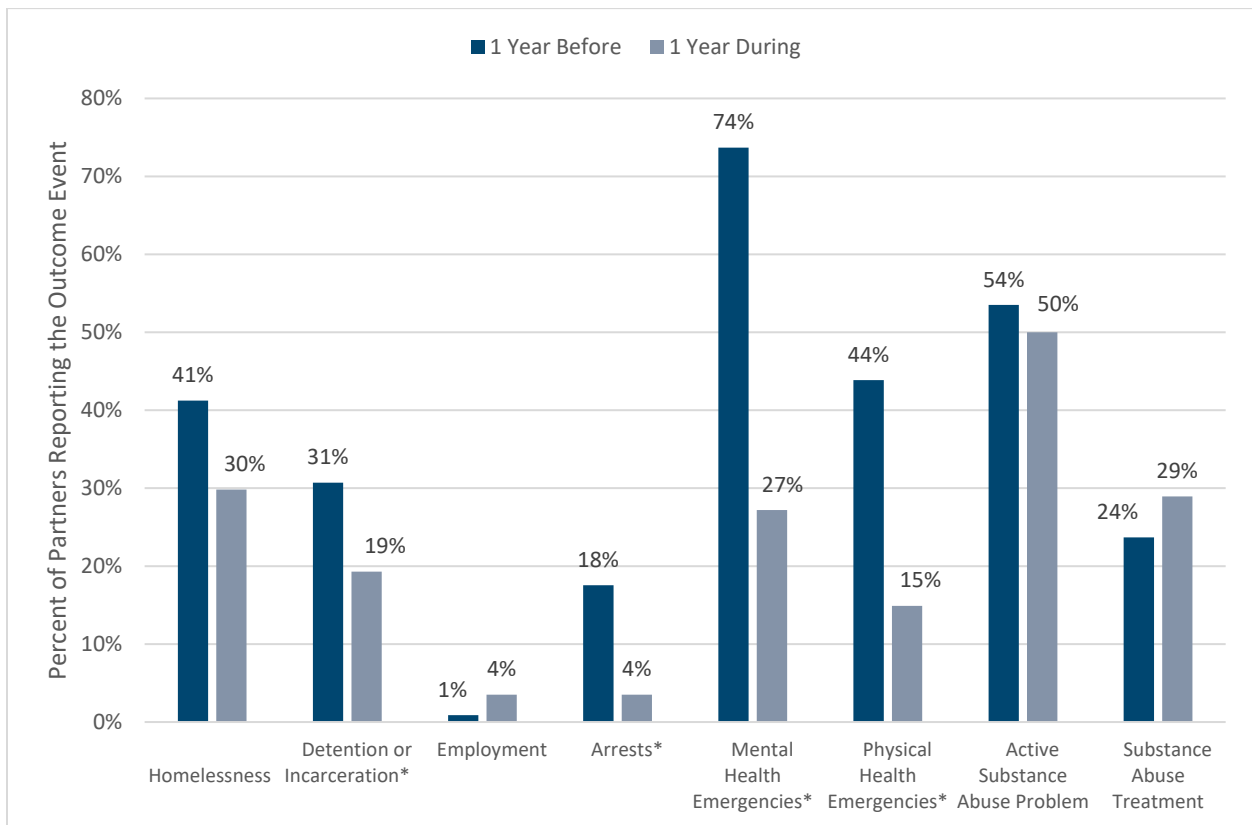
foster family, living alone and paying rent, or living in group care or assisted living) or “higher risk” (i.e., homeless, incarcerated, or in a hospital setting).

Caminar

Self-Reported Outcomes by Age Group

Adults. Exhibit 5 compares outcomes for adult partners (ages 26–59) in the year prior to FSP enrollment with the first year in an FSP. Homelessness, incarceration, arrests, self-reported mental and physical health emergencies, and substance use problems decreased. In addition, employment and reported treatment of substance use disorder increased. These findings demonstrate improvements for adult partners in the first year of FSP enrollment for all outcomes. The improvements for detention or incarceration, arrests, and mental and physical health emergencies are statistically significant.

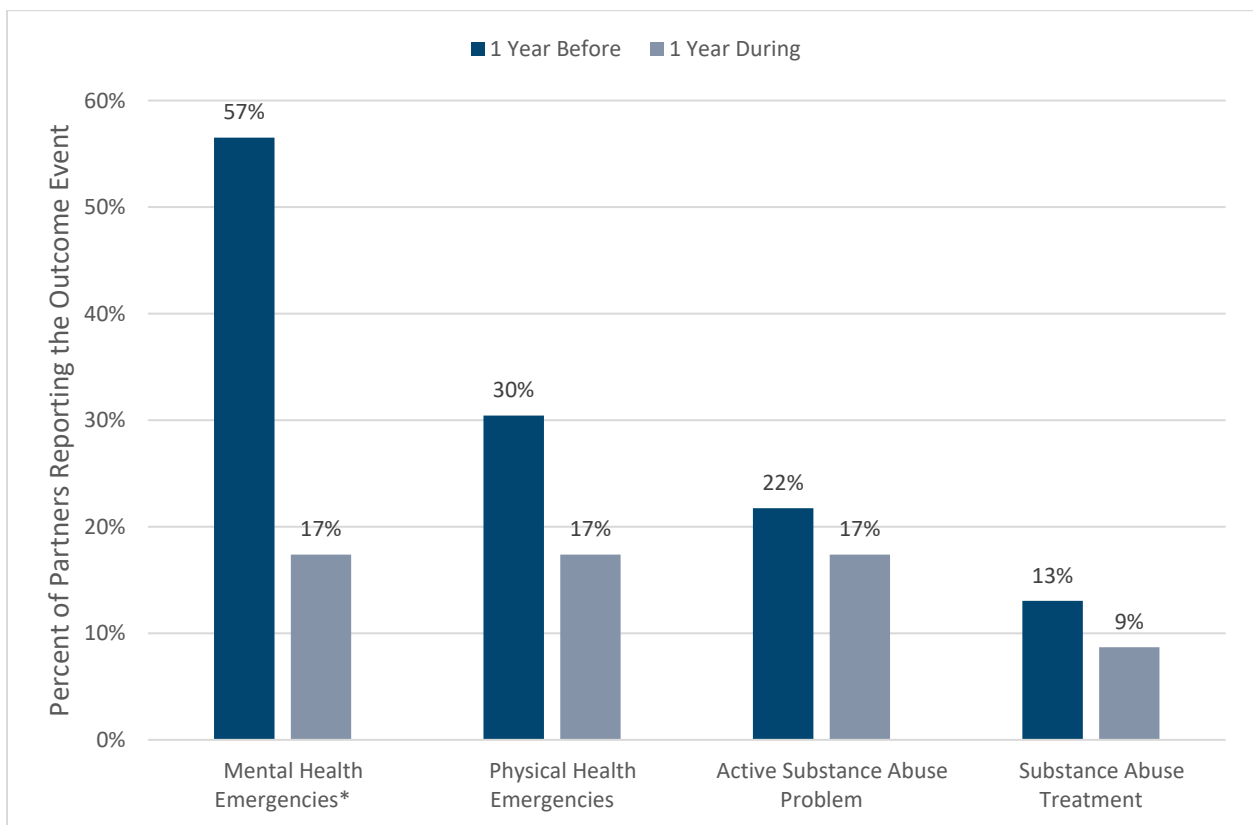
Exhibit 5. Outcomes for Adult Partners Completing 1 Year With FSP (N = 114)



Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Older Adults. Exhibit 6 compares outcomes in the year prior to FSP enrollment with outcomes reported in the first year of FSP enrollment for older adult partners (age 60 and above). Similar to adult partners, self-reported mental and physical health emergencies as well as substance use problems all decreased. Each of these demonstrated improvement for older adult partners in the first year of FSP enrollment. Slightly fewer older adults (from three in the year prior to two in the first year of FSP) reported treatment for a substance use disorder during the first year of FSP enrollment compared with 1 year before. Given the small sample size, these results are inconclusive. The decrease in mental health emergencies is the only statistically significant outcome for older adults.

Exhibit 6. Outcomes for Older Adult Partners Completing 1 Year With FSP (N = 23)

