

# Annual Systemwide ACT Report

Fiscal Year 2022-23



## Making a Difference in the Lives of Adults and Older Adults with Serious Mental Illness

The County of San Diego’s Full Service Partnership (FSP) programs use a “whatever it takes” model to comprehensively address individual and family needs, foster strong connections to community resources, and focus on resilience and recovery to help individuals achieve their mental health treatment goals. Targeted to help clients with the most serious mental health needs, FSP services are intensive, highly individualized, and aim to help clients achieve long-lasting success and independence.

Assertive Community Treatment (ACT) programs, which include services from a team of psychiatrists, nurses, mental health professionals, employment and housing specialists, peer specialists, and substance use specialists, provide medication management, vocational services, substance use disorder services, and other services to help FSP clients sustain the highest level of functioning while remaining in the community. Services are provided to clients in their homes, at their workplace, or in other community settings identified as most beneficial to the individual client. Crisis intervention services are also available to clients 24 hours a day, 7 days a week.

Drawing from multiple data sources, this report presents a system-level overview of service use and recovery-oriented treatment outcomes for those who received FSP services from the 18 ACT programs\* in San Diego County during fiscal year (FY) 2022-23.

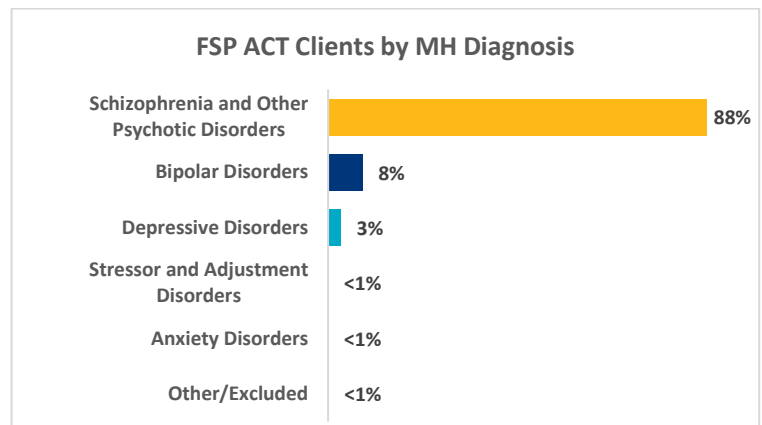
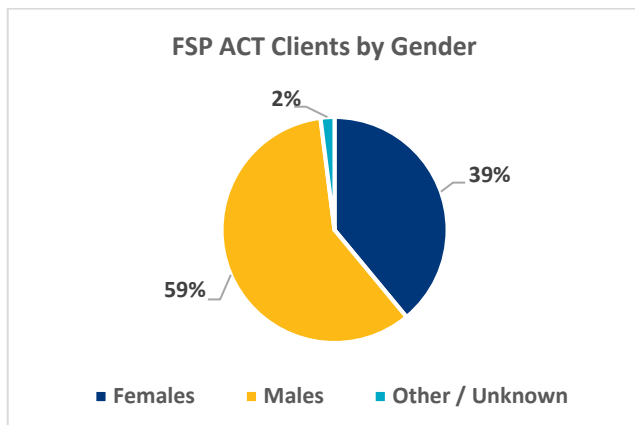
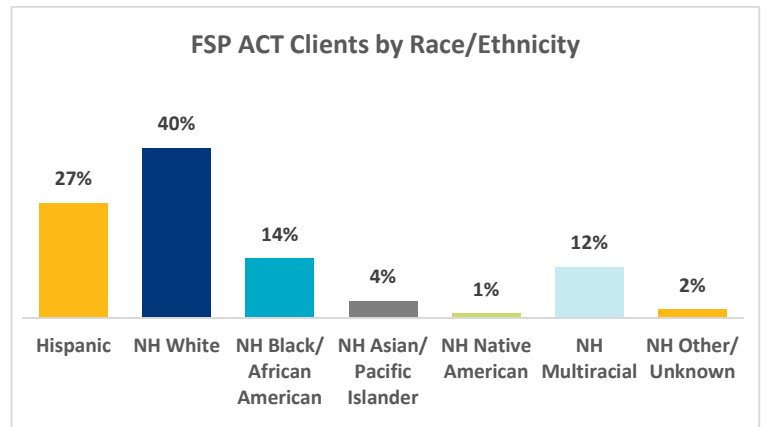
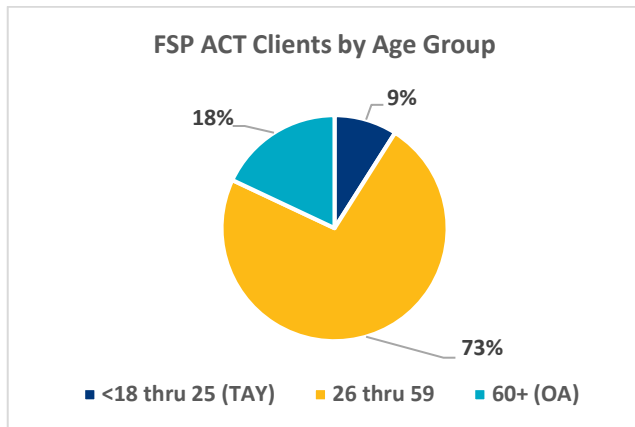
- Demographic data and information about utilization of inpatient and emergency psychiatric services were obtained from the County of San Diego Cerner Community Behavioral Health (CCBH) data system.
- Information related to:
  1. basic needs, such as housing, employment, education, and access to a primary care physician and
  2. emergency service use and placements in restrictive and acute medical settingswere retrieved from the Department of Health Care Services (DHCS) Data Collection and Reporting (DCR) system used by FSP programs across the State of California.
- Recovery outcomes and progress toward recovery were obtained from the County of San Diego’s Mental Health Outcomes Management System (mHOMS).

