



Annual Systemwide ACT Report

Fiscal Year 2024-25



Making a Difference in the Lives of 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) 2024-25.

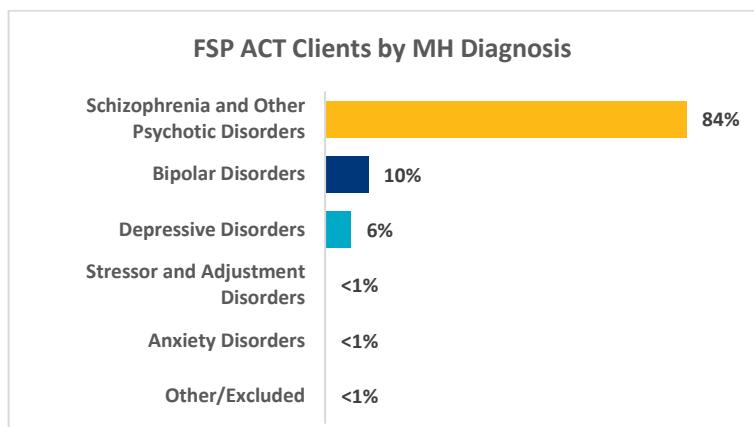
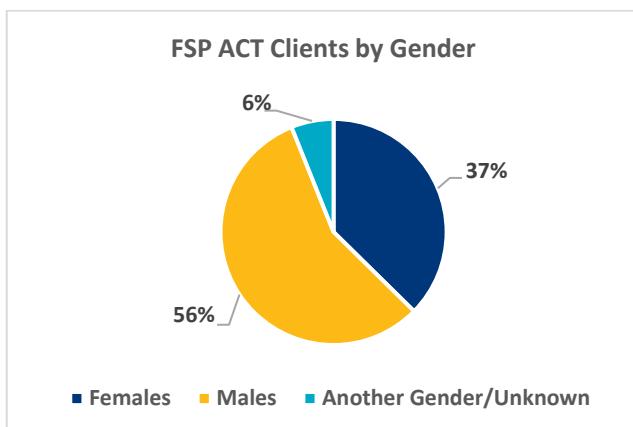
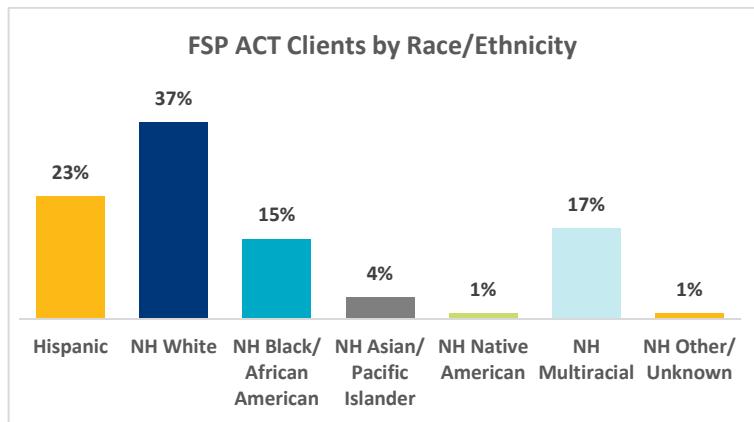
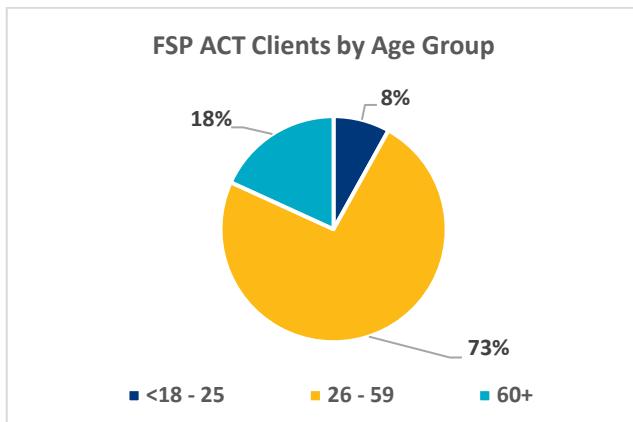
- Demographic data and information about utilization of inpatient and emergency psychiatric services were obtained from the County of San Diego SmartCare data system.
- Information related to:
 1. basic needs, such as housing, employment, education, and access to a primary care physician and
 2. emergency 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 programID): CRF Downtown IMPACT (1000155, 1000156), Telecare Gateway to Recovery (1000161), Telecare Gateway to Recovery (1000162, 1000163), MHS North Star (1000165), CRF IMPACT (1000166, 1000167), MHS Center Star (1000168, 1000169), CRF Senior IMPACT (1000172, 1000173), Telecare Behavioral Health Court (1000207), Telecare Assisted Outpatient Treatment (1000209, 1000210), MHS City Star (1000211, 1000212), MHS Action Central (1000214), MHS Action East (1000215), Pathways Catalyst (1000216, 1000217), CRF Adelante (1000220, 1000221), MHS North Coastal (1000222), Telecare Vida (1000227), Telecare Tesoro (1000229, 1000230), and Telecare La Luz (1000231, 1000232).