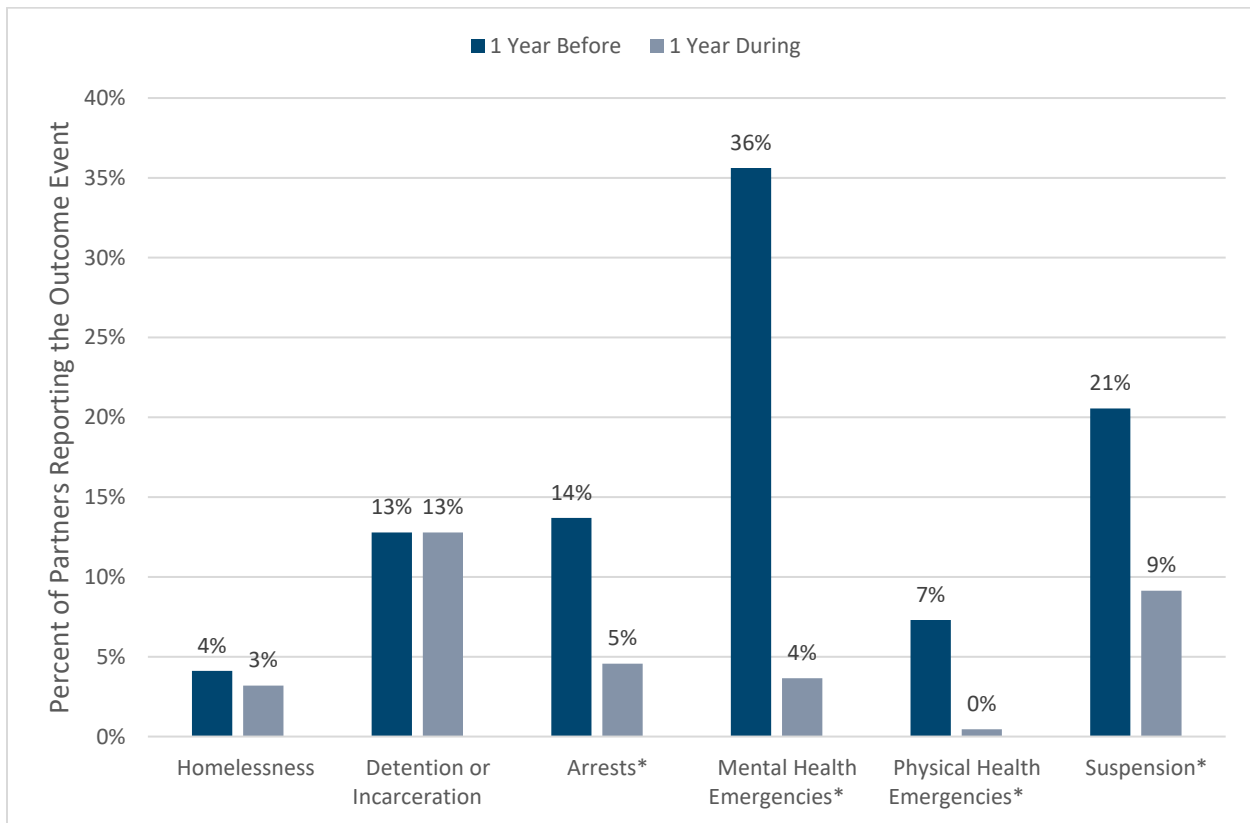


Note. Employment, homelessness, arrests, and incarceration outcomes are not presented for older adults, as there are insufficient observations in this age group for meaningful interpretation. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Edgewood/Fred Finch

Children. Exhibit 7 shows the comparison of outcomes in the year prior to FSP enrollment with the first year enrolled in an FSP program for child partners (age 16 and younger). There was a decrease in homelessness, arrests, suspensions, and mental or physical health emergencies after enrollment in an FSP program. In particular, there is a significant decrease in the incidence of mental health emergencies from the year prior to the first year of FSP (56% vs. 17%). Conversely, detention or incarceration remained the same for children (28 incidents in the first year with FSP and 28 in the year prior to FSP enrollment). However, the incidence of arrests reduced after enrollment in FSP (10 in the first year with FSP compared with 30 in the year just prior). The improvements for arrests, mental and physical health emergencies, and school suspensions are statistically significant.

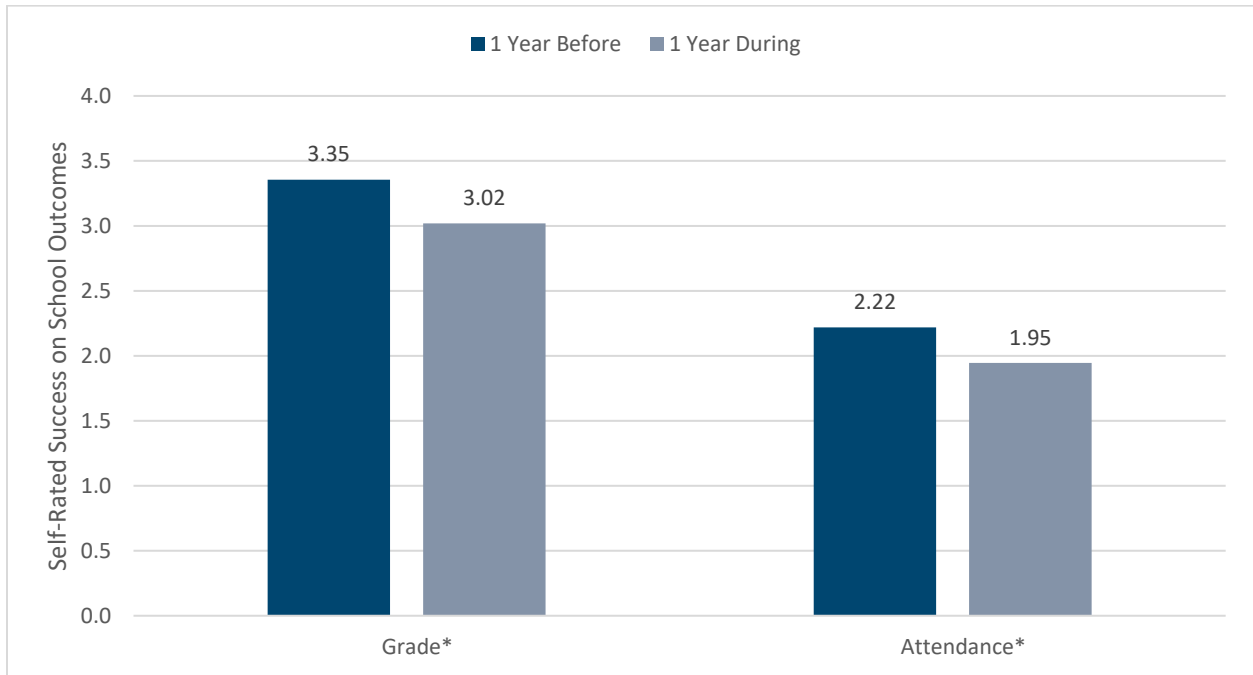
Exhibit 7. Outcomes for Child Partners Completing 1 Year With FSP (N = 219)



Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Exhibit 8 presents outcomes on school attendance and grades. School attendance and grades for child partners declined modestly after enrolling in an FSP program. These ratings are on a 1–5 scale, coded such that a higher score is better. The decreases in school attendance and grade are statistically significant.

Exhibit 8. School Outcomes for Child Partners Completing 1 Year With FSP (N = 219)

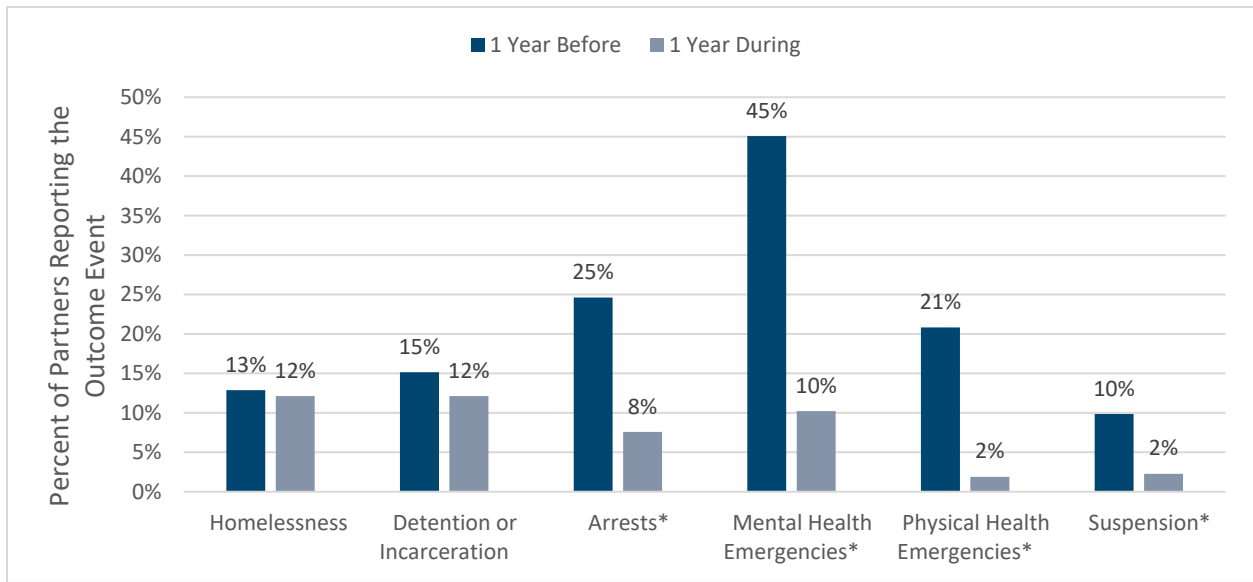


Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level. The ratings are on a 1–5 scale, coded such that a higher score is better.

TAY. Exhibit 9 shows the comparison of outcomes in the year prior to FSP to the first year in the program for TAY partners.⁶ All self-reported outcomes decreased (an improved status), among which improvements on arrest, mental and physical health emergencies, as well as school suspensions are statistically significant.

⁶ The older TAY partners in Caminar are excluded from these outcomes because these providers do not reliably gather TAY-specific outcomes. Note that employment as an outcome is not presented for TAY because many of these individuals are in school.

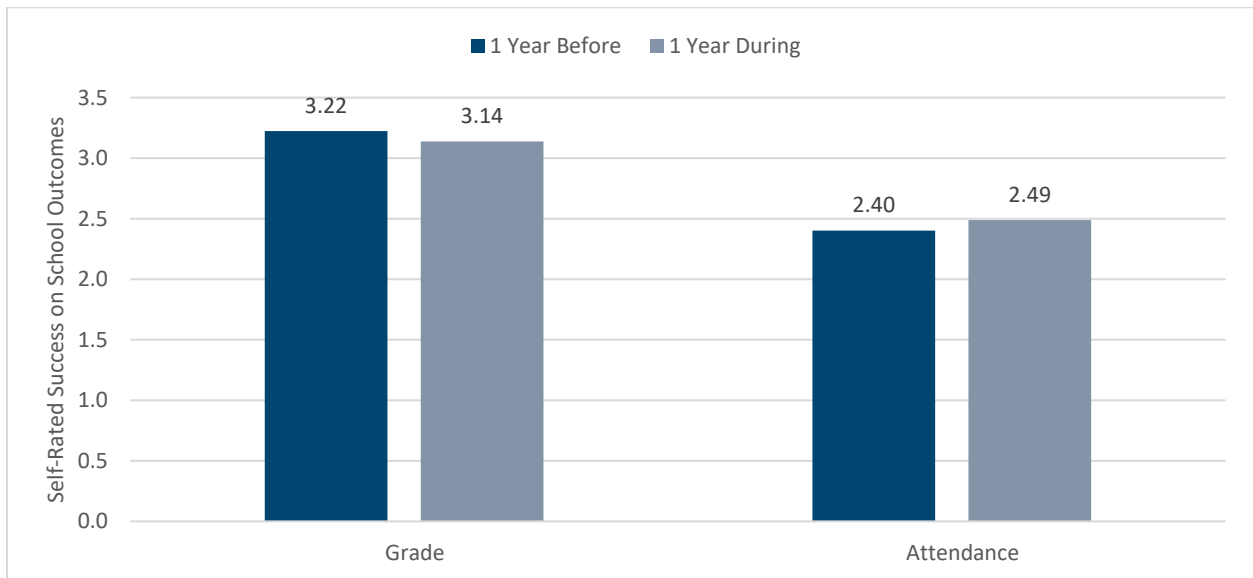
Exhibit 9. Outcomes for TAY Partners Completing 1 Year With FSP (N = 264)



Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Exhibit 10 shows outcomes on school attendance and grades for TAY partners. These ratings are on a 1–5 scale; a higher score is better. There was a small decrease in grades and a slight increase in attendance after enrollment in an FSP. Both outcomes are not statistically significant.

