

Forensic Assertive Community Treatment Team (FACT)

St. Louis Initiative

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**2014 Missouri Department of Mental Health's
Spring Training Institute (STI)**

May 29, 2014

Tan-Tar-A Resort, Osage Beach, Missouri



The Workshop Overview

- The incarceration crisis
- ACT
- FACT program
- Preliminary program evaluation
- A Day in the Life of FACT
- Consumer perspective
- Discussant: Steve Lamberti, MD
- Questions and comments

Incarceration - a National Tragedy

- Behavioral Health and Incarceration
 - ❖ 7 - 16% have a Serious and Persistent Mental Illness (SMI)
 - ❖ 17 – 25% others have a significant mental illness
 - ❖ 50 - 60% have substance abuse conditions
- And it's not just jail, it's hospitals too
 - ❖ DMH has 10 to 15 new NGRI's a year
 - ❖ Our IST rate has increased 400%, with the majority having DMH contacts prior to arrest
 - ❖ Overcrowding and inability to accept new admissions

Incarceration - a National Tragedy (con.)

- Criminal Recidivism
 - ❖ 60%+ of those with a mental illness are likely to return within 2 years
- Against a backdrop of NATIONAL loss of liberty

One in 100:

Behind Bars in America 2008

1

$$\begin{array}{r} \text{PRISON POPULATION } 1,596,127 \\ + \\ \text{JAIL POPULATION } 723,131 \\ \hline \text{TOTAL BEHIND BARS } 2,319,258 \end{array}$$

2

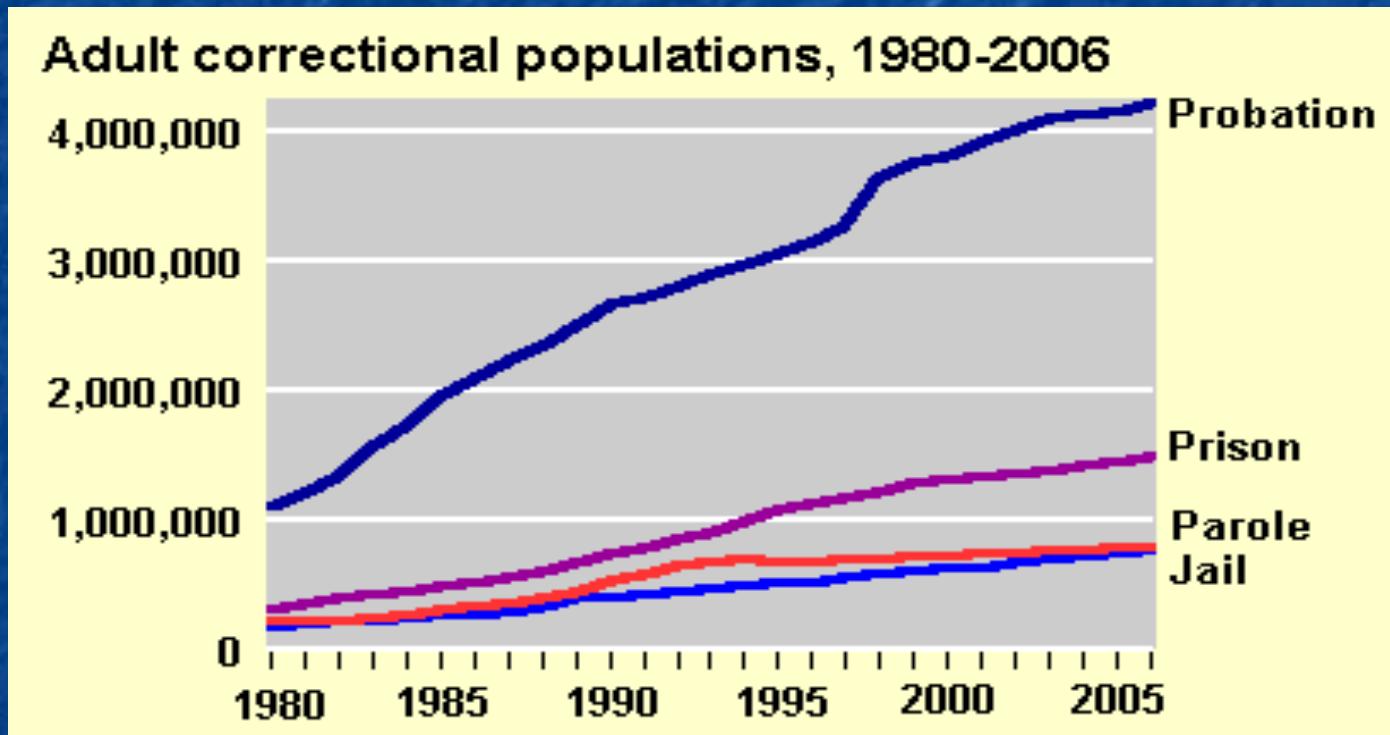
$$\begin{array}{r} \text{ADULT POPULATION } 229,786,080 \\ \div \\ \text{TOTAL BEHIND BARS } 2,319,258 \end{array}$$

