Forensic Assertive Community Treatment Team (FACT)

A bridge back to the community for people with severe mental illness

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Places for People:

Community Alternatives for Hope, Health & Recovery

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The Workshop Overview

- ACT and FACT program
- Preliminary program evaluation
- Consumer perspective
- Questions and comments

Context: What's Important

- What do we hope for/want for our clients?

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- What do we hope for/want for our clients?
- **What do we want for ourselves?**

Context: U.S. Imprisonment Statistics

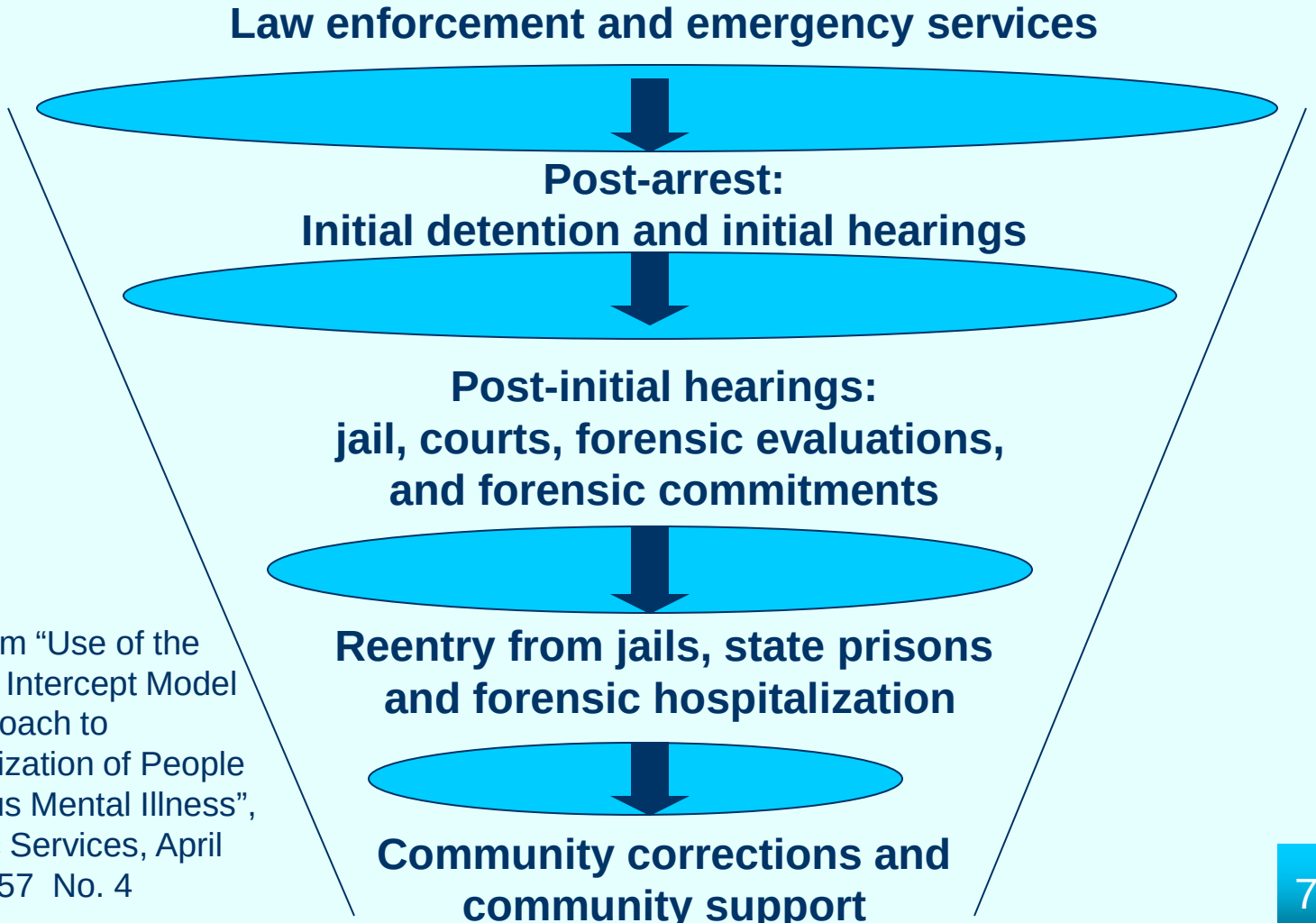
- Highest rate of imprisonment in the world
- 2 or more times greater than 200 of 233 countries
- Quadrupled since 1980
- 6.6% lifetime prevalence rate (est) for people born in 2001