Exhibit 10. School Outcomes for TAY Partners Completing 1 Year With FSP (N = 264)

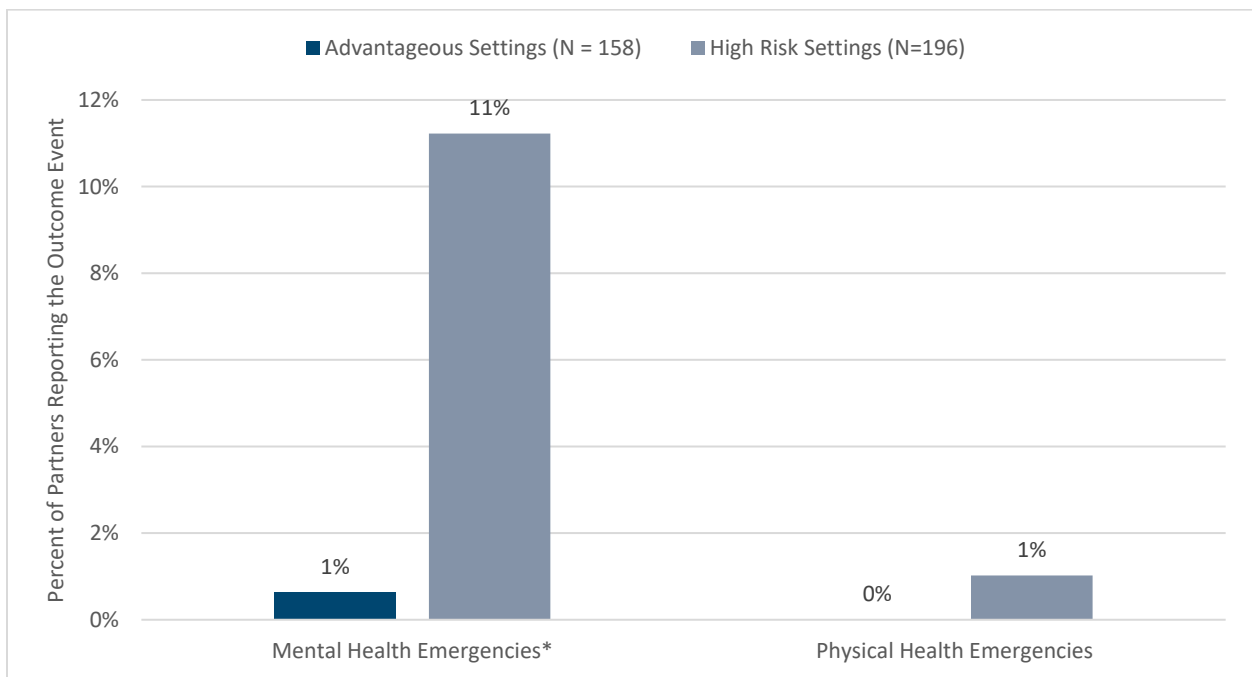


Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level. The ratings are on a 1–5 scale; a higher score is better.

Mental and Physical Health Emergencies by Living Situation

Exhibit 11 shows the mental and physical health emergencies in adult and older adult partners living in advantageous versus higher risk living situations in the first year of participating in an FSP. Advantageous settings are defined as living with family or foster family, living alone and paying rent, or living in group care or assisted living. High-risk settings are defined as homelessness, incarceration, or in a hospitalized setting. As shown in the exhibit, both mental and physical health emergencies were more common among individuals in a high-risk residential setting in their first year of FSP participation. The difference between advantageous setting and high-risk setting is statistically significant for mental health emergencies.

Exhibit 11. Emergency Outcomes as a Function of Residential Setting



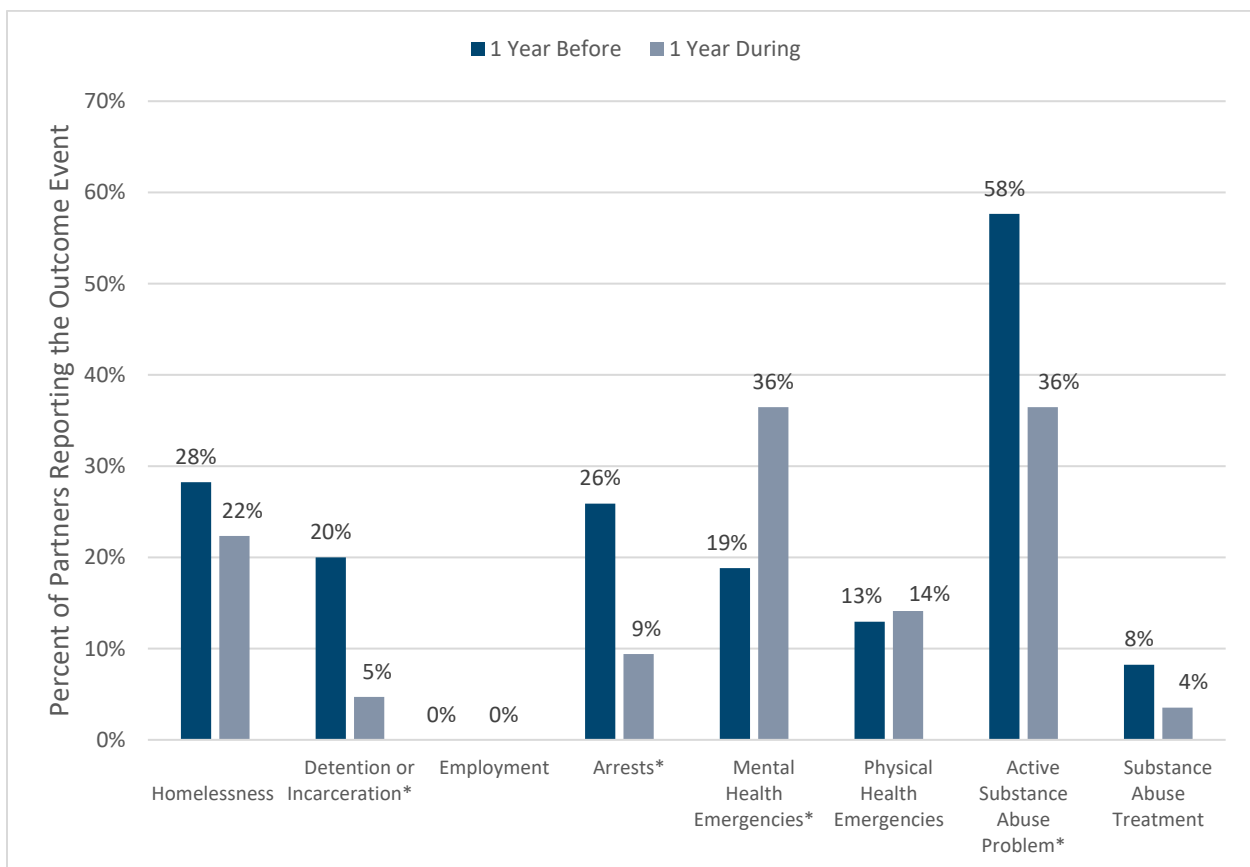
Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Telecare

Self-Reported Outcomes—All Age Groups

Telecare data include 85 partners who have completed at least 1 year of FSP as of June 30, 2022. Because of the small sample size, we have combined findings for all age groups. Exhibit 12 shows the comparison of outcomes for all Telecare partners in the year prior to FSP enrollment with the first year in an FSP. Homelessness, detention or incarceration, arrests, and substance use disorders all decreased after enrollment in an FSP. Each of these outcomes demonstrates improvements for partners in the first year of FSP enrollment. Mental and physical health emergencies were higher in Telecare partners a year after enrollment in an FSP program. In addition, fewer Telecare partners reported receiving treatment for substance use disorders 1 year during the FSP program compared with 1 year before enrollment. However, we also see a decrease in reported active substance use, which may explain the decrease in reported treatment. The outcomes for detention or incarceration, arrests, mental health emergencies, and active substance abuse problems are statistically significant.