\*Data from the following programs are included in this report (program name and sub-unit): CRF Downtown IMPACT (3241, 3246), Telecare Gateway to Recovery (3312, 3318), Telecare LTC (3331, 3332), MHS North Star (3361), CRF IMPACT (3401, 3405), MHS Center Star (3411, 3417), CRF Senior IMPACT (3481, 3483, 3484), Telecare MH Collaborative Court (4201, 4205), Telecare Assisted Outpatient Treatment (4211), MHS City Star (4221), MHS Action Central (4242), MHS Action East (4251), Pathways Catalyst (4261), CRF Adelante (4341,4344), MHS North Coastal (4351), Telecare Vida (4401), Telecare La Luz (4421) and Telecare Tesoro (4411).

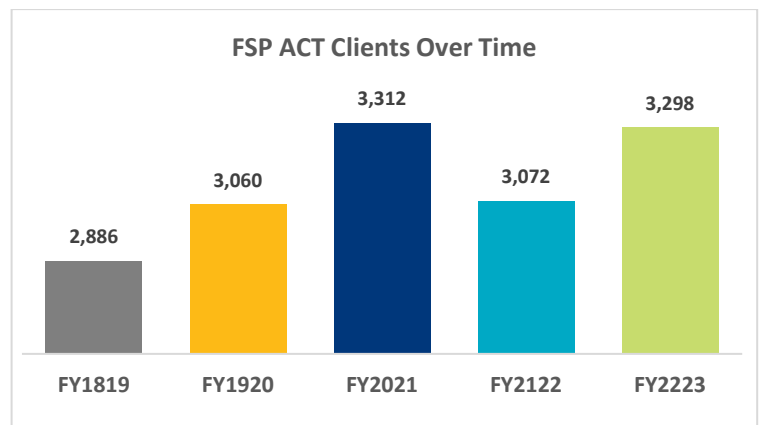
Note: Due to rounding, percentages in this report may not sum to 100%.

## Demographics and Diagnoses

During FY 2022-23, 3,298 FSP clients received services from ACT programs in San Diego County. Of these, most clients were between the ages of 26 and 59 years (73%), a majority were male (59%), and the vast majority had a primary mental health diagnosis of schizophrenia or another psychotic disorder (88%). The next most common primary mental health diagnosis among FSP ACT clients served during the fiscal year was bipolar disorder (8%). In addition to their primary mental health diagnosis, 82% of FSP ACT clients served during FY 2022-23 had a history of substance use disorder. Two-fifths of FSP clients who received services from ACT programs during this period were Non-Hispanic (NH) White (40%), over one-fourth were Hispanic (27%) and nearly one-fifth were NH African American (14%).



In FY 2020-21, there was an 8% increase in FSP clients served by ACT teams each year compared to the number of FSP clients served by ACT programs in FY 2019-20. In FY 2022-23, there was an increase (7%) in the number of FSP clients served by ACT teams compared to FY 2021-22. Overall, the distribution of the key demographics highlighted above among FSP ACT clients served during FY 2022-23 is similar to the demographics of the clients served by these programs during the previous two fiscal years.



## Meeting FSP ACT Clients' Basic Needs\*

### Housing

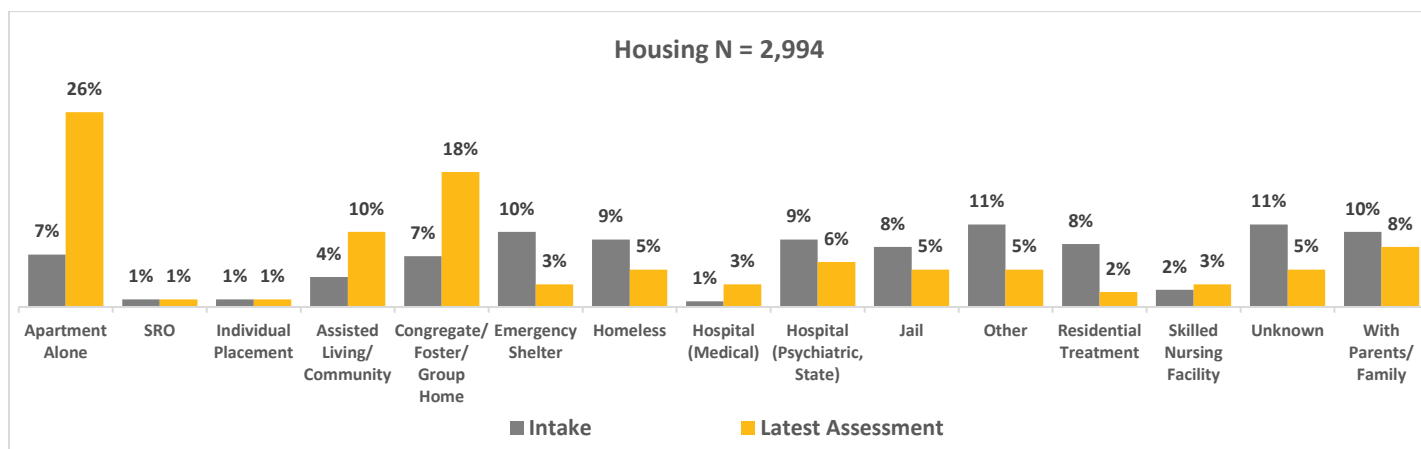
During FY 2022-23, FSP clients served by ACT programs showed progress in several areas of basic needs. Compared to intake, nearly four times as many clients were living in an apartment alone setting at the time of their latest assessment (7% at intake versus 26% at the latest assessment). Similarly, the proportion of clients living in a congregate, foster, or group home setting almost tripled from intake (7%) to the latest assessment (18%), and the proportion of clients living in an assisted living or community setting more than doubled from intake (4%) to the latest assessment (10%).