Context: Rate of Mental Illness and Imprisonment

- 3x greater than in general population
- More people with SMI in jails and prisons than in psychiatric hospitals

The Sequential Intercept Model

An accessible mental health system: the ultimate intercept



Replica from "Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness", Psychiatric Services, April 2006, Vol. 57 No. 4

Overview of ACT

- An evidence-based practice (EBP) for adults with severe and persistent mental illness
- A team-based approach to providing treatment, rehabilitation, and support within the community
- Focus is on working collaboratively with consumers to address their full range of needs

A Brief History of ACT

- Late 1960's at Mendota Mental Health Institute in Madison, WI
- Stein & Test (1980):
  - Many who were discharged were readmitted later
  - Transferred intensity & support of an inpatient setting into community & directly provided mix of services
  - Positive client outcomes
- ACT now provided in 41 states

ACT Service Principles

(Morse & McKasson, 2005)

- Transdisciplinary team
- Team approach/ shared caseload
- Specific admission criteria: targeted clients
- Primary provider of services
- Comprehensive care
- Intensive services
- Services provided in-vivo
- Individualized services
- Assertiveness & flexibility
- Open-ended service
- Person-centered
- Recovery-oriented
- Work with natural supports

ACT Team Interdisciplinary Staffing – MO Standards

	Serving 50 people	**Serving 100 people**
Psychiatrist (or PNP or CNS)	16 hours/week	32 hours/week
Team Leader (50% clinical)	1.0 FTE	1.0 FTE
RN	1.0 FTE	2.0 FTE
Substance Abuse Specialist	1.0 FTE	2.0 FTE
Vocational Specialist	1.0 FTE	2.0 FTE
Consumer/Peer Specialist	1.0 FTE	1.0 FTE
Other Staffing	TBD	TBD

ACT Service Activities

- Treatments
  - Engagement and relationship development
  - Medication management
  - Individual supportive therapy*
  - Crisis intervention
  - Integrated substance abuse treatment*
  - Peer-based interventions
  - Family services
  - Health care services
- Rehabilitation services
  - Teaching and reinforcing skills for:
    - Activities of daily living*
    - Social relations*
    - Use of leisure time*
    - Employment
- Support and direct assistance
  - Medication adherence*
  - Casework assistance
  - Advocacy
  - Transportation
  - Hospitalization assistance and consultations
  - ADL assistance

Does ACT work?

ACT has been widely studied

- Most widely researched psychosocial treatment
- Over 50 published empirical studies -- at least 25 are RCTs
- Several reviews and meta-analyses of ACT research
- All indicate some degree of improved community functioning for ACT clients

What the data say across studies

- ACT's most robust outcomes:
  - Decreased hospital use
  - More independent living & housing stability
  - Retention in treatment
  - Consumer and family satisfaction

- Moderate outcomes:
  - Reduced psychiatric symptoms
  - Improved quality of life

More limited evidence in these areas

- Vocational improvement/employment
- Social adjustment/functioning
- Substance use
- Criminal justice system involvement

Cost-effectiveness of ACT

- Original ACT study
  - Small economic advantage over hospital-based care (Weisbrod, Test, & Stein, 1980)
  - Wolff, Helminiak, Morse, et al., 1997)

- Latimer (1999) reviewed 34 ACT programs and found that ACT is cost-effective when:
  - Services are targeted toward persons who are high users of inpatient psychiatric services (>50 hospital days in prior year)
  - It is implemented with high fidelity to the ACT model