Exhibit 12. Outcomes for Telecare Partners Completing 1 Year With FSP (N = 85)

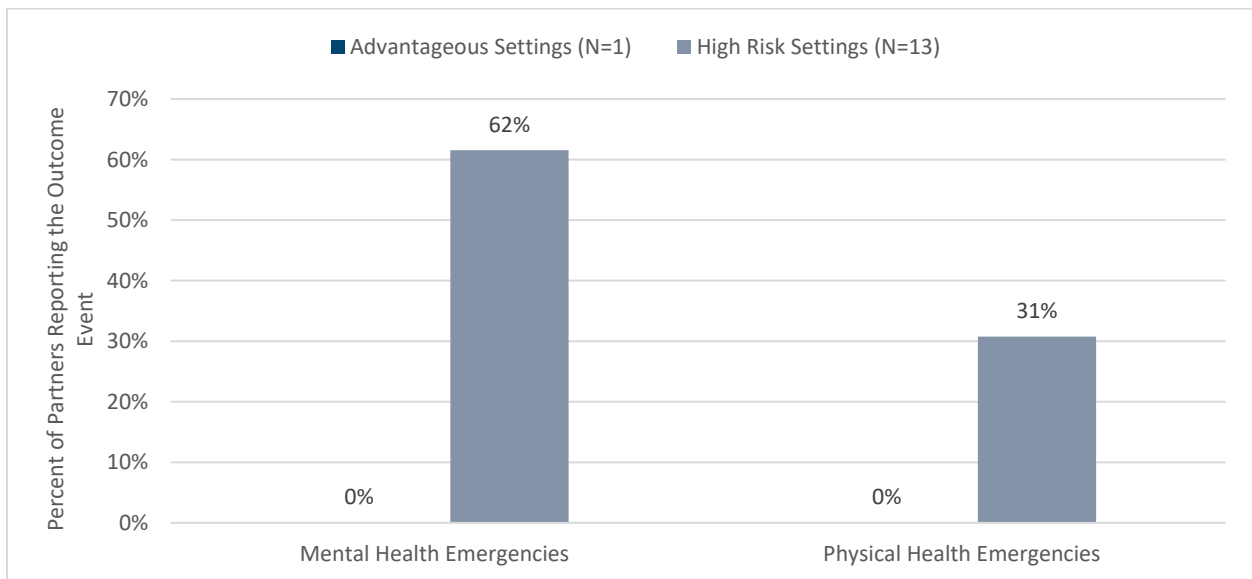


Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Mental and Physical Health Emergencies by Living Situation

Exhibit 13 shows the mental and physical health emergencies in adult and older adult partners living in advantageous versus higher risk living situations in the first year of an FSP. Mental and physical health emergencies only happened with individuals who lived in at least one high-risk residential setting in their first year of FSP participation; there were no mental or physical health emergencies for adult and older adult partners only living in advantageous situations, though the sample size for this subgroup is small ($N = 1$).

Exhibit 13. Emergency Outcomes as a Function of Residential Setting Among Telecare Partners



Health Care Utilization Overall and Over Time

Overview

This section describes (a) overall health care utilization across all partners from the beginning of an FSP program, (b) health care utilization by age group from the beginning of an FSP program, and (c) health care utilization for partners by year (2006–2022).

Using the County’s EHR data, we present four hospitalization outcomes for 854 total FSP partners including 213 child, 206 TAY, 360 adult, and 75 older adult FSP partners:

1. **Partners with any hospitalizations:** measured by any hospital admission in the past 12 months
2. **Partners with any PES:** measured by any PES event in the past 12 months

3. **Average length of hospitalization (in days):** the number of days associated with a hospital stay in the past 12 months
4. **Average number of PES event:** the number of PES events in the past 12 months

Overall Health Care Utilization Outcomes Across All Partners

We detected statistically significant changes in outcomes from the year before FSP compared with the first year in FSP for all hospitalization outcomes (Exhibit 14). Percentage of partners with any hospitalization decreased from 21% before FSP to 10% during FSP. The average number of days spent in the hospital decreased from 7.52 days before FSP to 2.61 days during FSP. Percentage of partners with any PES decreased from 43% before FSP to 28% during FSP. The average number of PES events decreased from 1.16 events before FSP to 0.72 events during FSP.

Exhibit 14. FSP Partners Have Significantly Improved Hospitalization Outcomes (N = 854)

	Percentage/Mean	95% confidence interval
Percentage of partners with any hospitalization*		
1 year before	21%	(19%–24%)
Year 1 during	10%	(8%–12%)
Mean number of hospital days*		
1 year before	7.52	(6.01–9.03)
Year 1 during	2.61	(1.77–3.45)
Percentage of partners with any PES event*		
1 year before	43%	(39%–46%)
Year 1 during	28%	(25%–31%)
Mean PES events, per partner*		
1 year before	1.16	(1.01–1.32)
Year 1 during	0.72	(0.59–0.84)

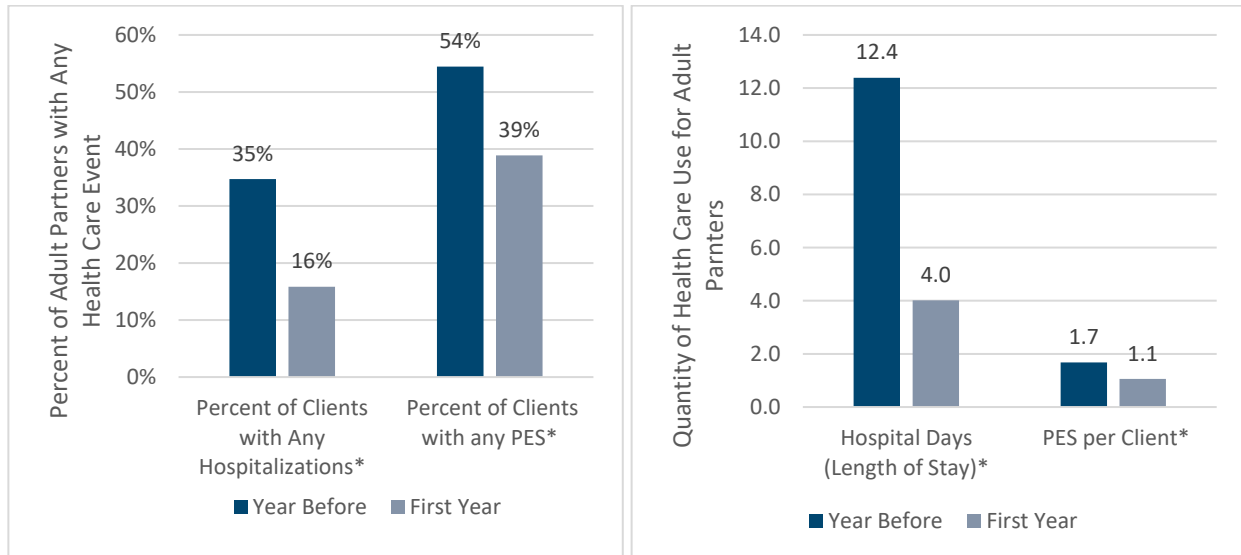
* Significance testing was conducted using chi-square tests for percentages and *t* tests for means; results are statistically significant at the 5% level.

Health Care Utilization for FSP Partners by Age Group

Hospitalization outcomes are presented in Exhibits 15–18 by age group. For all four age groups, the percentage of FSP partners with any hospitalization or PES event decreased after joining an FSP. The mean number of hospital days experienced by FSP partners and average number of PES events also decreased after FSP enrollment for all age groups. All four outcomes are

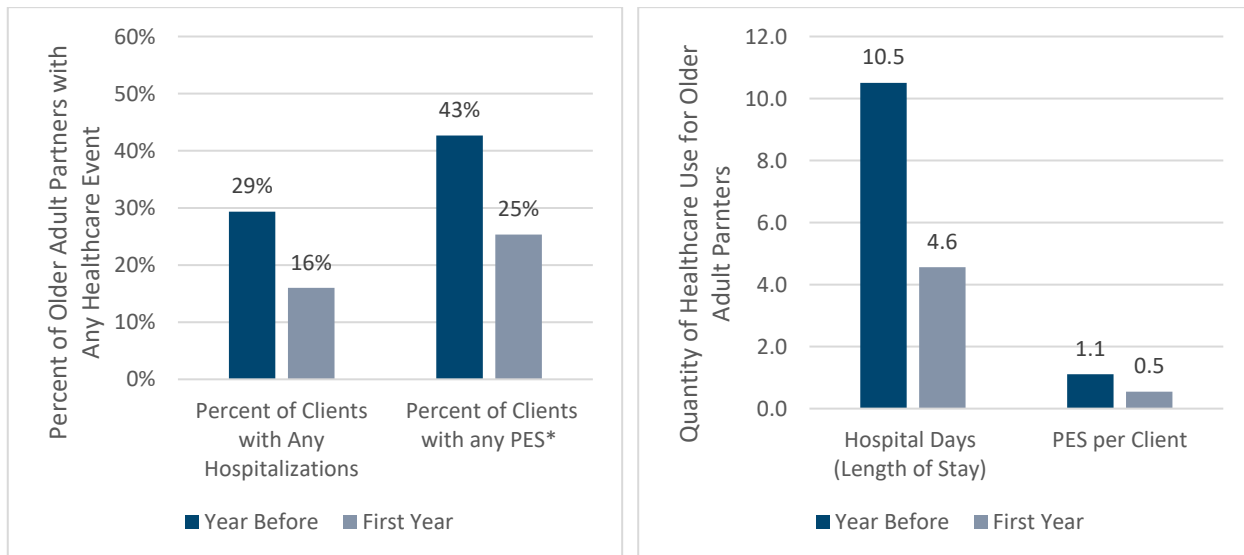
statistically significant for adults. All but the outcome on mean hospital stay are statistically significant for children. For older adults and TAY, only the outcome on percentage of partners with PES is statistically significant.