Notable decreases in the proportion of clients living in specific housing settings were also observed from intake to latest assessment. The proportion of clients housed in an emergency shelter decreased from 10% to 3%, the proportion of clients reporting a psychiatric hospital as

their current living situation decreased from 9% to 6%, and the proportion of homeless clients decreased by nearly half from intake (9%) to latest assessment (5%).

#### Key Findings: Housing

- The proportion of FSP ACT clients living in an apartment alone setting nearly quadrupled from intake (7%) to latest assessment (26%).
- The proportion of clients housed in an emergency shelter decreased from 10% at intake to 3% at the latest assessment.
- The proportion of homeless clients decreased by nearly one-half from intake (9%) to latest assessment (5%).



### Employment

Many FSP clients served by ACT programs are connected to meaningful vocational opportunities as part of their recovery. Depending on individual need, vocational activities can include volunteer work experience, supported employment in sheltered workshops, and/or competitive paid work.

While most clients remained unemployed at the time of the latest assessment (81%), there was a 10% reduction in the number of clients that were unemployed at the latest assessment (2,426 clients) compared to intake (2,682 clients). A notable increase in employment status

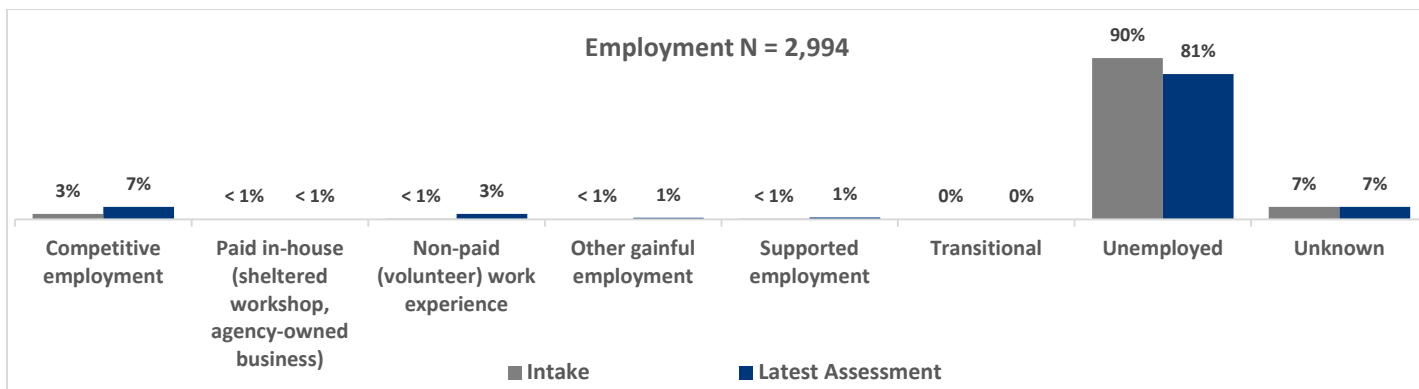
from intake to latest assessment was observed among those working in non-paid (volunteer) settings (3 clients at intake compared to 99 clients at the latest assessment). Additionally, there were nearly three times as many FSP ACT clients employed in competitive settings at the time of the latest assessment (217 clients) compared to the number employed at intake (75 clients). Similarly, there were over three times as many FSP ACT clients working in supported employment settings at the time of the latest assessment (19 clients) compared to intake (6 clients).

\*Basic needs data (housing, employment, education, and report of a primary care physician) were compiled from all FSP ACT clients active at any time during FY 2022-23, as of the 10/2023 DHCS DCR download.

Lastly, while only five clients were employed in another gainful employment setting at intake, 19 clients were employed in this setting at the time of the latest assessment.

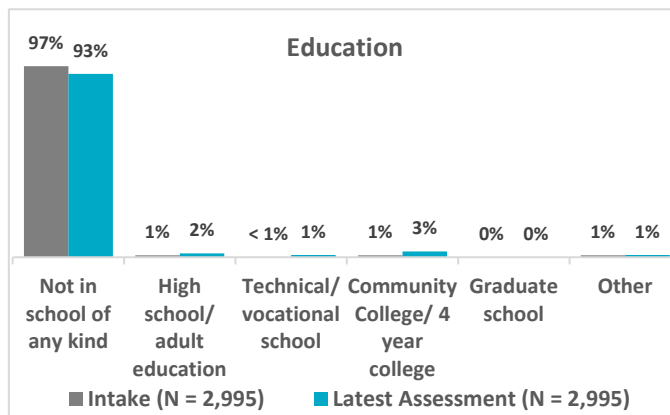
### Key Findings: Employment

- There was a 10% **reduction** in the number of clients that were **unemployed** at the latest assessment compared to intake.
- Compared to intake, there were notable **increases** in the number of clients employed in **non-paid** (volunteer), **competitive**, **supported**, and **other gainful** employment settings.