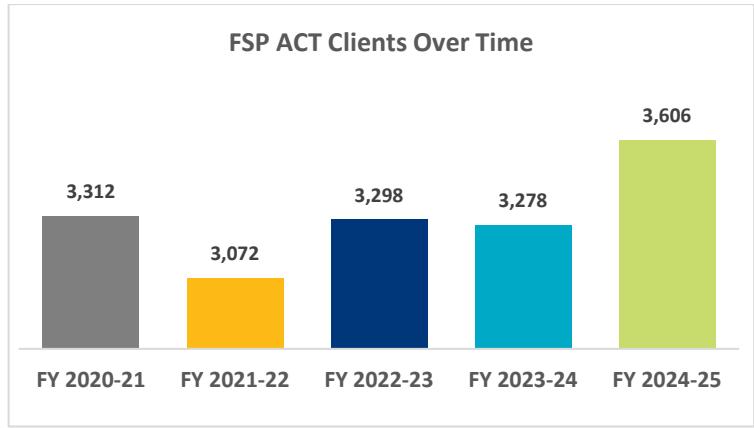
Note: Due to rounding, percentages in this report may not sum to 100%.

Demographics and Diagnoses

During FY 2024-25, 3,606 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 (56%), and the vast majority had a primary mental health diagnosis of schizophrenia or another psychotic disorder (84%). The next most common primary mental health diagnosis among FSP ACT clients served during the fiscal year was bipolar disorder (10%). In addition to their primary mental health diagnosis, 83% of FSP ACT clients served during FY 2024-25 had a history of substance use disorder. Nearly two-fifths of FSP clients who received services from ACT programs during this period were Non-Hispanic (NH) White (37%), nearly one-fourth were Hispanic (23%) and nearly one-fifth were NH Multiracial (17%).



In FY 2024-25, there was a 10% increase in FSP clients served by ACT teams each year compared to the number of FSP clients served by ACT programs in FY 2023-24. In FY 2022-23, there was an increase (7%) in the number of FSP clients served by ACT teams compared to FY 2021-22, then a slight decrease from FY 2022-23 to FY 2023-24. Overall, the distribution of the key demographics highlighted above among FSP ACT clients served during FY 2024-25 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