3

ONE IN EVERY
99.1
U.S. ADULTS ARE
BEHIND BARS

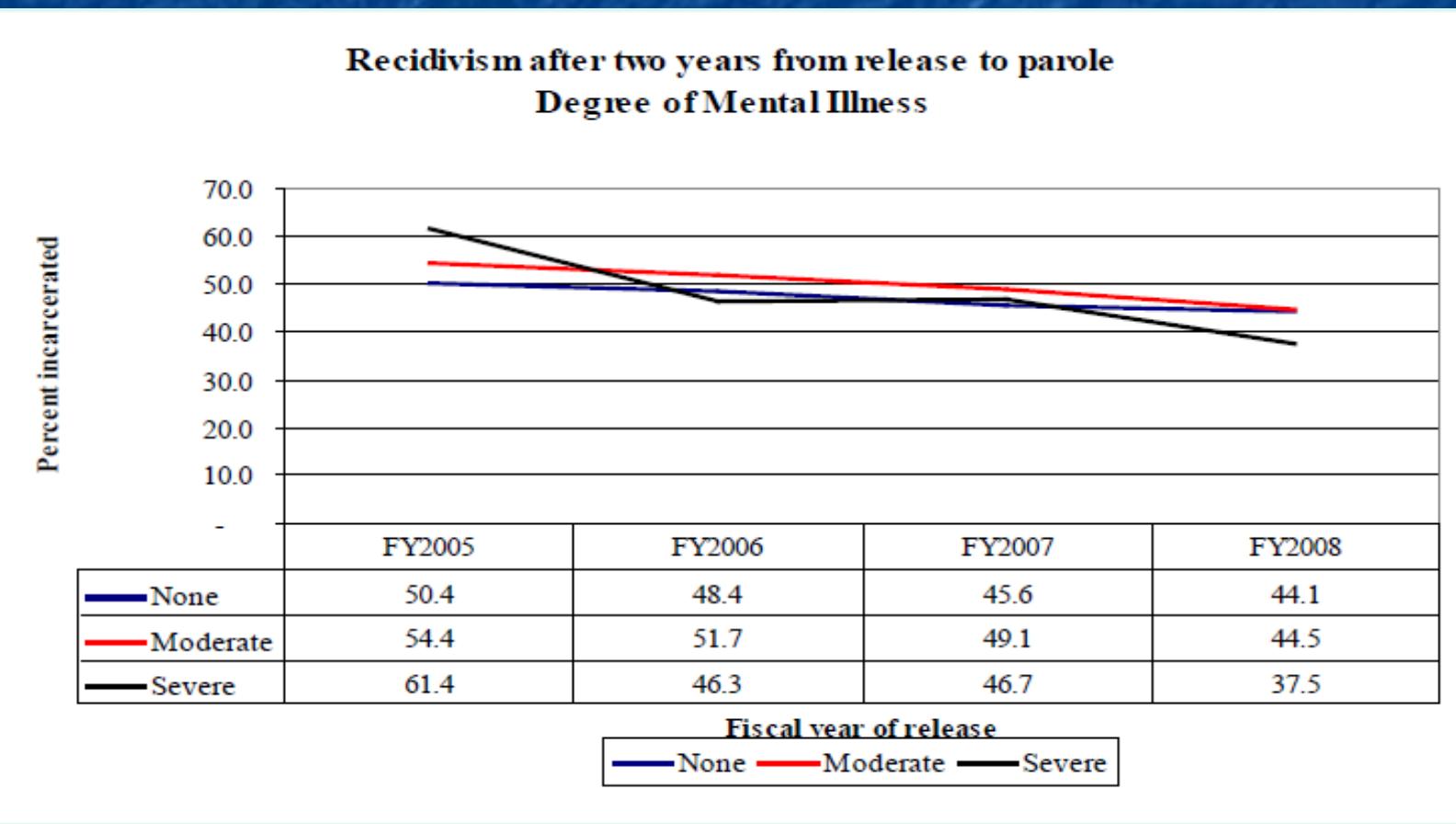
Source: Pew Charitable Trusts' Public Safety Performance Project (2008). "One in 100: Behind Bars in America 2008." Available at http://www.pewcenteronthestates.org/report_detail.aspx?id=35904.