### Education

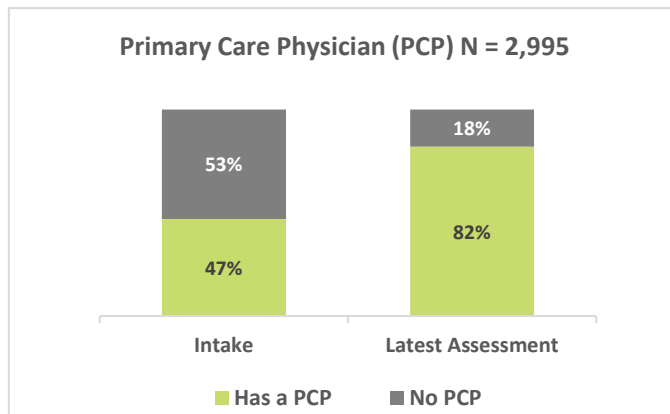
Education is a goal for some FSP clients who receive ACT services, but not all. Of the 2,995 FSP ACT clients with education information available at intake<sup>†</sup>, 82 (3%) were enrolled in an educational setting. At the time of the latest assessment, 189 of the 2,995 FSP ACT clients with educational information available (6%) were enrolled in an educational setting<sup>†</sup>. The largest increases from intake to latest assessment were observed in the proportion of clients enrolled in a community or four-year college (1% at intake versus 3% at the latest assessment for both settings) compared to other types of educational settings.



### Primary Care Physician

Among FSP ACT clients served during FY 2022-23, there was a large increase in the number and proportion of clients who had a primary care physician at the time of the latest assessment compared to intake. Slightly less than half (47%; 1,413 clients) had a primary care physician at intake, while a majority (82%; 2,461 clients) had a primary care physician at the time of their latest assessment.

Overall, changes in basic needs from intake to latest assessment during FY 2022-23 were similar to those observed during previous fiscal years.



<sup>†</sup>Education information was missing for 468 clients at intake, and 410 clients at the time of the latest assessment.

## Changes in Service Use and Setting

### Use of Inpatient and Emergency Services (Pre/Post)<sup>‡</sup>

These programs employ a “whatever it takes” model to help clients avoid the need for emergency services such as Crisis Stabilization (CS), Urgent Outpatient (UO), Psychiatric Emergency Response Team (PERT) services, Mobile Crisis Response Team (MCRT), Crisis Residential (CR), and services provided at the psychiatric hospital. Overall, utilization of these types of services decreased by more than half (51%) from pre to post assessment during FY 2022-23. While utilization of all types of emergency services decreased from pre to post assessment, there was a greater reduction in the number of CR and psychiatric hospital services compared to the other types of emergency services.

Similar to the reduction in overall emergency service utilization, there was a 48% reduction in the number of unique FSP ACT clients who used emergency services from pre to post assessment with the largest reductions observed among clients receiving CR services (79%) and services at the psychiatric hospital (58%). The number of clients who received a PERT service decreased by 47%, the number of clients who received a CS service decreased by 32%, and the number of clients who received a UO service decreased by 54%, respectively, from pre to post assessment.

A reduction in the overall mean number of emergency services per client was also observed from pre to post

assessment (6%). The most notable reduction observed among those receiving services from the psychiatric hospital (17%).

Reductions in utilization of PERT, CR, and psychiatric hospitalization services among FSP ACT clients during FY 2022-23 were similar to reductions in utilization observed among this population during FY 2020-21 and FY 2021-22. MCRT began services right before the beginning of FY 2021-22 resulting in 15 clients being served at pre assessment and 130 clients at post assessment and 30 services being provided at pre assessment and 225 services at post assessment.

#### Key Findings: Use of Inpatient and Emergency Services

- Utilization of **all emergency services, except MCRT decreased** among FSP ACT clients from pre to post assessment.
- The **greatest reductions** in emergency service utilization were observed in the **CR** and **psychiatric hospital** LOCs.
- A **reduction** in the overall **mean number of emergency services per client** was observed from pre to post assessment.

Type of Emergency Service	# OF SERVICES		
	Pre	Post	% Change
CS	939	911	-3%
UO <sup>†</sup>	1,082	446	-59%
PERT	904	450	-50%
MCRT	30	225	650%
Crisis Residential	912	171	-81%
Psychiatric Hospital	2,071	711	-66%
<b>Overall</b>	<b>5,938</b>	<b>2,914</b>	<b>-51%</b>

# OF CLIENTS*		
Pre	Post	% Change
418	283	-32%
493	226	-54%
502	265	-47%
15	130	767%
499	103	-79%
767	319	-58%
<b>1,076</b>	<b>560</b>	<b>-48%</b>

MEAN # OF SERVICES PER CLIENT		
Pre	Post	% Change**
2.25	3.22	43%
2.19	1.97	-10%
1.80	1.70	-6%
2.00	1.73	-13%
1.83	1.66	-9%
2.70	2.23	-17%
<b>5.52</b>	<b>5.20</b>	<b>-6%</b>

\*The overall number of clients at Pre (n=1,076) and Post (n=560) represent unique clients, many of whom used multiple, various services, while some clients did not use any emergency services.

\*\*Percent change is calculated using the pre and post means.

Note: Clients in this analysis (n=1,606) had an enrollment date ≤ 7/1/2022 and discontinued date (if inactive) > 7/1/2022. Data may include individuals discharged from FSP during the fiscal year but who continued to receive services from a different entity.

<sup>†</sup>Formerly Crisis Outpatient (CO)

<sup>‡</sup>Pre-period data encompasses the 12-months prior to each client’s FSP enrollment and are sourced from the 10/2023 CCBH download. The 10/2023 DHCS DCR download was used to identify active clients, and for Post period data.