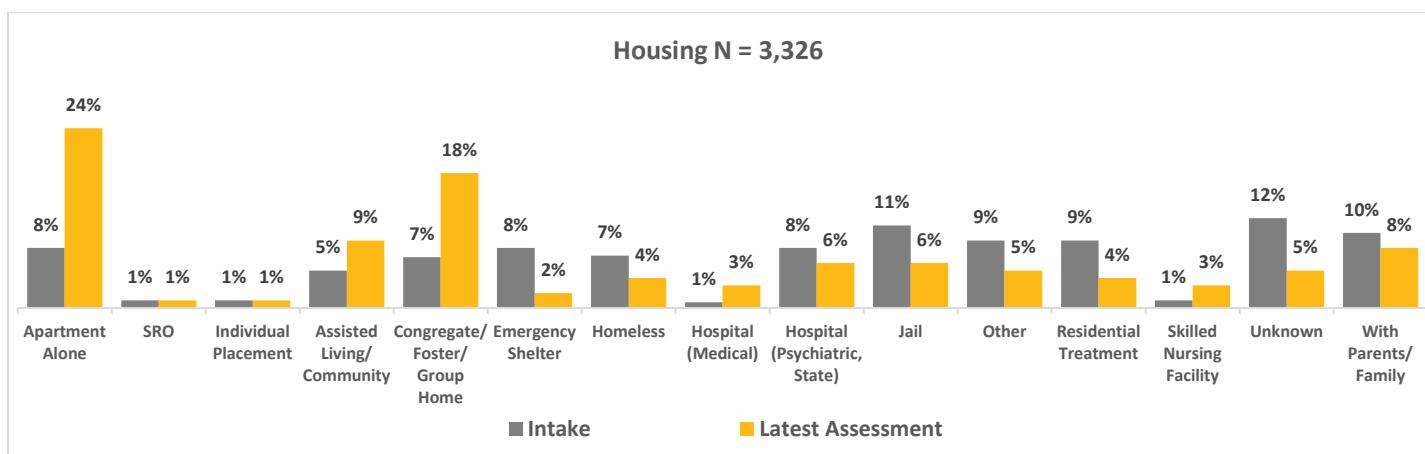
During FY 2024-25, FSP clients served by ACT programs showed progress in several areas of basic needs. Compared to intake, three times as many clients were living in an *apartment alone* setting at the time of their latest assessment (8% at intake versus 24% at the latest assessment). Similarly, the proportion of clients living in a *congregate, foster, or group home* setting more than doubled from intake (7%) to the latest assessment (18%), and the proportion of clients living in an *assisted living or community* setting nearly doubled from intake (5%) to the latest assessment (9%).

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 8% to 2%, the proportion of clients reporting a *psychiatric hospital* as

their current living situation decreased from 8% to 6%, and the proportion of *homeless* clients decreased by nearly half from intake (7%) to latest assessment (4%).

Key Findings: Housing

- The proportion of FSP ACT clients living in an *apartment alone* setting more than tripled from intake (8%) to latest assessment (24%).
- The proportion of **clients** housed in an *emergency shelter* decreased from 8% at intake to 2% at the latest assessment.
- The proportion of *homeless* clients decreased by nearly **one-half** from intake (7%) to latest assessment (4%).



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 (82%), there was an 8% reduction in the number of clients that were *unemployed* at the latest assessment (2,999 clients) compared to intake (2,743 clients). A notable increase in employment status

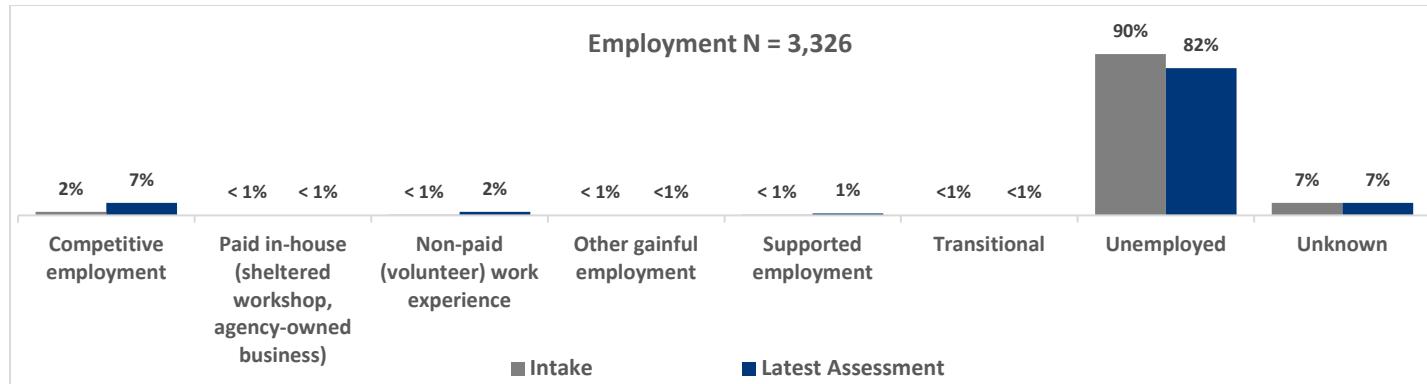
from intake to latest assessment was observed among those working in *non-paid (volunteer)* settings (4 clients at intake compared to 76 clients at the latest assessment). Additionally, there were more than three times as many FSP ACT clients employed in *competitive* settings at the time of the latest assessment (243 clients) compared to the number employed at intake (75 clients). Similarly, there were nearly six times as many FSP ACT clients working in *supported employment* settings at the time of the latest assessment (23 clients) compared to intake (4 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 2024-25, as of the 10/2025 DHCS DCR download.

