

Effect of Full-Service Partnerships on Homelessness, Use and Costs of Mental Health Services, and Quality of Life Among Adults With Serious Mental Illness

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Context: Chronically homeless adults with severe mental illness are heavy users of costly inpatient and emergency psychiatric services. Full-service partnerships (FSPs) provide housing and engage clients in treatment.

Objective: To examine changes in recovery outcomes, mental health service use and costs, and quality of life associated with participation in FSPs.

Design: A quasi-experimental, difference-in-difference design with a propensity score-matched control group was used to compare mental health service use and costs of FSP with public mental health services. Recovery outcomes were compared before and after services use, and quality of life was compared cross-sectionally.

Setting: San Diego County, California, from October 2005 through June 2008.

Participants: Two hundred nine FSP clients and 154 clients receiving public mental health services.

Main Outcome Measures: Recovery outcomes (housing, financial support, and employment), mental health service use (use of outpatient, inpatient, emergency, and

justice system services), and mental health services and housing costs from the perspective of the public mental health system.

Results: Among FSP participants, the mean number of days spent homeless per year declined 129 days from 191 to 62 days; the probability of receiving inpatient, emergency, and justice system services declined by 14, 32, and 17 percentage points, respectively; and outpatient mental health visits increased by 78 visits ($P < .001$ each). Outpatient costs increased by \$9180; inpatient costs declined by \$6882; emergency service costs declined by \$1721; jail mental health services costs declined by \$1641; and housing costs increased by \$3180 ($P < .003$ each). Quality of life was greater among FSP clients than among homeless clients receiving services in outpatient programs.

Conclusions: Participation in an FSP was associated with substantial increases in outpatient services and days spent in housing. Reductions in costs of inpatient/emergency and justice system services offset 82% of the cost of the FSP.

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THE LACK OF SAFE, AFFORDABLE, and integrated housing remains a significant barrier to participation in both treatment and community life for persons with a serious mental illness (SMI).¹ A recent point-in-time estimate indicated that 672 000 persons in the United States were homeless on a single night in January 2007; 58% of the homeless individuals were sheltered and 28% of those who were sheltered had SMI.² Chronically homeless individuals may spend years or even decades living on the streets and in shelters, cycling through emergency departments, inpatient and crisis facilities, jails, and mental health and substance use programs.³ While the multiple service systems used by homeless per-

sons with SMI provide various opportunities for engagement, research has shown that homeless persons with SMI are more likely to engage in a subset of treatment programs that are most responsive to their needs.⁴

Traditional housing placements often involve segregated, congregate (ie, group) settings, and programs typically require individuals to transition from more to less restrictive living situations based on their progress in treatment, including adherence to medication and sobriety.¹ However, this sequential approach to housing and treatment and lack of consumer choice often fails to engage those with the most severe illnesses.¹ Research has shown that people with SMI prefer to live independently in community settings⁵ and that