FACT Components

- Assertive Community Treatment
- Legal Leverage

From: Lamberti & Weisman

FACT Goals

- To prevent recidivism and promote recovery among patients with *severe mental illness* and *criminal justice involvement*

From: Lamberti & Weisman

Legal Leverage

- The process of using legal authority to promote treatment adherance

From: Lamberti & Weisman

Potential Partners for Legal Leverage

- Mandatory outpatient treatment programs
- Police-based jail diversion programs
- Pre-trial diversion programs
- Mental health courts
- Drug courts
- Probation
- Parole

Sources of Legal Leverage

- Judge
- Police officer
- Probation officer
- Parole officer
- Forensic case monitor
- Forensic review committee

2011 FACT Survey

Psychiatric Services, 62: 418-421, 2011

- 27 FACT teams identified
- Probation is the major point of interface (56%)
- 80% reported a favorable impact on risk of re-arrest

Adapted from Lamberti & Weisman

Other Key Features of FACT

- Risk factor focus
- People served must have both SMI and CJ/legal leverage partner
- Regular communication between FACT and CJ partner
- Clients provide voluntary, written agreement
- Adherence monitoring
- CJ makes clinically informed decisions

A Missouri DMH – Places for People Initiative – Forensic Assertive Community Treatment (FACT)

- Goal: Preventing arrest and incarceration, re-hospitalization, community integration, and recovery
- Potential to utilize supervised residential treatment facilities

Forensic Assertive Community Treatment (cont'd)

- Design
  - Pilot Site: St. Louis
  - Size of Team: 60 to 65 consumers
  - Funding: Presumption of 80% Medicaid Eligibility

Forensic Assertive Community Treatment (cont'd)

- Implementation – began in Fall 2011
  - Training in FACT and forensics

- Referral Source Partners
  - St. Louis Psychiatric Rehabilitation Center
  - Forensic Case Monitors
  - Community CJ partners
- And, if successful, replicate in other areas of the State

A Closer Look at FACT Operations

Consumer Agreement

Agreement to Participate in FACT Services

I _____ agree to enroll into FACT services provided by Places for People. I understand I have certain responsibilities as a participant on this team. I understand and agree to the following terms and conditions.

I will sign all releases of information, which will allow for continuity of care with community medical or psychiatric providers and allow the FACT Team to discuss my services with my legal partner. Legal partners include but are not limited to: Forensic Case Monitors, Probation and Parole Officers, legal guardians, and any officers of the court.

I will actively participate in treatment with the FACT team including assessments, treatment Plans, and securing and maintaining entitlements required for service enrollment. (i.e. Medicaid)

Consumer Agreement (cont'd)

I will actively participate in services recommended by the FACT Team and my legal partner as directed by my conditional release or orders of probation/parole. These may include drug and alcohol treatment placement, urine drug screens, community service participation, medication adherence, long acting injectable anti-psychotics, restitution payments, and participation in appropriate clinical treatment interventions on an individual or group level.

I will report any police or legal contact to the FACT Team and my legal partner within 24 hours

I understand I can quit or refuse FACT services at anytime, but I may be subject to consequences, including legal sanctions, if I do so.

