Literature Review: Forensic Assertive Community Treatment (FACT)

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Definition: Forensic assertive community treatment teams are forensic adaptations of assertive community treatment (ACT) teams. Specific forensic modifications are included in FACT teams to target individuals with serious mental illnesses (SMI), and with a history of prior arrests and jail detentions (Morrissey, J., 2013).

Target Population: Person's involved with the criminal justice system who have a severe mental illness, and have difficulty living independently, high service needs, and repeated psychiatric hospitalizations.

Description: According to the *Community Partners, INC. (CPI) Bernalillo County Behavioral Health Business Plan*, FACT teams are specialized assertive community treatment (ACT) teams, that are intended to serve individuals with serious mental illnesses (SMI) who have a history of involvement in the criminal justice system. FACT teams may also provide services to individuals with SMI, who are being discharged from prison or jail and have been diagnosed with a SMI with or without a co-occurring substance use disorder (CPI, INC., 2015). The CPI also states that there are no specific eligibility standards, but in general FACT teams are intended to target individuals who have had at least three jail detentions in the past twelve months.

The primary goal of FACT teams is to prevent further incarceration of its patients and reduce unnecessary hospitalizations. Individuals are commonly referred to FACT teams by providers located in jails or prisons, or parole/probation services; additionally, individuals can also be referred by shelters, social service providers, or other service providers. In order to determine the need for a FACT Team in Bernalillo County, the CPI collaborated with The Center for Health and Justice/TASC to identify certain gaps in services for individuals reentering the community (CPI, INC., 2015). According to the CPI, a report compiled by MDC indicated that 981 individuals were released in a two-week span in March 2015. Of that number, approximately 25% received psychiatric services while in custody (CPI, INC., 2015). The report also indicated that close to 25% of inmates released are transferred to the New Mexico Corrections Department (NMCD), or other facilities, and the remaining inmates are released from custody. The recommendation listed in the CPI states that Bernalillo County should work in conjunction with the MDC contracted behavioral health provider, Correct Care Solutions (CCS) and the Supportive Housing Program to provide treatment and support services to 100 SMI inmates released from MDC (CPI, INC., 2015).

Research Summary: Forensic assertive community treatment (FACT) teams are constructed using the same principles as assertive community treatment (ACT) teams with minor adaptations. As mentioned in the previous section, the primary distinction is in regards to the target population, and composition of FACT team members. Unlike ACT teams, FACT specifically targets populations that have frequent contacts with the criminal justice system. According to Cusack et al. (2010), over a million people in the U.S. have been diagnosed with a SMI and are booked into jails annually. The article also states that individuals with a SMI are more likely to be taken into custody than being hospitalized (Cusack, et al., 2010).

The next section provides two examples of FACT teams. The first is a review of the King County FACT team in Washington. Similar to what was just described the King County FACT team has taken the seven primary principles of ACT teams and added four "forensic enhancements" to create the FACT team (Rowe, et al., 2012). The second example is of the California Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program, which is a forensic adaptation of an ACT team.

Example 1: King County Forensic Assertive Community Treatment Team

The King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) developed a FACT team to service high utilizers of the criminal justice system. The division's primary objectives were to create a team that could bring stability to participants and promote their recovery, and reduce their use of the criminal justice system. Similar to Bernalillo County, at the time of development King County was struggling with high frequencies of SMI individuals having high incarceration recidivism. Figure 1 displays the types of services that were provided by the King County FACT team members. These types of services were based on the transdisciplinary team model and were provided to the clients seven days a week, 24 hours a day. The team also partnered with the Seattle and King County Housing authorities to provide dedicated housing vouchers to clients. Many FACT participants were enrolled into the program while in jail or a psychiatric hospital; allowing FACT the opportunity to organize housing upon release to avoid the individual returning back to homelessness.

Figure 1: Types of Services

- Mobile crisis interventions
- Illness management and recovery skills
- Individual supportive therapy
- Substance abuse treatment
- Help accessing benefits, transportation, medical care, etc.
- Medication prescribing, administration and monitoring
- Skills teaching and assistance with daily living activities
- Assistance with natural support networks
- Supported housing
- Peer supports