Lastly, while only two clients were employed in *another gainful employment* setting at intake, 12 clients were employed in this setting at the time of the latest assessment.

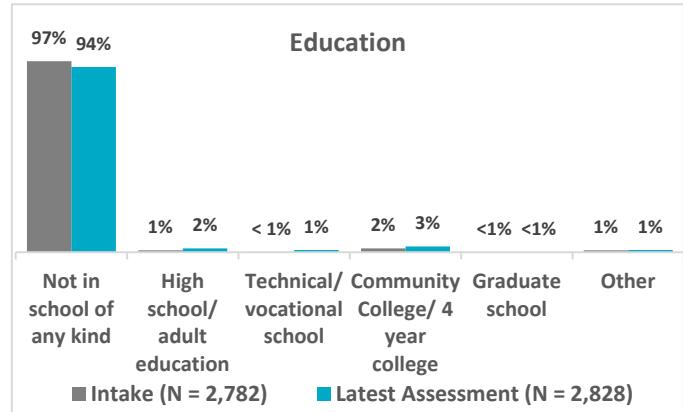
Key Findings: Employment

- There was an 8% **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 2,782 FSP ACT clients with education information available at intake[†], 97 (3%) were enrolled in an educational setting. At the time of the latest assessment, 179 of the 2,828 FSP ACT clients with educational information available (6%) were enrolled in an educational setting[†]. The largest increase from intake to latest assessment was observed in the proportion of clients enrolled in a *community or four-year college* (2% at intake versus 3% at the latest assessment) compared to other types of educational settings.

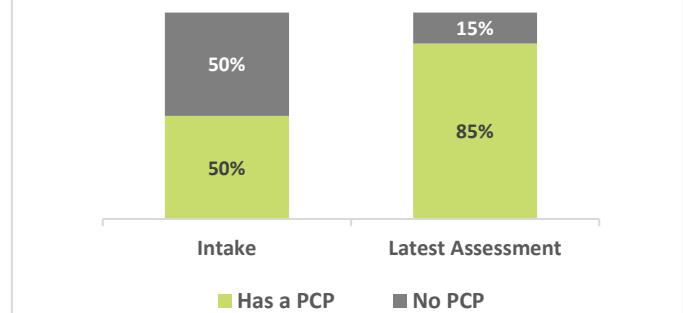


Primary Care Physician

Among FSP ACT clients served during FY 2024-25, 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. Half (50%; 1,648 clients) had a *primary care physician* at intake, while a majority (85%; 2,830 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 2024-25 were similar to those observed during previous fiscal years.

Primary Care Physician (PCP) N = 3,326



[†]Education information was missing for 546 clients at intake, and 500 clients at the time of the latest assessment.

Changes in Service Use and Setting

Use of Inpatient and Emergency Services (Pre/Post)[†]

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 nearly half (46%) from pre to post assessment during FY 2024-25. While utilization of all types of emergency services decreased from pre to post assessment, besides MCRT, there was a greater reduction in the number of UO and CR services compared to the other types of emergency services.

Similar to the reduction in overall emergency service utilization, there was a 43% 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 (66%) and UO services (66%). The number of clients who received a PERT service decreased by 49%, and the number of clients who received a CS service decreased by 42%, 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 (5%). The most notable reduction observed among those receiving UO services (25%).