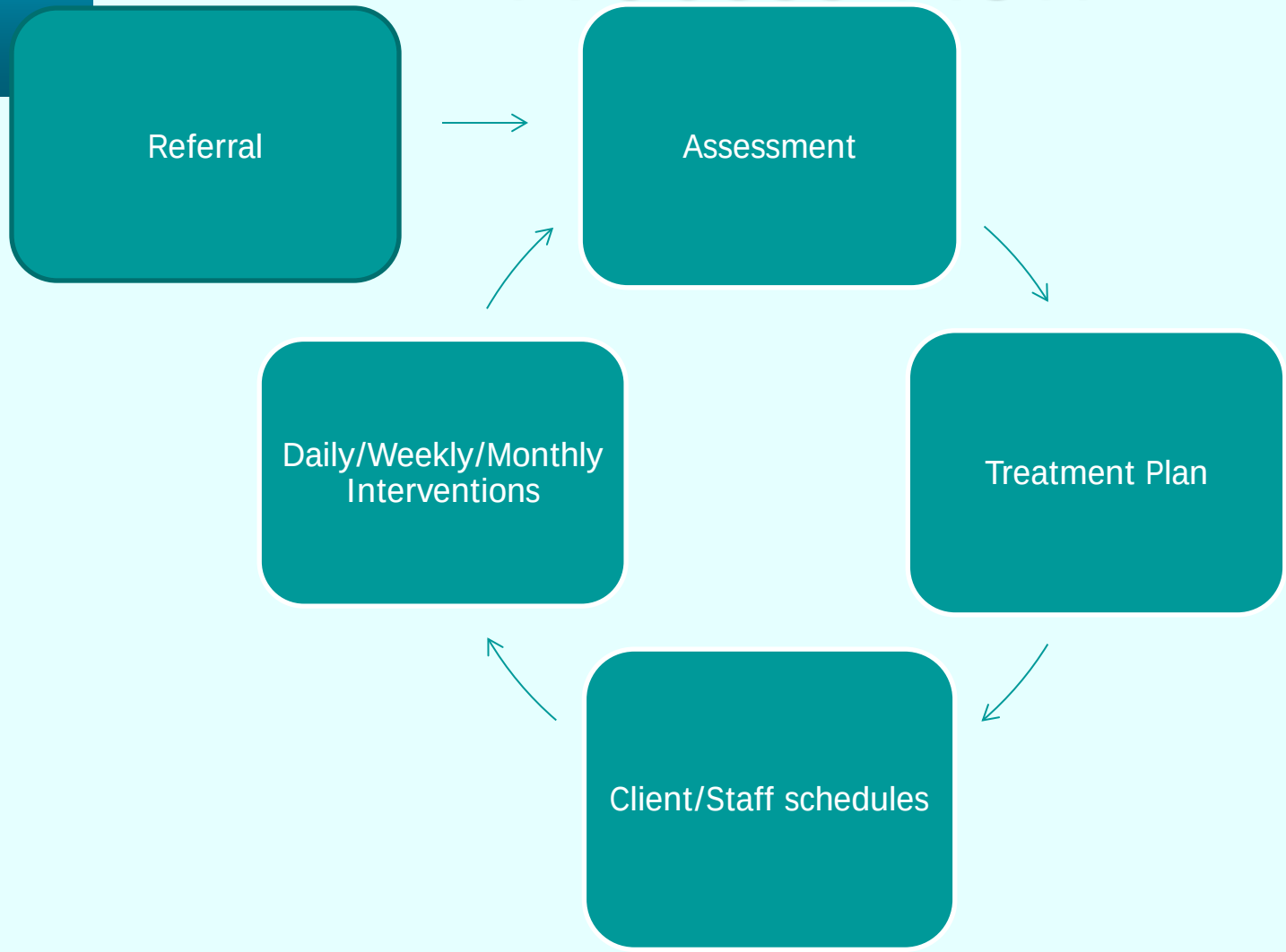
Consumer Agreement (cont'd)

I understand that upon completion or successful completion of my conditional release, probation, parole, or diversion court participation, the FACT team will begin planning with me to transition to another treatment team.

_____ _____

Client Signature Date

Process Flow



Examples of Services/Interventions Provided

- Psychiatry services
- Medication support/management
- Substance abuse counseling
- Mental Health counseling
- Nursing
- Vocational Support
- Peer Support
- Forensic Liaison/Support*
- Crisis Support
- Community support:
  - Housing referrals
  - Entitlement enrollment assistance
  - Linkage to community medical care

Forensic Specialist/Liaison

- Role specific/unique to FACT
- Staff person dedicated to partnering with CJ agency representatives
- Role includes:
  - Attending legal appointments: probation/parole; court hearings; court staffings, etc.
  - First line of contact for legal partners
  - Identifying (collaboratively) treatment options to satisfy courts and be recovery focused
  - Facilitate referrals to other needed services, such as drug treatment, community service, anger management, etc.