Exhibit 15. Hospitalization and PES Outcomes for Adult Partners Completing 1 Year With FSP (N = 360)



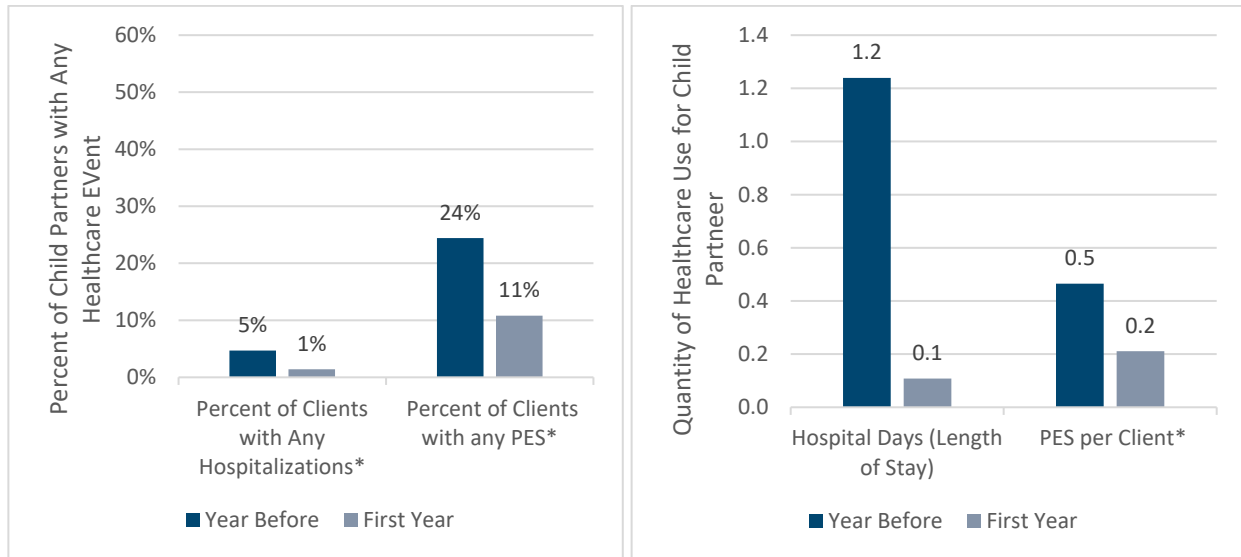
Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Exhibit 16. Hospitalization and PES Outcomes for Older Adult Partners Completing 1 Year With FSP (N = 75)



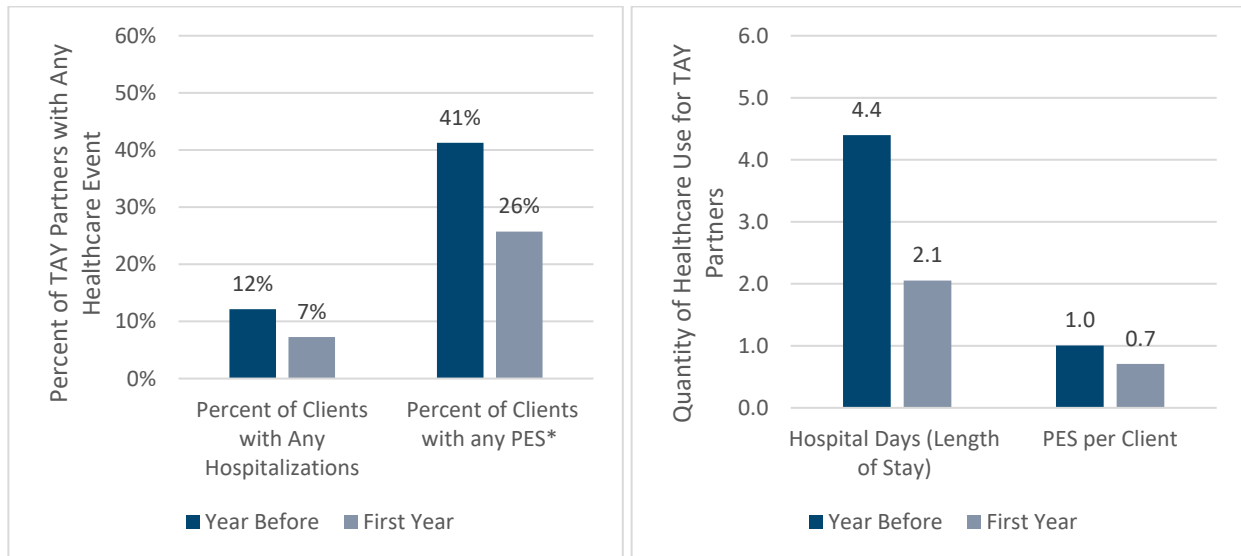
Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Exhibit 17. Hospitalization and PES Outcomes for Child Partners Completing 1 Year With FSP (N = 213)



Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Exhibit 18. Hospitalization and PES Outcomes for TAY Partners Completing 1 Year With FSP (N = 206)



Note. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Health Care Utilization for FSP Partners Over Time

Exhibits 19–22 show the four health care utilization outcomes, including the percentage of partners with any hospitalization, mean hospital days per partner, percentage of partners using any PES, and mean PES event per partner, stratified by enrollment year. As Exhibit 19 shows, the percentage of partners with any hospitalization decreased after joining an FSP program for all enrollment year cohorts.

Exhibit 19. Percentage of Partners With Any Hospitalization by FSP Enrollment Year

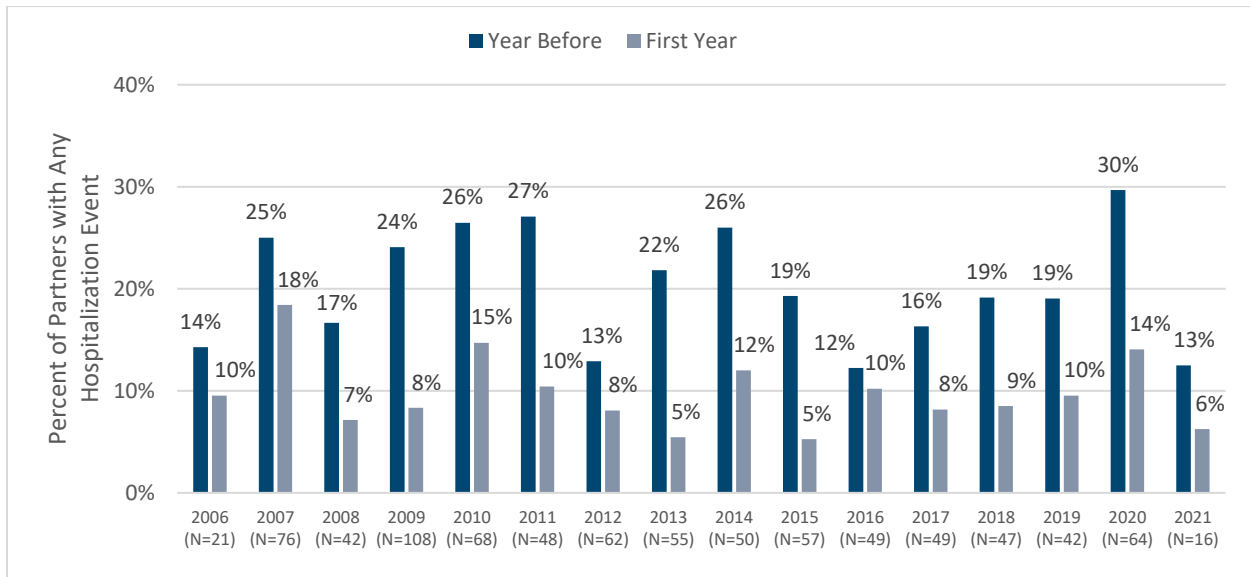


Exhibit 20 displays the mean hospital days per partner by enrollment year. With the exception of the 2006 and 2007 cohorts, all years show a decrease in the average hospital days.

Exhibit 20. Mean Number of Hospital Days by FSP Enrollment Year

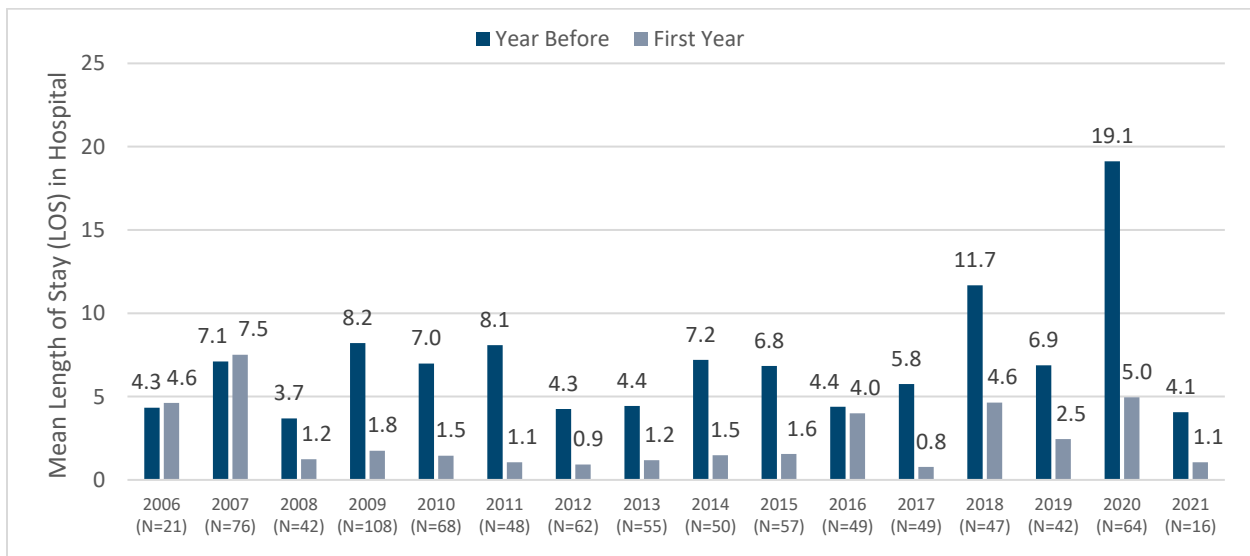


Exhibit 21 displays the percentage of partners with any PES event by the year they began FSP. All cohorts experienced a decline in the likelihood of a PES event.

