Forensic Assertive Community Treatment (FACT)

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First F-ACT team 1996
2014 developed new F-ACT team criteria with input from Justice Partners
Targeted those who would be considered Group 6 or Group 8 according to the Criminogenic risk and Behavioral Health Needs Framework
ACT Admission Criteria

The individual must have one of the following diagnoses:

* Schizophrenia
* Schizoaffective disorder
* Other psychotic disorders (must be SMI qualifying)
* Bipolar disorder or other affective disorders

Service need must have one or more of the following:

* 2 or more acute psychiatric hospitalizations or 4 or more psychiatric emergency room visits in the last 12 months
* 2 or more interactions with law enforcement in the past year for emergency services due to mental illness or substance abuse (this includes involuntary commitment)
* Currently residing in an inpatient bed but clinically assessed to be able to live independently or with natural supports only if ACT services were provided
* Currently in residential treatment or a staffed community living placement but clinically assessed to be able to live independently or with natural supports only if ACT services were provided
Must have one or more of the following:

* Inability to participate, remain engaged and/or respond to traditional outpatient services

* Inability to meet basic survival needs or independently maintain adequate housing, homeless, or at imminent risk of becoming homeless
Must have at least three (3) of the following:

- Evidence of co-existing mental illness and substance abuse/dependence
- Insufficient independent living skills to support independent living in the community
- Significant suicidal ideation with a plan and ability to carry out within the last two (2) years
- Suicide attempt in the last two years
- History of violence due to mental illness/substance abuse within the last two (2) years
- Lack of support systems
- History of inadequate follow-through with treatment plan, resulting in psychiatric or medical instability
- Threats of harm to others in the past two years
- Significant psychotic symptomology; such as command hallucinations
- Not employed or engaged in other meaningful community activity
In addition to meeting ACT Criteria – the following must be present in order to be served on a F-ACT Team:

* Person is assessed as having increased risk to recidivate to incarceration as determined by:

  * Risk to Recidivate Score (RRS) of 3* or above as identified by the Maricopa County Sheriff’s Office at the time of booking. SCORE ______________________

    OR

  * Offender Screening Tool (OST) as completed by MCAPD with recidivism risk of medium or above. SCORE ______________________

    OR

  * Offender re-screening tool (FROST) as completed by MCAPD or Az DOC Community Corrections with recidivism risk of medium or above SCORE ______________________

    OR

* Releasing from Az Dept of Corrections after at least 2 years of incarceration.

  * can be an RRS score of 2 if person has had at least 3 bookings in the past 24 months
Referrals from Probation

* Review the probationer’s case and history
* Complete the referral and submit to supervisor
* Supervisor reviews the referral and submits to MMIC
* APETS is updated to reflect referral
* PO communicates with current team about referral
F-ACT Referral

- **Member’s Name:** Full legal name, can include aliases
- **Member’s DOB:** Month/date/year
- **Member’s Current Location:** Hospital, jail, shelter, community, full address
- **Contact Number to reach member:** Can be NA, PO or family
- **Person sending the referral:** PO name here
- **OST/FROST:**
- **Member’s current clinic:** Clinic and PNO here
- **Member’s cross roads/zipcode:** Closest intersection and zip code
Reason for a F-ACT referral here: Justification for referral, current team buy, probatoner’s needs, level of interaction with the criminal justice system to include new charges, recent bookings, number of bookings in 6-12 month period, etc.
What are criminogenic needs?
- Characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood to re-offend and commit another crime.

How are they assessed or identified?
- Risk assessments (ie OST, FROST)

How are they addressed?
- Case plans and ISP
The Big Four

* Anti – social peers
* Anti – social personality
* Anti – attitude
* Anti - behavior
Push and Pull

- F-ACT referrals require a marriage between the clinical system and law enforcement
- Buy in from the current team is essential for smooth transition
- The probationers/member must be willing
- There isn’t always an agreement on needs
- Which takes priority? Clinical needs or law enforcement?
- Consideration for Victims.
How the System needed to Change

* Adjustment of policies and procedures
  - Transition point
  - Jail badging for Forensic peers
  - Referral source
How the System needed to Change

* Partnership with Housing providers and Landlords
  o Developing relationships with landlords, so they would house our population.
  o Educating housing providers on our services
  o Showing up when called
How the System needed to Change

* Integrated Care and PCP partnership
  - Cross-collaboration with CBI programs
ACT Model Prior to Mercy Maricopa

* Varied measurement tools and Dashboard

* Increased Case Management Model vs. Service Delivery

* 15 Legacy ACT teams
ACT Fidelity with Mercy Maricopa

• SAMHSA Dartmouth ACT Tool (DACT)
  ○ 3 Categories
    * Human Resources
    * Organizational Boundaries
    * Nature of Services

• Technical Assistance Opportunities
  ○ Fidelity Action Plans
  ○ Justice Series Training
  ○ ACT Operational Manual

• Annual Fidelity Reviews
Mercy Maricopa ACT and FACT

• Expansion of 2 new FACT teams
  o FACT 1 August 1, 2014
  o FACT 3 May 1, 2016

• FACT 2 was a Legacy team transitioned to CBI October 1, 2015

• Integration: Primary Care Physician (PCP) Partnership teams

• Expansion of services to 24 ACT teams (specialty teams included)
FACT Outcomes

- Homelessness: 19% reduction
- Visits with a medical provider: 84% increase
- Incarcerations: 76% reduction

- Psychiatric Hospitalization: 31% reduction
- Emergency Room Utilization: 18% reduction

Forensic Assertive Community Treatment (F/ACT) to Reduce Homelessness
Sustainability

- Ongoing collaboration
  - MMIC
  - F/ACT teams
  - County and justice system leaders
  - Adult probation personnel
- Continued funding
- Workforce development and retention
- Value based contracting (sharing with teams)
Links and additional information

* http://www.medicaidinnovation.org/_images/content/2017_Compendium_v4_Awarded_LT.pdf
* https://www.mercymaricopa.org/providers/resources/manual
* https://communitybridgesaz.org/
* http://www.superiorcourt.maricopa.gov/AdultProbation/index.asp
* https://stepuptogether.org/