When Does Legal Leverage Come Into Play?

- Collaboration to make and keep treatment appointments, especially on the front end.
- Ongoing support of treatment team's recommendations via regular status updates being inclusive of treatment adherence progress
- Identifying possible outcomes for non-adherence to FACT treatment recommendations
- Brainstorming and collaborating with treatment team for non-traditional interventions when a consumer is struggling
- Enforcing violations or sanctions for non-adherence
- Celebrating successes and collaborating for appropriate step down options

What doesn't work

- "Passing the buck" with mental health treatment
- Not communicating with treatment team
- Mandating services without consultation with treatment team to see if services are available
- Creating Legal vs. Treatment team dynamic

What works!

- Consistency!
- Regular communication with treatment team
- Providing treatment team with current orders of probation/parole
- Approaching solutions from both sides (legal and treatment)
- Partnership – presenting a united front to consumers
- Educating treatment team about limitations of legal leverage role when necessary

Referrals

- The ideal referral has:
  - Diagnosis of schizophrenia, schizoaffective, or bi-polar disorders with supporting documentation of diagnosis from a psychiatrist, DOC, or hospital.
  - Active Medicaid
  - At least 1 year planned for supervised probation/parole that includes reporting in person
  - Willingness/Motivation to participate in services

FACT Program Preliminary Evaluation

- What are the preliminary client outcomes?
- Followed outcomes across six domains:
  - Mental health symptoms
  - Substance abuse
  - Criminal/legal involvement
  - Mental health services utilization
  - Employment/education
  - Client satisfaction

Methods

- Longitudinal, quantitative design
  - Client interviews up to one year period (n=27)
- Measures
  - Quick Inventory of Depressive Symptomology
  - Colorado Symptom Index
  - Anxiety Scale
  - Client Satisfaction Scale
  - Substance Abuse Treatment Scale
- Service utilization data from FACT team and DMH

Participant Demographics

- Gender
  - 85% Male
- Race
  - 70% African American/Black
- Age
  - 67% 45-65 age bracket (M=46.78 years)
- Educational level
  - 52% No high school diploma or GED

Participant Diagnoses

- Primary
  - Schizophrenia (67%), Schizoaffective (15%), and Bipolar (11%)
- Co-occurring
  - 74%
- Axis II
  - 56%

Participant Referral Source

- DMH Forensic hospitals (SLPRC/SEMO)
  - 41%
- St. Louis City Mental Health Courts
  - 37%
- Forensic Case Monitors
  - 22%

Findings: Symptoms

Measure	Baseline to 6 Months	Baseline to 12 Months
Quick Inventory of Depressive Symptoms	No Significance t(26)=.94, p>.05	**Significance t(14)=2.94, p<.05**
Anxiety Scale	No Significance t(24)=.37, p>.05	No Significance t(14)=.97, p>.05
Colorado Symptom Index	No Significance t(26)=1.89, p>.05	No Significance t(14)=1.97, p>.05

Findings: Services Utilization

Measure	Q1	Q2	Q3	Q4
Days Incarcerated	0	.9	.04	1.0
Days Hospitalized	.11	2.72	1.27	3.8
# of ER Visits	0	.07	.11	.12
% Employed or in School	11%	22%	27%	28%
% in Treatment, Relapse Prevention, or Recovery Stage	85%	82%	73%	72%

Findings: Days Hospitalized

- Days hospitalized for DMH forensic hospital referrals (n=16)