## Placements in Restrictive and Acute Medical Settings (Pre/Post)<sup>5</sup>

Similar to previous fiscal years, there were overall decreases from pre to post assessment in the number of days spent (65% reduction), and number of FSP ACT clients (58% reduction) residing in the following restrictive settings: jail/prison, state psychiatric hospital, and long-term care. The largest reductions observed from pre to post assessment were in the number of days clients spent in a state psychiatric hospital (89% reduction) and the number of clients who resided in a state psychiatric hospital (81% reduction). Notable reductions were also observed in the number of days (67% reduction) and the number of clients (56% reduction) residing in long-term care settings from pre to post assessment.

The residential status of individuals receiving FSP services is changed to “Acute Medical Hospital” when admission to a medical hospital setting occurs for a physical health reason such as surgery, pregnancy/birth, cancer, or another illness requiring hospital-based medical care. Data pertaining to placements in acute medical care settings are reported separately in the table below. Compared to pre assessment, there was an increase over five times (412%) in the number of days FSP ACT clients spent in an acute medical hospital setting, and a 49% increase in the number of FSP ACT clients in an acute medical hospital setting at post assessment. It is possible that this increase may be partly facilitated by the ACT programs as FSP ACT clients may have delayed seeking necessary medical care during crises prior to enrollment in an ACT program.

In general, during FY 2022-23 the rates of change between pre and post assessment for each type of restrictive setting mirrored the rates observed for these settings during the previous fiscal year. One change from last fiscal year is that the mean number of days per FSP ACT client in a jail or prison setting increased by only 1% from pre to post during FY 2022-23 but increased by 21% during FY 2021-22 (not shown). Also, to note, is the observed 43% decrease in the mean number of days per client spent in a state psychiatric hospital setting, a trend consistent with the increase observed during FY 2021-22.

### Key Findings: Placements in Restrictive and Acute Medical Settings

- Placements in restrictive settings such as **jail/prison**, the **state psychiatric hospital**, and **long-term care** settings **decreased** among FSP ACT clients from pre to post assessment.
- Placements in **acute medical hospital** settings **increased** among FSP ACT clients from pre to post assessment.
- The mean number of days per client in the **acute medical hospital**, and **jail/prison** settings **increased** from pre to post assessment while the mean number of days per client in **long-term care**, and **state psychiatric hospital** settings **decreased**.

Type of setting	# OF DAYS			# OF CLIENTS*			MEAN # OF DAYS PER CLIENT		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change**
Jail/Prison	46,658	21,016	-55%	410	182	-56%	113.80	115.47	1%
State Hospital	12,248	1,330	-89%	74	14	-81%	165.51	95.00	-43%
Long-Term Care	100,099	32,867	-67%	335	149	-56%	298.80	220.58	-26%
Overall	159,005	55,213	-65%	819	345	-58%	194.15	160.04	-18%
Acute Medical Hospital	4,466	22,881	412%	208	310	49%	21.47	73.81	244%

\*The overall number of clients at Pre (n=819) and Post (n=345) represent unique clients who may have been placed in multiple and/or various types of settings.

\*\*Percent change is calculated using the pre and post means.

<sup>5</sup>Data source: DHCS DCR 10/2022 download; 12-month pre-enrollment DCR data rely on client self-report.

## Measuring Progress Towards Recovery\*\*

### Overall Assessment Means for Assessments 1 and 2

FSP ACT clients' progress toward recovery is measured by two different instruments:

- **Illness Management and Recovery Scale (IMR)** and
- **Recovery Markers Questionnaire (RMQ).**

Clinicians use the IMR scale to rate their clients' progress towards recovery, including the impact of substance use on functioning. The IMR is comprised of 15 individually scored items, and assessment scores can also be reported as an overall score or by three subscale scores:

- Progress towards recovery (**Recovery**),
- Management of symptoms (**Management**), and
- Impairment of functioning through substance use (**Substance**).

Clients can use the 24-item self-rated RMQ tool to rate their own progress towards recovery. Mean IMR and RMQ scores range from 1 to 5, with higher ratings on both assessments' indicative of greater recovery.

The IMR and RMQ scores displayed in the charts to the right compare scores of New FSP ACT clients to those of All FSP ACT clients.