Reductions in utilization of PERT, CR, and psychiatric hospitalization services among FSP ACT clients during FY 2024-25 were similar to reductions in utilization observed among this population during FY 2022-23 and FY 2023-24. MCRT served 167 clients at pre-assessment and 274 clients at post assessment and 376 services being provided at pre-assessment and 1,225 services at post assessment. The substantial increases observed for MCRT across service volume, client count, and services per client indicate a meaningful shift that may benefit from further analysis.

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 **UO and CR** 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	1,911	963	-50%
UO [†]	1,495	380	-75%
PERT	1,029	628	-39%
MCRT	376	1,225	226%
Crisis Residential	1,067	338	-68%
Psychiatric Hospital	2,380	955	-60%
Overall	8,258	4,489	-46%

Type of Emergency Service	# OF CLIENTS*		
	Pre	Post	% Change
CS	612	352	-42%
UO [†]	662	223	-66%
PERT	587	300	-49%
MCRT	167	274	64%
Crisis Residential	579	199	-66%
Psychiatric Hospital	891	449	-50%
Overall	1,313	750	-43%

Type of Emergency Service	MEAN # OF SERVICES PER CLIENT		
	Pre	Post	% Change**
CS	3.12	2.74	-12%
UO [†]	2.26	1.70	-25%
PERT	1.75	2.09	19%
MCRT	2.25	4.47	99%
Crisis Residential	1.84	1.70	-8%
Psychiatric Hospital	2.67	2.13	-20%
Overall	6.29	5.99	-5%

*The overall number of clients at Pre (n=1,313) and Post (n=750) 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=1,910) had an enrollment date ≤ 7/1/2024 and discontinued date (if inactive) > 7/1/2024. Data may include individuals discharged from FSP during the fiscal year but who continued to receive services from a different entity.

[†]Formerly Crisis Outpatient (CO)

[†]Pre-period data encompasses the 12-months prior to each client's FSP enrollment and are sourced from the 10/2025 SmartCare download. The 10/2025 DHCS DCR download was used to identify active clients, and for Post period data.

Placements in Restrictive and Acute Medical Settings (Pre/Post)[§]

Similar to previous fiscal years, there were overall decreases from pre to post assessment in the number of days spent (70% reduction), and number of FSP ACT clients (60% 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 (85% reduction) and the number of clients who resided in a state psychiatric hospital (49% reduction). Notable reductions were also observed in the number of days (74% reduction) and the number of clients (64% 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 nearly four times (364%) 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 2024-25 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 to note, is the observed 71% decrease in the mean number of days per client spent in a state psychiatric hospital setting.

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** settings **increased** from pre to post assessment while the mean number of days per client in **jail/prison**, **long-term care**, and **state psychiatric hospital** settings **decreased**.

Type of setting	# OF DAYS		
	Pre	Post	% Change
Jail/Prison	64,607	24,682	-62%
State Hospital	9,317	1,391	-85%
Long-Term Care	91,442	23,587	-74%
Overall	165,366	49,660	-70%

# OF CLIENTS*		
Pre	Post	% Change
506	203	-60%
69	35	-49%
305	111	-64%
880	349	-60%

MEAN # OF DAYS PER CLIENT		
Pre	Post	% Change**
127.68	121.59	-5%
135.03	39.74	-71%
299.81	212.50	-29%
187.92	142.29	-24%

Acute Medical Hospital	5,625	26,097	364%
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242	361	49%
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23.24	72.29	211%
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*The overall number of clients at Pre (n=831) and Post (n=334) 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.

[§]Data source: DHCS DCR 10/2025 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*.