Rowe et al. (2012) conducted an evaluation of the King FACT team to measure the outcomes defined as changes in bookings into the local jail, days spent in jail, and utilization of psychiatric inpatient services. At the time of the evaluation, 56 individuals had been served by FACT; the evaluation included the first 51 individuals as study participants in the evaluation. According to the evaluation, FACT participants experienced a 45% reduction in jail/prison bookings, the average bookings dropping from 5.2 to 2.9, and there was a 38% reduction in the total number of days' participants were incarcerated in the first year of FACT (Rowe, et al., 2012). The evaluation also provided data regarding the utilization of psychiatric inpatient services. Within the first year, admissions to psychiatric hospitals decreased by 25% (Rowe, et al., 2012). The report found that in comparison to the random comparison group, FACT participants had "better and more consistent" results. The comparison group also had reductions in jail/prison bookings, and days incarcerated, but the reduction was not statistically significant. There also was similar reductions in utilization of psychiatric inpatient services in the comparison group, but again this finding was not statistically significant. The following figure was provided in the report to display the key qualitative findings from the evaluation conducted on the King County Forensic Assertive Community Treatment program (Rowe, G., et al., 2012).

Figure 2: Prominent Key Qualitative Findings

- Able to successfully create a "bridge" among judicial, detention, and treatment systems. Through the provision of crisis intervention, support services in homes, at jail, or on the street, increase the continuity of care, expand housing opportunities, and reduce client institutionalization.
- Stable housing accommodations contributed to the reduction of incarceration, higher quality of life, and ability to focus on recovery.
- Client's success in the program was determinant on their ability to engage with staff, take their medications, and avoid drug use.

Example 2: California Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program

The following model describes the MIOCRG program, which is a forensic adaptation of an ACT team. The program was implemented in various counties in California by the California Board of Corrections. The target population was similar to Bernalillo County is recommending; individuals being released from correctional facilities, or who have a history of involvement with the criminal justice system. As mentioned the program is an adaptation of the ACT model and includes forensic adaptations such as including law enforcement officials and parole/probation officers on the team. Similar to the King County FACT team, MIOCRG offered a variety of services. The types of services offered are provided in Figure 3 (Cusack, K., 2010). The study's primary objectives were to determine if participants randomized to FACT showed (1) lower recidivism, (2) fewer hospitalizations, and (3) lower behavioral health and criminal justice costs. The sample was primarily comprised of participants with psychotic disorders including schizophrenia-spectrum, or other psychotic disorders. A large portion of the sample also had co-occurring substance abuse issues (Cusack, K., 2010). Outcomes from the study were reported at 12 and 24-months post-randomization for criminal justice outcomes. Preliminary outcomes at the 12-month stage, showed that FACT participants had fewer jail bookings, greater outpatient contacts, and fewer impatient stays than non-FACT participants (Cusack, K., 2010).

Figure 3: MIOCRG Program Services

- Team-based mental health and substance abuse services
- Support for housing
- Employment assistance
- Benefits applications

Other Findings:

Similar to the findings presented for the two examples, Project Link in Rochester, NY found significant reductions in jail days, arrests, hospitalizations, and hospital days compared to the year prior (Morrissey, 2013). In 2004, a preliminary cost analysis showed that Project Link reduced the average yearly service cost per client (Weisman et al., 2004). The Thresholds State-County Collaborative Jail Linkage Project in Chicago had positive outcomes that showed after one year of participation in the program, participants had a decrease in jail days, days in hospitals, reduced jail stays, and reduced hospital costs. In 2011, a study was conducted to evaluate the structure of FACT teams at the Department of Psychiatry, University of Rochester Medical Center, particularly focusing on the collaboration of clinicians and probation officers. The study reported that the relationship between FACT clinicians and probation officers was mutually beneficial. Through the relationship FACT clinicians were able to gain access to "legal leverage" to promote treatment adherence, and probation officers were able to gain access to alternative options for probation violations (Lamberti, J., et al., 2011). Although, the close working relationship between probation officers and FACT team members was shown to be beneficial, researchers found that both parties were working towards separate goals. Probation officers were concerned with promoting public safety, whereas the clinicians were concerned with promoting patient health. The report did not suggest that this effected the outcomes of the program, but suggested the need for training within programs to discuss the values, methods, and intended goals of the program.

Overall, the literature summarized in this review addressed two examples of FACT teams. The examples highlighted the positive outcomes of FACT teams in two different implementations. Both examples placed great emphasis on the structural dynamic of incorporating a wide range of services, and providers. The literature was clear that FACT teams can produce statistically significant reductions in bookings into the local jails, days spent in jails, and the utilization of psychiatric inpatient services. One interesting finding from the literature was in regards to goals. The study cited in *Other Findings*, suggested that the relationship between FACT team member and probation officers was determined to be "beneficial", except the fact that both parties had differing goals; public safety versus patient health. The literature suggested that other FACT models should take this into consideration, and provide thorough training within programs to determine the programs values, methods, and intended goals.

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