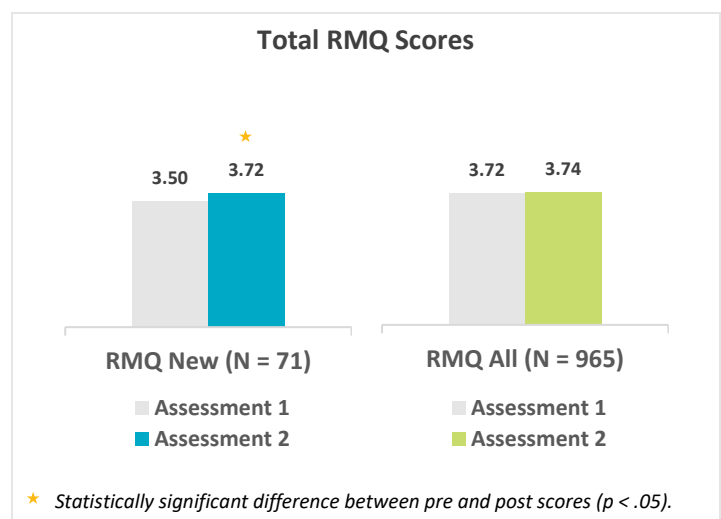
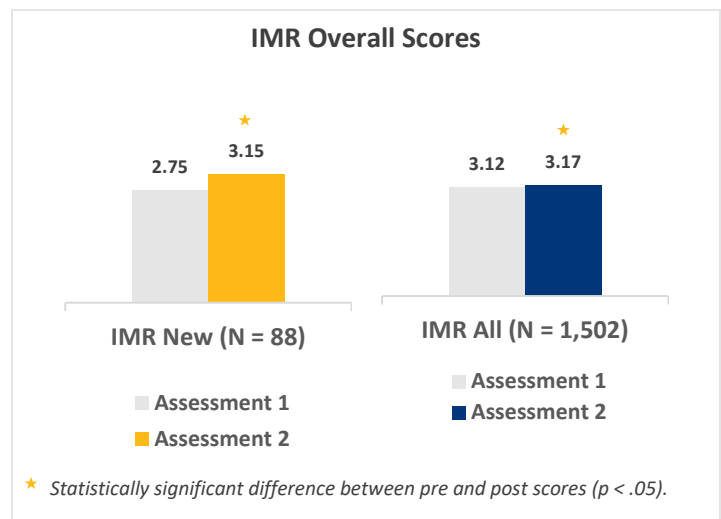
- **New** clients are defined as those who:
  1. began receiving ACT services in 2022 or later,
  2. had two IMR or RMQ assessments during FY 2022-23 (assessments 1 and 2), and
  3. had a first service date within 30 days of their first IMR assessment.
- **All** clients include every FSP ACT client with at least two IMR or RMQ assessments during FY 2022-23 (assessments 1 and 2), regardless of the length of FSP services from ACT programs.

Clients receiving FSP services from ACT programs are generally reassessed on these IMR and RMQ measures every six months to measure progress towards recovery. In general, assessment scores for New clients tend to more directly demonstrate the effect of FSP ACT services on client outcomes because All clients include individuals who may have received services for many years.

As expected, overall IMR and RMQ assessment 1 mean scores for New clients were lower than assessment 1 mean scores for All clients. For both groups overall IMR assessment 2 mean scores were significantly higher than overall IMR assessment 1 mean scores ( $p < .05$ ).

The mean assessment 1 score from All clients was relatively high compared to mean scores among New clients, suggesting that clients enrolled in ACT services for a longer period of time may reach the maintenance phase in their recovery where improvement is no longer expected.

Overall RMQ mean scores were slightly higher at assessment 2, compared to assessment 1 for both New and All clients, but this increase was statistically significant for only New clients. RMQ assessment scores for New and All clients were higher than their IMR scores indicating that both groups of clients rated their progress higher than clinicians.



\*\*Outcomes data are sourced from mHOMS FY 2022-23; Data include all mHOMS entries as of 11/21/2023 for clients who received services in FSP ACT programs, completed an IMR or RMQ assessment 2 during FY 2022-23, and who had paired IMR or RMQ assessments 4 to 8 months apart.

## IMR Subscale Means for Assessments 1 and 2

Changes in mean scores on each of the three IMR subscales from assessment 1 to assessment 2 were also analyzed for each group of clients (New and All). On average, both New and All FSP ACT clients had significantly higher mean Recovery and Management subscale scores ( $p < .05$ ) at assessment 2 than they did at assessment 1. These data suggest that New and All clients made significant progress towards recovery from assessment 1 to assessment 2.

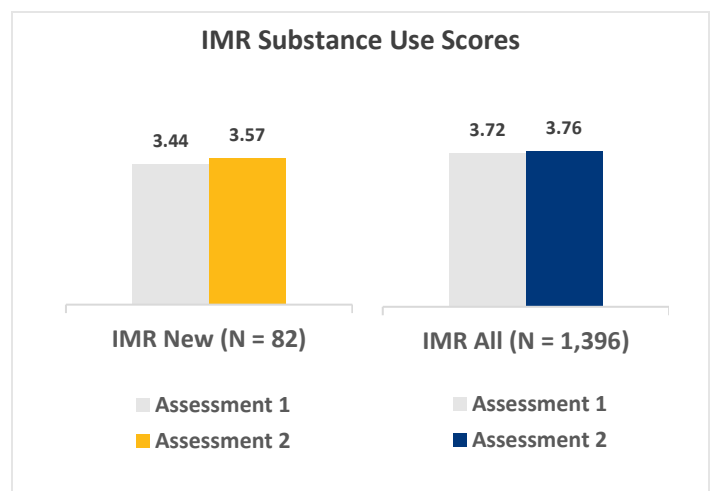
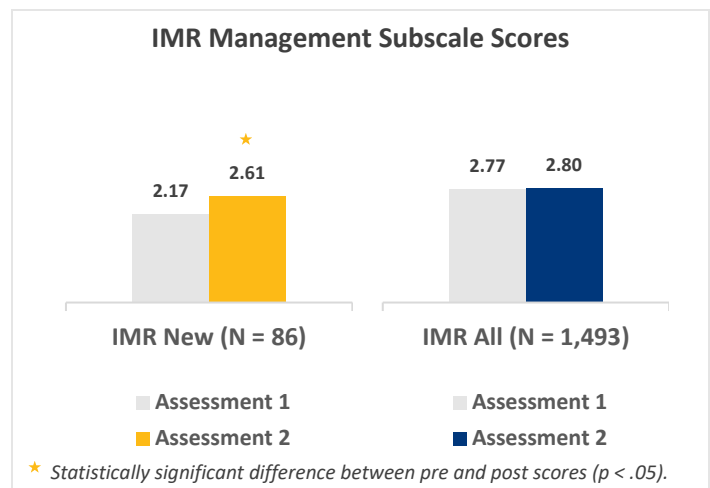
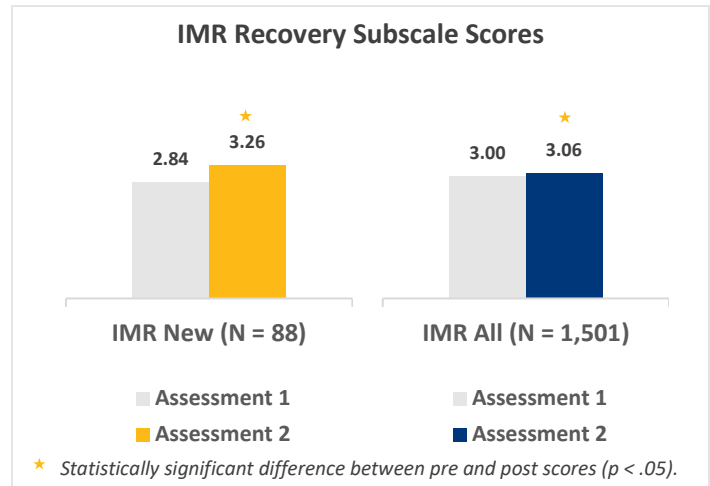
Two questions on the IMR assessment asked clinicians to rate the degree in which alcohol and/or drug use impaired the functioning of their client. Substance Use subscale scores at assessment 1 were high for both New and All clients, suggesting that the majority of FSP ACT clients may experience low or minimal impairment in functioning due to drug or alcohol use as a higher rating is indicative of greater recovery.