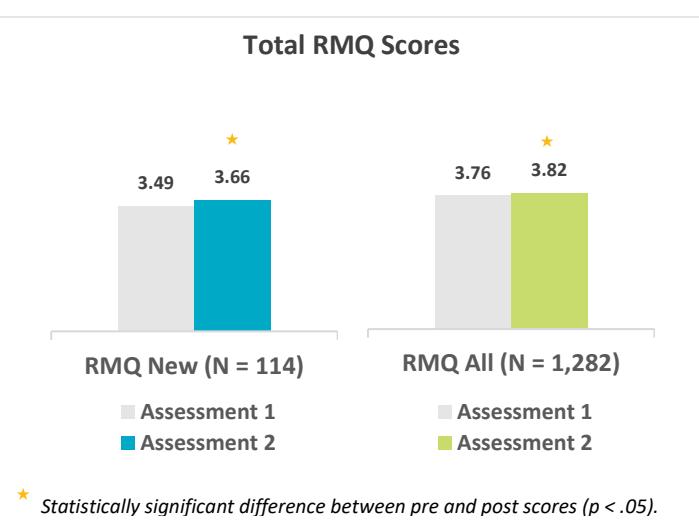
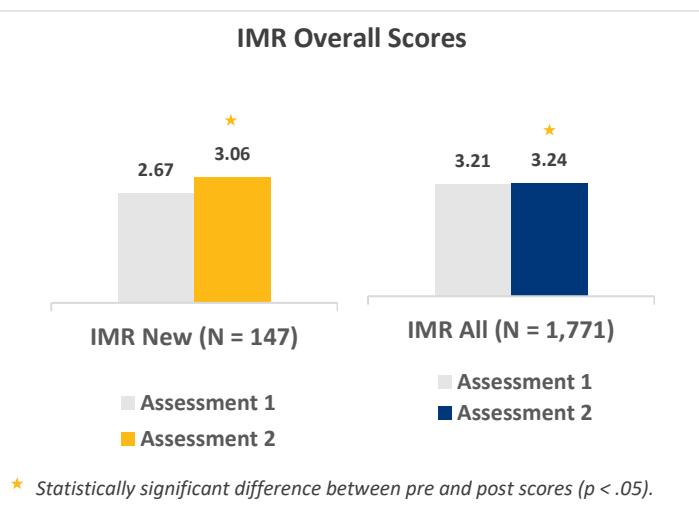
- **New clients** are defined as those who:
 1. began receiving ACT services in 2024 or later,
 2. had two IMR or RMQ assessments during FY 2024-25 (assessments 1 and 2), and
 3. had a first service date within 30 days of their first IMR assessment.
- **All clients** include every FSP ACT client with at least two IMR or RMQ assessments during FY 2024-25 (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 the 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 statistically significantly higher at assessment 2, compared to assessment 1, for both *New* and *All 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 2024-25; Data include all mHOMS entries as of 11/18/2025 for clients who received services in FSP ACT programs, completed an IMR or RMQ assessment 2 during FY 2024-25, 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 subscale scores ($p < .05$) at assessment 2 than they did at assessment 1. Also, *New FSP ACT clients* had significantly higher mean 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.

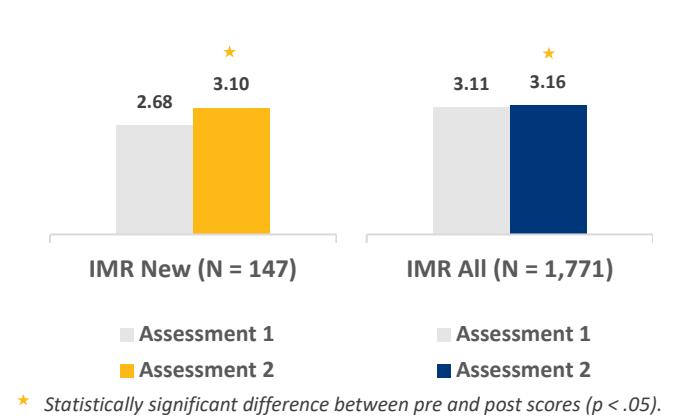
New and *All FSP ACT clients* had slightly higher mean Substance Use scores at assessment 2 compared to assessment 1; however, this difference in mean scores was not statistically significant for *All clients*.