Exhibit 21. Percentage of Partners With Any PES Event by FSP Enrollment Year

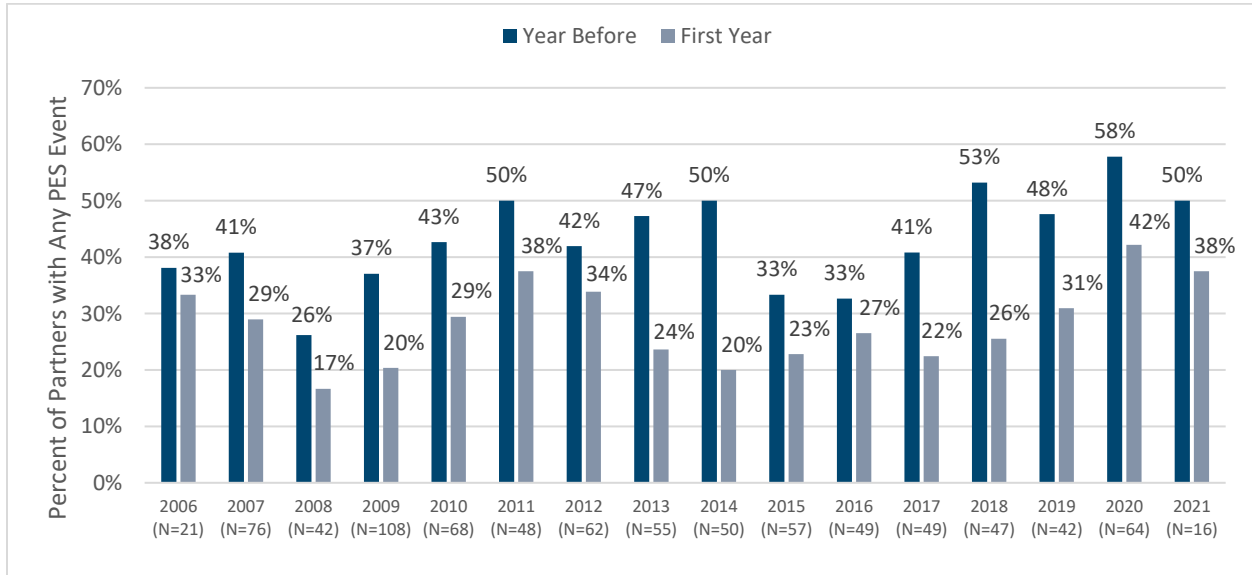
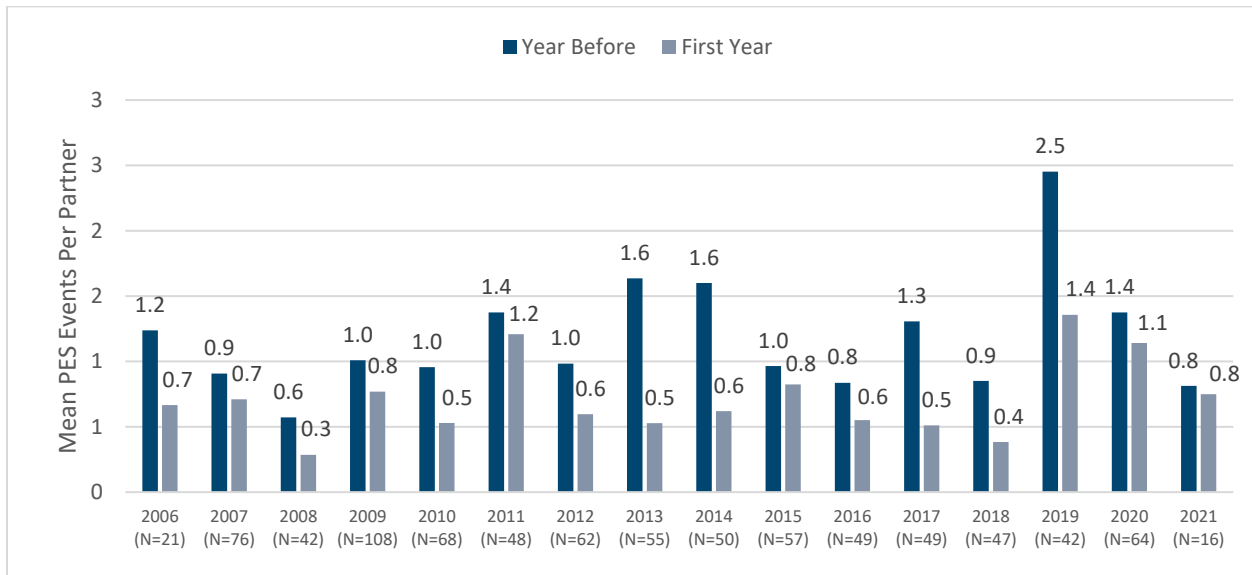


Exhibit 22 displays the mean PES events per partner by FSP enrollment year. All cohorts experienced a reduction in PES events.

Exhibit 22. Mean PES Events by FSP Enrollment Year

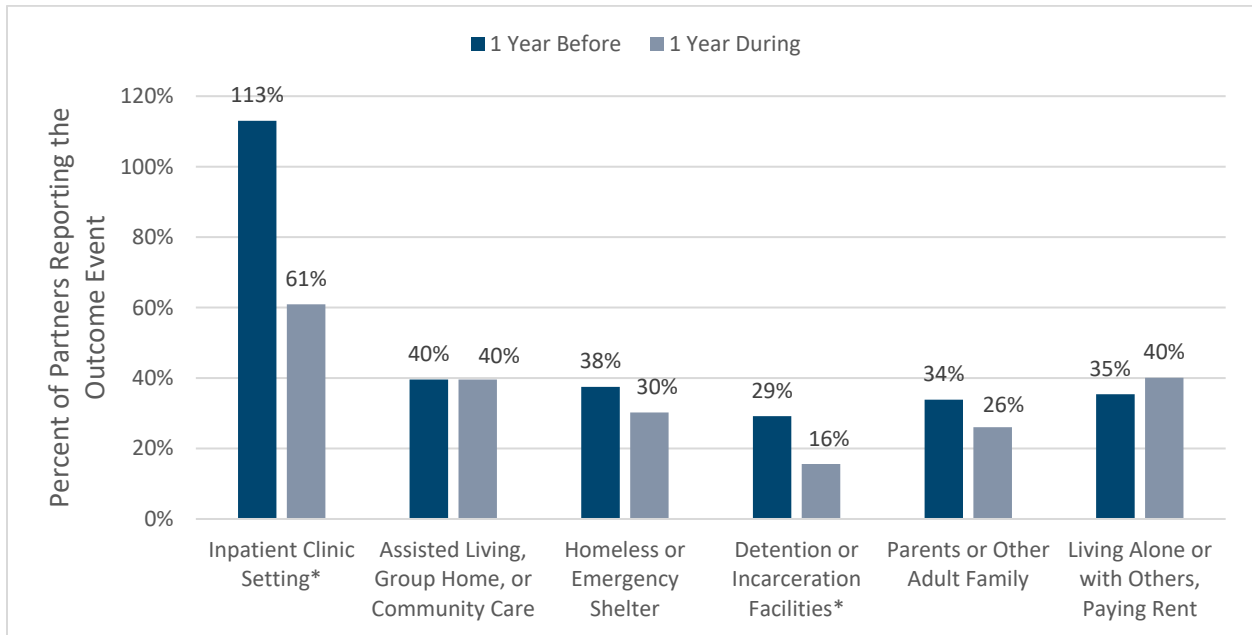


Appendix A. Additional Detail on Residential Outcomes

For residential setting outcomes, by full-service partnership (FSP) provider, we present all the categories of living situations and compare the percentages of any partners spending any time in various residential settings the year prior to FSP and in the first year of FSP participation. There are currently four comprehensive FSP providers in San Mateo County (the County): Edgewood Center and Fred Finch Youth Center (hereafter, Edgewood/Fred Finch), serving children, youth, and transitional age youth, and Caminar and Telecare, serving adults and older adults. A list of all residential settings and how they are categorized is presented in Appendix C with the methodological approach.

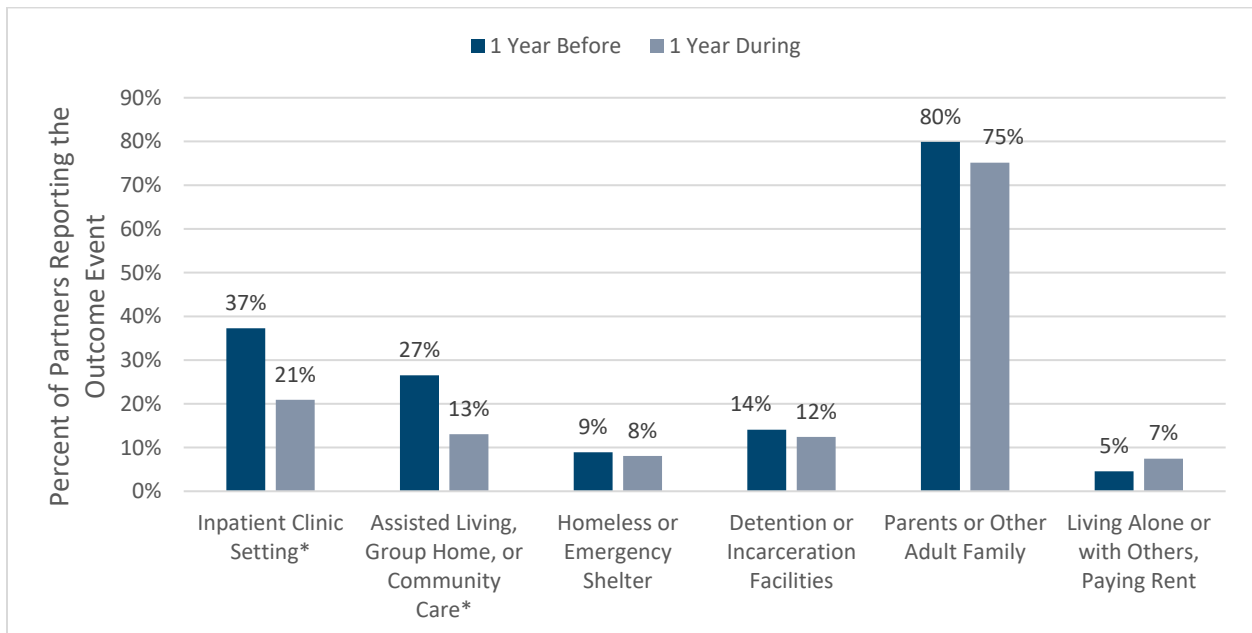
We used self-reported data from Caminar for Exhibit A1, data from Edgewood/Fred Finch for Exhibit A2, and data from Telecare for Exhibit A3. As shown in Exhibits A1–A3, the percentage of clients reporting any time in an inpatient clinic, homeless, incarcerated, or living with parents decreased. In contrast, for the percentage of clients who reported any time living alone or with others/paying rent increased or remained the same. Inconsistency across providers is observed for clients reporting any time in assisted living, group home, or community care environment, where the percentage for Caminar partners remained the same between the two consecutive years, the percentage for Edgewood/Fred Finch partners decreased, and the percentage for Telecare partners slightly increased. Asterisks in the exhibits denote outcomes that are statistically significant.