New and All FSP ACT clients had slightly higher mean Substance Use scores at assessment 2 compared to assessment 1; however, this difference in mean scores was not statistically significant. These findings suggest

that drug and alcohol use may be a factor in impairment of functioning among new FSP clients but may not be a primary focus of early treatment and may be an area addressed when clients are in services for a while.

### Key Findings: Assessment Outcomes

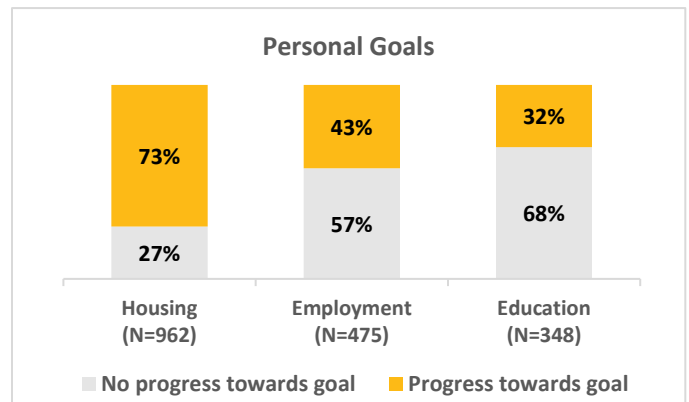
- Mean **Overall IMR** scores were **significantly higher** at the latest assessment compared to the first assessment for **New and All** clients.
- Mean **Recovery and Management** subscale scores were **significantly higher** at the latest assessment compared to the first assessment for both **New and All** clients.
- Mean **Substance Use** subscale scores were **higher** at assessment 2 compared to the assessment 1 for **New and All** clients.
- Mean **Overall RMQ** scores were **significantly higher** at the latest assessment compared to the first assessment for **New** clients
- RMQ ratings suggest that both **New** and **All** clients rated their progress higher than clinicians did.





## Progress Towards Key Treatment Goals

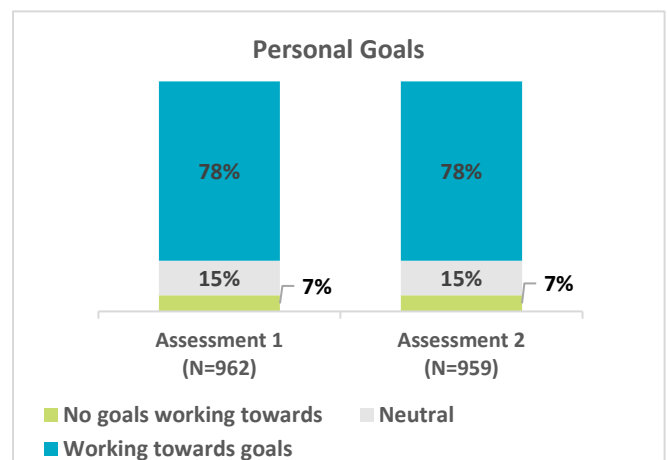
At the time of their follow-up IMR assessments, clinicians also noted client progress towards goals related to housing, education, and employment. Similar to trends observed during FY 2021-22, most FSP ACT clients served during FY 2022-23 with a completed Goal assessment had a goal related to housing (962 clients; 80%) on their treatment plan. Of these clients, clinicians reported that 73% made progress towards their individual housing goal at the time of the latest assessment. Fewer FSP ACT clients had goals related to employment (475 clients; 39%) or education (348 clients; 29%) on their treatment plan, compared to the number with housing related goals. Additionally, over two-fifths of clients with treatment goals related to employment (43%) and less than one-third of clients with goals related to education (32%) made progress towards their goals at the time of the most recent assessment. These results may reflect a



“housing first” approach in that obtainment of stable housing may be a primary focus for most FSP ACT clients, while goals related to employment and education may be secondary and an area of focus after stable housing is obtained.