Key Findings: Assessment Outcomes

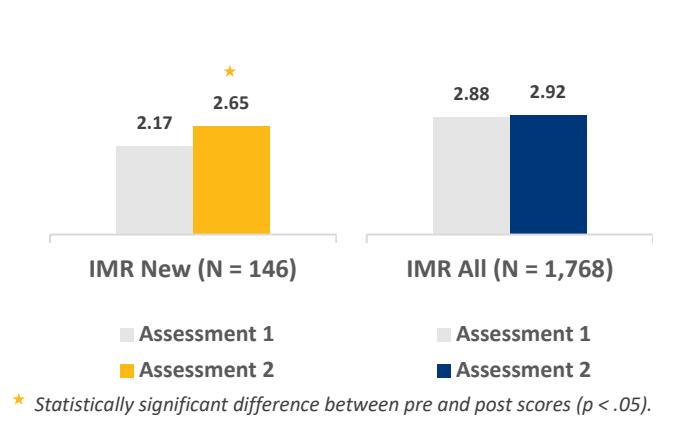
- Mean Overall IMR scores were **significantly higher** at the latest assessment compared to the first assessment for *New* and *All clients*.
- Mean Recovery subscale scores were **significantly higher** at the latest assessment compared to the first assessment for both *New* and *All clients*.
- Mean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

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 have been established in services.

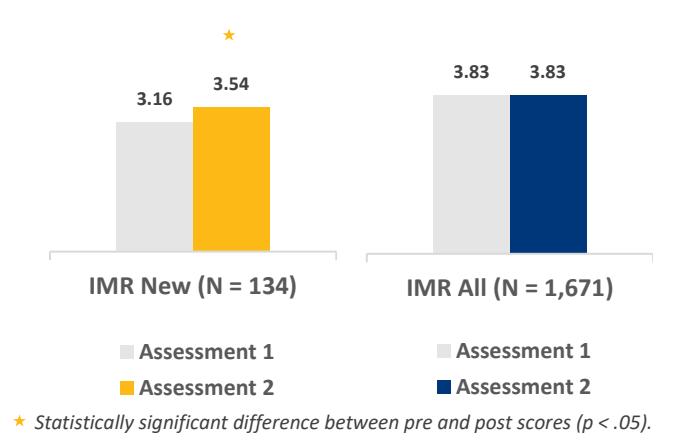
IMR Recovery Subscale Scores



IMR Management Subscale Scores



IMR Substance Use Scores



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 2023-24, most FSP ACT clients served during FY 2024-25 with a completed Goal assessment had a goal related to *housing* (1,154 clients; 83%) on their treatment plan. Of these clients, clinicians reported that 78% made progress towards their individual *housing* goal at the time of the latest assessment. Fewer FSP ACT clients had goals related to *employment* (606 clients; 44%) or *education* (400 clients; 29%) on their treatment plan, compared to the number with *housing-related* goals. Additionally, over one-half of clients with treatment goals related to *employment* (51%) and less than two-fifths of clients with goals related to *education* (39%) made progress towards their goals at the time of the most recent assessment. These results may reflect a

Personal Goals

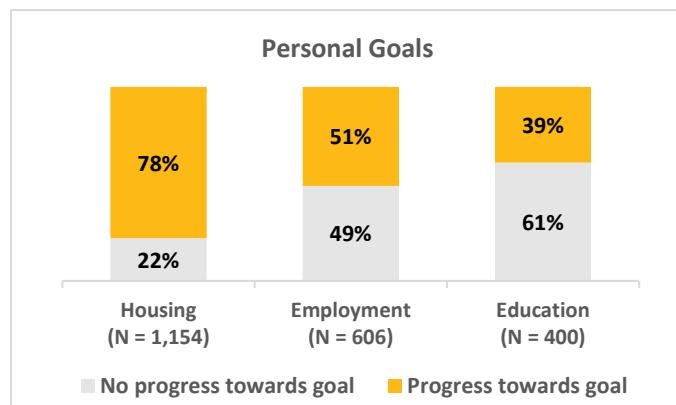
One of the items in the RMQ assessment asks clients if they have goals that they are working towards achieving. More than three-quarters of FSP ACT clients at assessment 1 (79%) and assessment 2 (80%) agreed or strongly agreed that they had a goal (or goals) they were working towards. At assessment 1 and assessment 2, 14% and 15% of clients reported they were “neutral” about working towards goals. There were 61 FSP ACT clients (5%) who 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 six clients at assessments 1 and four clients at assessment 2 and the chart to the right exclude these clients from percentage calculations.