Exhibit A1. Percentage of Caminar Partners Completing 1 Year in the FSP Program Who Lived in a Residential Setting for Any Time During the Study Period (N = 192)



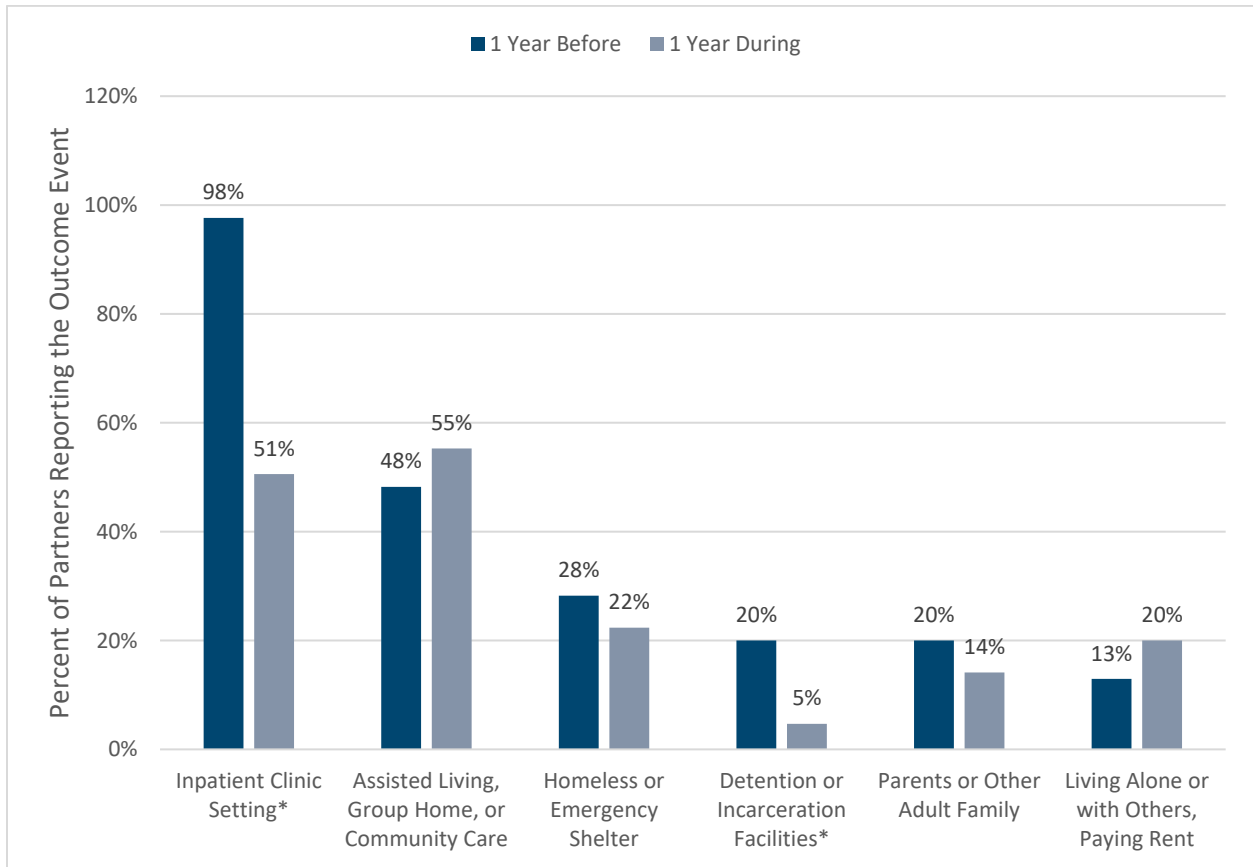
Note. Residential settings are not mutually exclusive, so percentages may exceed 100. An outcome with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Exhibit A2. Percentage of Edgewood/Fred Finch Partners Completing 1 Year in the FSP Program Who Lived in a Residential Settings for Any Time During the Study Period (N = 483)



Note. Residential settings are not mutually exclusive, so percents may exceed 100. An outcome name with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Exhibit A3. Percentage of Telecare Partners Completing 1 Year in the FSP Program Who Lived in a Residential Settings for Any Time During the Study Period (N = 85)



Note. Residential settings are not mutually exclusive, so percentages may exceed 100. An outcome with * indicates that the change in that outcome is significantly different from 0 at 0.05 significance level.

Appendix B. Additional Detail on Outcomes by FSP Providers

This section provides outcomes by each provider.

Exhibits B1–B3 present the percentage of partners with any events the year just prior to full-service partnership (FSP) enrollment and the first year in an FSP, as well as the percent improvement for each FSP provider. Percent improvement is the change in percentage of partners who experienced the named event in the first year of FSP participation relative to the percentage of partners experiencing the event in the year prior to participating in an FSP.

As shown in Exhibit B1, there are improvements comparing the year prior to FSP to the first year during FSP for Caminar on all the available self-reported outcomes. Among these, outcomes on detention or incarceration, arrests, mental, and physical health emergencies are statistically significant.

Exhibit B1. Percentage of Caminar Partners With Outcome Events by Year and Percent Change in Prevalence of Outcome Events (Year Before FSP vs. the First Year of FSP Participation) (N = 192)

Survey outcomes, Caminar	1 year before	Year 1 during	Change (%)
Homelessness	38%	30%	-19%
Detention or incarceration	29%	16%	-46%*
Employment	1%	2%	300%
Arrests	21%	4%	-80%*
Mental health emergencies	72%	28%	-61%*
Physical health emergencies	40%	11%	-71%*
Active substance use disorder	49%	44%	-11%
Substance use disorder treatment	21%	23%	10%

Note. Blue font indicates outcomes that improved. Black font indicates outcomes did not change or changed but the change was not statistically significant. *Indicates a change significantly different from 0 at 0.05 significance level.

Exhibit B2 shows improvement for Edgewood Center and Fred Finch Youth Center (hereafter, Edgewood/Fred Finch) partners in all outcomes except for self-rated academic grade and school attendance. All but the outcomes on homelessness and detention or incarceration are statistically significant.

Exhibit B2. Percentage of Edgewood/Fred Finch Partners With Outcome Events by Year and Percent Change in Prevalence of Outcome Events (Year Before FSP vs. the First Year of FSP Participation) (N = 483)

Survey outcomes, Edgewood/Fred Finch	1 year before	Year 1 during	Change (%)
Homelessness	9%	8%	-9%
Detention or incarceration	14%	12%	-12%
Arrests	20%	6%	-68%*
Mental health emergencies	41%	7%	-82%*
Physical health emergencies	15%	1%	-92%*
Suspension	15%	5%	-63%*
Academic grade	3.31	3.06	-8%*
School attendance	2.28	2.13	-7%*

Note. Blue font indicates outcomes that improved. Red (and bold) font indicates outcomes that worsened. Black font indicates outcomes did not change or changed but the change was not statistically significant. *Indicates a change significantly different from 0 at 0.05 significance level.

As shown in Exhibit B3, there are improvements comparing the year prior to FSP to the first year during FSP for Telecare on four out of eight available self-reported outcomes. Worsened outcomes are observed for mental and physical health emergencies. Fewer partners reported receiving treatment for substance use disorder. However, we also see a decrease in reported active substance use, which may explain the decrease in reported treatment. The percent difference with employment is reported as N/A because the percentage of partners with employment did not change (from 0% to 0%). Thus, the denominator is 0. Outcomes on detention or incarceration, arrests, mental health emergencies, and active substance use disorder are statistically significant.

Exhibit B3. Percentage of Telecare Partners With Outcome Events by Year and Percent Change in Prevalence of Outcome Events (Year before FSP vs. the First Year of FSP Participation) (N = 85)

Survey outcomes, Telecare	1 year before	Year 1 during	Change (%)
Homelessness	28%	22%	-21%
Detention or incarceration	20%	5%	-76%*
Employment	0%	0%	N/A
Arrests	26%	9%	-64%*
Mental health emergencies	19%	36%	94%*
Physical health emergencies	13%	14%	9%
Active substance use disorder	58%	36%	-37%*
Substance use disorder treatment	8%	4%	-57%

Note. Blue font indicates outcomes that improved. Red (and bold) font indicates outcomes that worsened. Black font indicates outcomes did not change or changed but the change was not statistically significant. *Indicates a change significantly different from 0 at 0.05 significance level.

Appendix C. Methods

Methodology for Full-Service Partnership Survey Data Analysis

The full-service partnership (FSP) survey data are collected by providers through discussions with partners and should thus be viewed as self-reported outcomes. Among the providers included in these analyses (Edgewood Center and Fred Finch Youth Center [hereafter, Edgewood/Fred Finch], Caminar, and Telecare), 760 partners completed a Partner Assessment Form (PAF) at intake and completed a full year with FSP since program inception.

In general, three data sets are obtained for this report: one from Caminar, one from Telecare, and one from Edgewood/Fred Finch. All providers provide their data sets in a Microsoft Excel format. In 2018, Telecare changed their data system for the FSP survey in which the data structure and variable names were different from before. Because of data reliability issues, Telecare only provided the data after its data system change—that is, data from December 2018 onward. Therefore, the main analysis of this report includes all Caminar and Edgewood/Fred Finch partners, and a separate analysis is included for Telecare data since December 2018.

Edgewood/Fred Finch serve child partners and transitional age youth (TAY) partners. Caminar and Telecare serve primarily adult and older adult partners, and a small number of older TAY clients. Caminar’s older TAY partners ($N = 55$) are excluded from the TAY-specific self-reported outcomes because Caminar does not reliably complete the ongoing program surveys (i.e., KET, 3M). Exhibit C1 describes the age group of partners completing at least 1 full year of FSP from 2006 to 2022 by provider. For Telecare, these data include December 2018 through June 2022.