## Personal Goals

One of the items in the RMQ assessment asks clients if they have goals which they are working towards achieving. More than three-quarters of FSP ACT clients at assessment 1 and assessment 2 (78%) agreed or strongly agreed that they had a goal (or goals) they were working towards. At assessment 1 and assessment 2, 15% of clients reported they were “neutral” about working towards goals. There were 63 FSP ACT clients (7%) disagreed or strongly disagreed with the statement that they were working towards achieving goals at the time of the latest assessment. Responses to this RMQ item were unavailable for three clients at assessments 1 and six clients at assessment 2 and the chart to the right exclude these clients from percentage calculations.



## Level of Care

Completed by clinicians, the Level of Care Utilization System (LOCUS) is a short assessment of a client’s current level of care needs and provides a system for assessment of service need for adults. The LOCUS is based on the following six evaluation parameters:

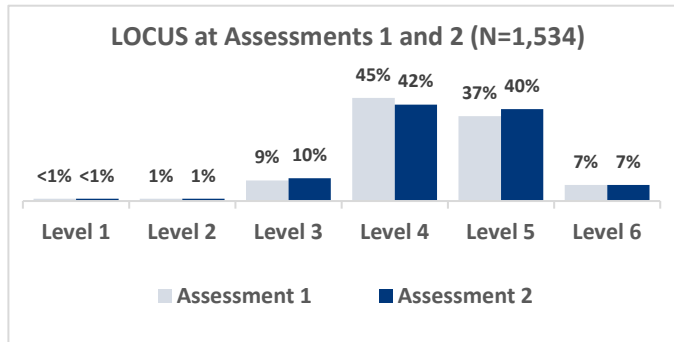
1. risk of harm,
2. functional status,
3. medical, addictive, and psychiatric co-morbidity,
4. recovery environment,
5. treatment and recovery history, and
6. engagement and recovery status.

In the LOCUS, levels of care are viewed as levels of resource intensity. Lower numbered levels correspond with lower intensity resources and services.

## LOCUS Resource Levels

	Level of Care Description
<b>Level 1</b>	Recovery maintenance and health maintenance
<b>Level 2</b>	Low intensity community-based services
<b>Level 3</b>	High intensity community-based services
<b>Level 4</b>	Medically monitored non-residential services
<b>Level 5</b>	Medically monitored residential services
<b>Level 6</b>	Medically managed residential services

Similar to LOCUS results from previous fiscal years, the greatest proportion of FSP ACT clients were recommended for medically monitored non-residential services (Level 4) and medically monitored residential services (Level 5) by clinicians at both assessments. A reduction in the proportion of clients recommended for medically monitored non-residential services (Level 4) was observed from assessment 1 to assessment 2, and an increase in proportion of clients recommended for medically monitored residential services (Level 5) was observed between assessments.



Note: Percentages are rounded.

## Conclusion

With the addition of several new FSP ACT programs within the San Diego County Behavioral Health System of Care during the past few years, there has been increased interest in learning more about the impact of these programs on clients' service use and outcomes. The FSP ACT model aims to serve homeless clients with severe mental illness, as evidenced by the vast majority of clients served during FY 2022-23 with 1) a housing-related goal (80%), 2) a diagnosis of schizophrenia or psychotic disorder (88%), or 3) a recommendation for medically monitored or managed treatment services (LOCUS Levels 4 through 6; 89% at intake).

Similar to trends reported from previous fiscal years, FSP ACT clients served during FY 2022-23 showed progress in the following areas of basic needs: housing, employment, and having a primary care physician. Notably, the proportion of clients living in an apartment only setting nearly quadrupled from intake (7%) to latest assessment (24%), the proportion housed in an emergency shelter decreased from 10% at intake to 3% at the latest assessment, and the proportion of homeless clients decreased from 9% at intake to 5% at the latest assessment. There was also an 8% reduction in the number of clients unemployed at the latest assessment compared to intake and an 35% increase in the number of

## Key Findings: Goals and LOCUS

- **Majority** of FSP ACT clients (80%) had a **housing related goal** on their treatment plan.
- Of the clients with a housing goal on their treatment plan, a **majority** (73%) **made progress** towards that goal by assessment 2.
- **Most** clients (78%) agreed or strongly agreed that they were **working towards a treatment goal** at assessment 2.
- Clients were most likely to be recommended for a **Level 4** or **Level 5** treatment setting at both times points.
- A **reduction** in the proportion of clients recommended for medically monitored non-residential services (**Level 4**) was observed from assessment 1 to assessment 2, and an **increase** in proportion of clients recommended for medically monitored residential services (**Level 5**) was observed between assessments.

clients with a primary care physician at the time of the latest assessment, compared to intake.

Additional success of the FSP ACT model is evident from reductions observed in 1) utilization of inpatient and emergency services and 2) placements in restrictive settings among clients. For example, overall, utilization of inpatient and emergency services decreased by 51% compared to utilization rates prior to receipt of services from ACT programs. Similarly, placements in restrictive settings, such as jail/prison, state psychiatric hospital, and long-term care settings, were also reduced from intake to latest assessment, as measured by the number of days FSP ACT clients spent in these settings (65% reduction), and the number of clients housed in these types of settings (58% reduction). Progress towards recovery among FSP ACT clients was also exhibited by 1) significant improvements in clinician-rated IMR scores for New FSP ACT clients and 2) progress towards treatment plan goals for All ACT clients between two assessment time points.

Overall, improvements were observed in several key areas among FSP clients served by ACT programs during FY 2022-23, mirroring improvements observed among this population during previous fiscal years and demonstrating a positive effect of services on the lives of clients served by the ACT programs.