Level of Care

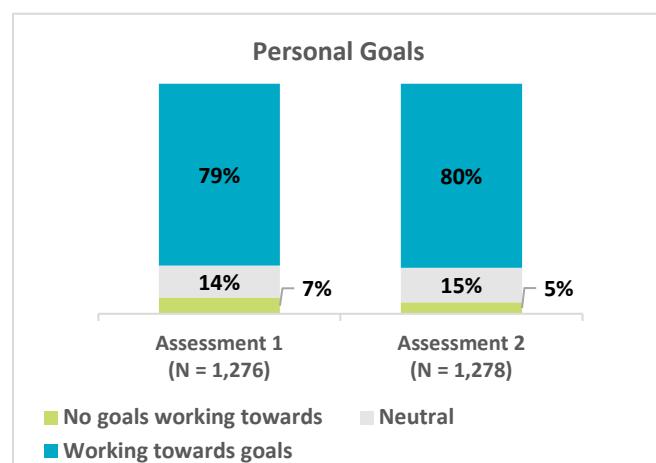
Completed by clinicians, the Level of Care Utilization System (LOCUS) is a short assessment of a client’s current level of care needs and provides a system for assessment of service need for adults. The LOCUS is based on the following six evaluation parameters:

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.



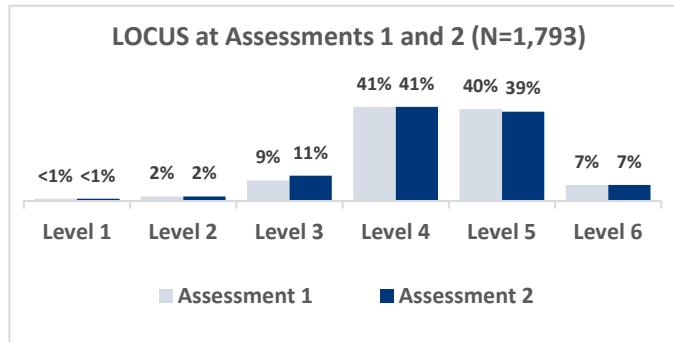
“housing first” approach in that the obtainment of stable housing may be a primary focus for most FSP ACT clients, while goals related to employment and education may be secondary and an area of focus after stable housing is obtained.



LOCUS Resource Levels

Level of Care Description	
Level	Description
Level 1	Recovery maintenance and health maintenance
Level 2	Low intensity community-based services
Level 3	High intensity community-based services
Level 4	Medically monitored non-residential services
Level 5	Medically monitored residential services
Level 6	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. An increase in the proportion of clients recommended for *high intensity community-based services (Level 3)* was observed from assessment 1 to assessment 2, and a reduction in the 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 2024-25 with 1) a *housing-related goal* (78%), 2) a diagnosis of schizophrenia or psychotic disorder (84%), or 3) a recommendation for *medically monitored or managed treatment services* (LOCUS Levels 4 through 6; 88% at intake).

Similar to trends reported from previous fiscal years, FSP ACT clients served during FY 2024-25 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 tripled from intake (8%) to latest assessment (24%), the proportion housed in an *emergency shelter* decreased from 8% at intake to 2% at the latest assessment, and the proportion of *homeless* clients decreased from 7% at intake to 4% 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 (83%) had a ***housing-related goal*** on their treatment plan.
- Of the clients with a ***housing*** goal on their treatment plan, a **majority** (78%) **made progress** towards that goal by assessment 2.
- **Most** clients (80%) 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.
- An **increase** in proportion of clients recommended for high intensity ***community-based services (Level 3)*** was observed from assessment 1 to assessment 2, and a **reduction** in the 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 46% 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 (70% reduction), and the number of clients housed in these types of settings (60% 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 2024-25, 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.