Exhibit C1. Summary of Partners’ 1 Full Year of FSP

Age group	Edgewood/ Fred Finch	Caminar	Telecare	Total ^a
Child (ages 16 and younger)	219	—	—	219
TAY (ages 17–25)	264	55	7	326
Adult (ages 26–59)	—	114	55	169
Older Adult (ages 60+)	—	23	23	46
Total	483	192	85	760

^a Telecare partners in the analysis include only those who joined the FSP after December 1, 2018, due to data availability. Telecare partners were not reported in the survey outcomes by age group. A separate analysis was conducted for Telecare partners, it combines all age groups because of small sample size.

A master assessment file with FSP start and end dates and length of FSP tenure was created at the client level. Note that for clients who stopped and then reestablished their FSPs, we only kept the record corresponding with their most recent participation in an FSP (using Global ID), as indicated in the state’s documentation.

Partner type (child, TAY, adult, and older adult) is determined by the partnership assessment form (PAF) data.

- For Caminar and Edgewood/Fred Finch, this was done by selecting records with specific Age Group codes, that is:
 - Caminar: Selected records with Age Group codes of “7” (TAY partner, ages 17 to 25), “4” (adult partner, ages 25 to 59), and “10” (older adult partner, ages 60 and older).
 - Edgewood/Fred Finch: Selected records with Age Group codes of “1” (child partner, ages 16 and younger) and “4” (TAY partner, ages 17 to 25).
 - In both cases, this was confirmed using the data file’s continuous *Age* variable.
- For Telecare data, partners were given an age appropriate PAF. Records with specific *Form Type* codes were retained in the analysis (i.e., Form Types “TAY_PAF”, “Adult_PAF”, and “OA_PAF”).

Partnership date and *end date* were determined as follows: Partnership date was determined using enrollment start date. End date was determined by the reported date of the partnership status change in the Key Event Tracking (KET) form to “discontinued.” For clients still enrolled at the time of data acquisition, we assigned an end date of June 30, 2022.

All data management and analysis were conducted in Stata. All code is available upon request.

Additional details on the methodology for each outcome are presented below.

Residential Setting

1. Residential settings were grouped into categories as described in Exhibit C2.
2. The baseline data were populated using the variable *PastTwelveDays* (Caminar and Edgewood/Fred Finch) or *res_past12m_days_int* (Telecare) collected by the PAF. Individuals without any reported locations were assigned to the “Don’t Know” category.
3. The partner’s first residential status after they joined FSP is determined by the *Current* (Caminar and Edgewood/Fred Finch) or *res_curr_dsr* (Telecare), collected by the PAF. Individuals without any reported current residence were assigned to the “Don’t Know” category. Some individuals had more than one first residence location. In this case, if there was one residence with a later date (as indicated by the variable *DateResidentialChange* [Caminar and Edgewood/Fred Finch] or *main_resident_date* [Telecare]), this residence was considered to be the first residential setting. If the residences were marked with the same date, both were considered as part of the partner’s first year in an FSP.
4. Additional residential settings for the first year were found using the key event tracking (KET) data, inclusive of all residence types listed with a corresponding date of residential change (*DateResidentialChange* [Caminar and Edgewood/Fred Finch] or *main_resident_date* [Telecare]) occurring within 1 year of the FSP partnership start date. If no residential data were captured subsequent to the PAF by a KET, it was assumed that the individual remained in their original residential setting.

Exhibit C2. Residential Setting Categories and Corresponding Classification Values Used to Derive Them

Category	Telecare, Caminar, Edgewood/Fred Finch setting value ^a
With family or parents	
With parents	1
With other family	2
Alone	
Apartment alone or with spouse	3
Single occupancy (must hold lease)	19
Foster home	
Foster home with relative	4
Foster home with nonrelative	5
Homeless or emergency shelter	

Category	Telecare, Caminar, Edgewood/Fred Finch setting value ^a
Emergency shelter	6
Homeless	7
Assisted living, group home, or community care	
Individual placement	20
Assisted living facility	28
Congregate placement	21
Community care	22
Group home (Level 0–11)	11
Group home (Level 12–14)	12
Community treatment	13
Residential treatment	14
Inpatient facility	
Acute medical	8
Psychiatric hospital (other than state)	9
Psychiatric hospital (state)	10
Nursing facility, physical	23
Nursing facility, psychiatric	24
Long-term care	25
Incarcerated	
Juvenile hall	15
Division of Juvenile Justice	16
Jail	27
Prison	26
Other / Don't know	
Don't know	18
Other	17

^a Setting names determined by the following guide:

https://mhdatabpublic.blob.core.windows.net/fsp/DCR%20Data%20Dictionary_2011-09-15.pdf

Employment

Employment outcomes were generated for adults only. Therefore, Edgewood/Fred Finch data were excluded.

1. The baseline data were populated using the PAF data. An individual was considered as having had any employment if there was a nonzero, nonblank value for one of the following variables (note that variable names differ slightly by data set):
 - a. Any competitive employment in the past 12 months (any competitive employment; any competitive employment for any average number of hours per week; any average wage for competitive employment)
 - b. Any other employment in the past 12 months (any other employment; any other employment for any average number of hours per week; any average wage for any other employment)
2. Ongoing employment was populated using any dates of employment change (variable names vary slightly by file) noted in the KET file within the first year of membership in an FSP (as determined by the partnership start date). An employment change was coded if the new employment status code corresponding to the employment change date indicated competitive employment or other employment. If the KET contained no information on employment, the original employment was presumed to sustain throughout FSP membership.

Arrests

1. The baseline arrest data were populated using the variable *ArrestsPast12* (Caminar and Edgewood/Fred Finch) or *lgl_arrest_p12_times* (Telecare) collected by the PAF. If the variable was blank, the partner was assumed to have zero arrests in the year prior to FSP.
2. Ongoing arrests were populated using any dates of arrest (variable names vary slightly by file) noted in the KET file within the first year of membership in FSP (as determined by the partnership date). If the KET contained no information on arrests, the partner was assumed to have had no arrests in the first year in an FSP.

Mental and Physical Health Emergencies

1. The baseline utilization of emergency services was populated using the PAF's variables for mental health emergencies (*MenRelated* [Caminar and Edgewood/Fred Finch] or *emr_mental_p12* [Telecare]) and physical health emergencies (*PhysRelated* [Caminar and Edgewood/Fred Finch] or *emr_physical_p12* [Telecare]), respectively. If either of these fields were blank, the partner was assumed to have had zero emergencies of that type in the year prior to FSP.
2. Ongoing emergencies were populated using the variable indicating the date of emergency (variable names vary slightly by file) in the KET file, as long as the date is within the first year with an FSP as determined by the partnership date. The type of emergency was indicated by *EmergencyType* (Caminar and Edgewood/Fred Finch) or *main_emergency_int_dsr* (Telecare) ("1" = physical; "2" = mental). We assumed that no information on emergencies in the KET indicated that no emergencies had occurred in the first year of an FSP.

Substance Use Disorder

1. Baseline data on substance use disorder were populated using variables in the PAF for active substance use disorder (*ActiveProblem* [Caminar and Edgewood/Fred Finch] or *sub_co_mh_sa_probl_past* [Telecare]) and participation in substance use disorder treatment and recovery services (*AbuseServices* [Caminar and Edgewood/Fred Finch] or *sub_sa_services_now* [Telecare]). If these fields were blank, the partner was assumed to have had no substance use disorder nor received substance use disorder treatment and recovery services in the year prior to FSP.
2. Ongoing substance use disorder data were populated using the 3-month data variables of the same name. Any record of an active substance use disorder or participation in a substance use disorder treatment during the first year of FSP was recorded. If there were no observations in the variables of interest, clients were assumed to have no ongoing substance use disorder or participation in substance use disorder treatment.

Methodology for County EHR Data Analysis

Hospitalization outcomes were derived from electronic health records (EHR) data obtained through the Avatar system. Using EHR data avoids some of the reliability shortcomings of self-reported information but presents several challenges as well. The Avatar system is limited to individuals who obtain emergency care in the San Mateo County (the County) hospital system. Hospitalizations outside of the County, or in private hospitals, are not captured. The hospitalization outcomes include 854 partners who were both (a) included in the County's EHR system and (b) completed 1 full year or more in an FSP program by the June 2022 data

acquisition date. Thus, individuals included in the EHR analysis had to have started with the FSP between July 2006 (the program’s inception) and June 2021.

All data management and analysis were conducted in Stata. Code is available upon request.

To count instances of psychiatric hospitalizations and psychiatric emergency services (PES) admissions, we relied on the Avatar *view_episode_summary_admit* table. Exhibit C3 shows the corresponding program codes. In addition, FSP episodes were identified through the Avatar *episode_history* table.

Exhibit C3. Program Codes Among Clients Ever in an FSP

Program code	Program value
Psychiatric hospitalizations	
410200	ZZ410200 PENINSULA HOSPITAL INPT-MSO I/A
410205	410205 PENINSULA HOSPITAL INPATIENT
410700	410700 SMMC INPATIENT
921005	921005 NONCONTRACT INPATIENT
926605	926605 JOHN MUIR MED. CTR INPT MAN CARE
Psychiatric emergency services	
410702	Z410702 SMMC PES-termed 10/31/14
410703	410703 PRE CONV SMMC PES~INACTIVE
41CZ00	41CZ00 SAN MATEO MEDICAL CENTER - PES

Note. Data represent all utilization from FSP clients for these codes, as pulled from Avatar on October 25, 2022.

Partner type (child, TAY, adult, and older adult) was determined by the partner’s age on the start date of the FSP program, as derived from the *c_date_of_birth* variable from the *view_episode_summary_admit* table and the *FSP_admit_dt* variable from the *episode_history* table.

As we have discussed in the previous year’s report, the distribution of partners by age group is different between the County’s EHR data and the FSP survey data. This is likely because of the different ways age group was determined. For the survey data, AIR determined age group by whether the partner was evaluated using the child, TAY, adult, or older adult FSP survey forms. For the County’s EHR data, AIR assigned individuals to an age group based upon the date they joined FSP and their reported date of birth.

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