1 year prior to FACT admission	1 year after FACT admission
351.19 Days	7.25 Days

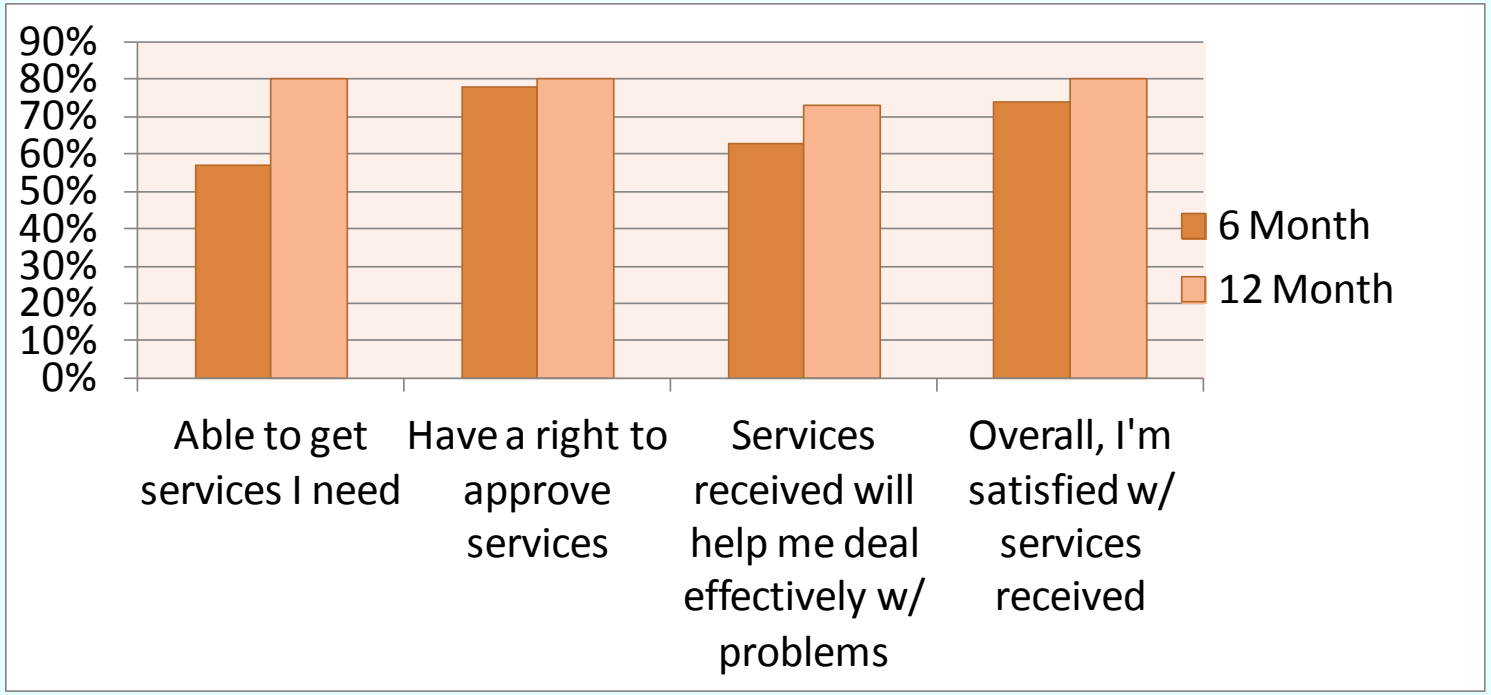
- Significant decrease in hospital days
  - $t(15)=20.07$, $p<.0005$

Findings: Cost Implications

- Hospital days per FACT client (n=16)
  - Pre FACT 351.19 days per year in hospital
  - Post FACT 7.25 days per year in hospital
  - Save 343.94 days per year per patient
- 343.94 hospital days saved per patient/year
  - At $469 per hospital day, save $161,000 per patient per year

Findings: Consumer Satisfaction

- The percent of clients satisfied with services has significantly increased $t(14)=2.39$, $p<.05$



Practical Implications

- Limitations
- Conclusions
- Recommendations

Videos

- Consumer perspective on FACT

http://youtu.be/WijRUAnDyBU

Questions or Comments

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