The Adult Corrections Population



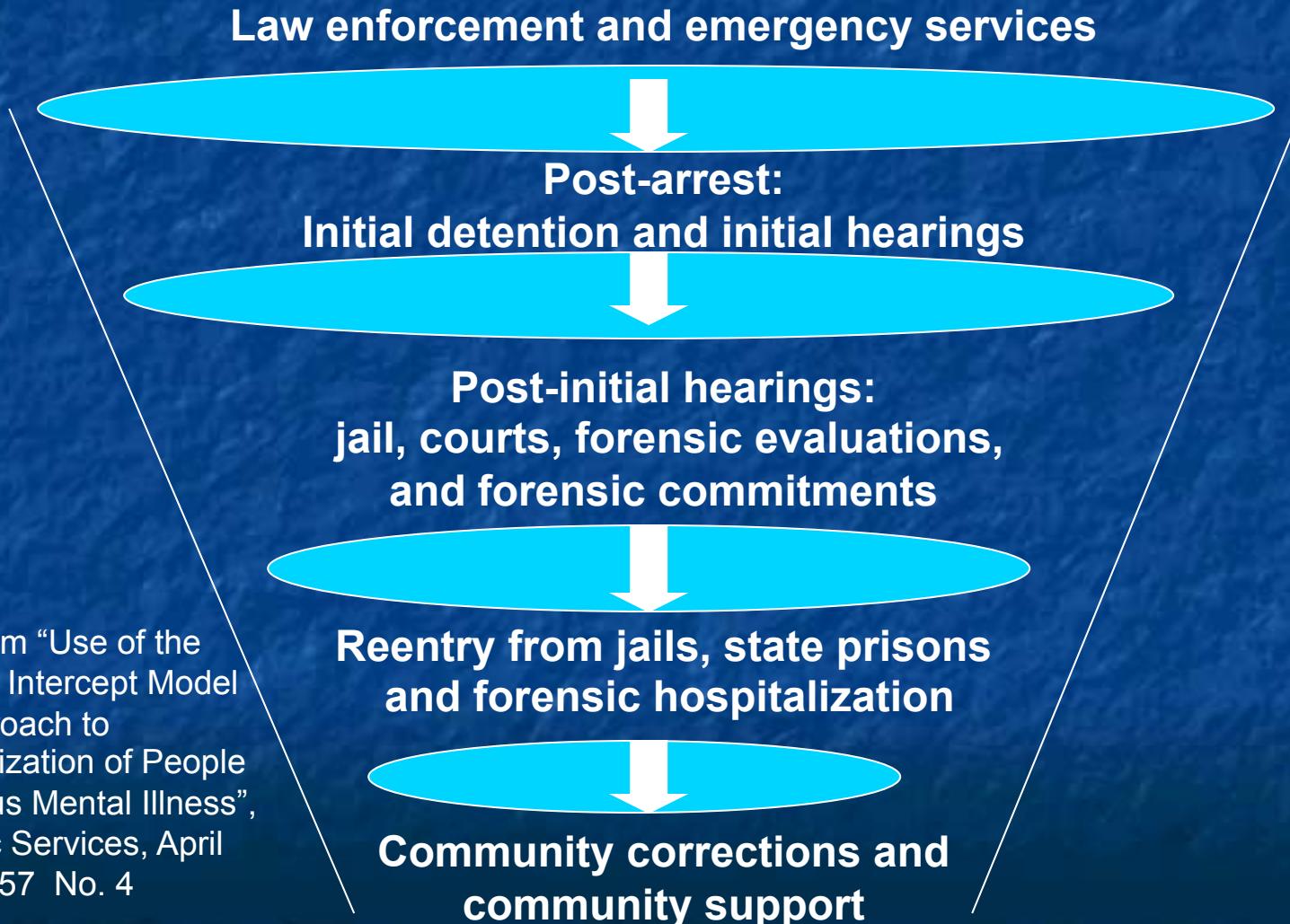
Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Correctional Surveys (The Annual Probation Survey, National Prisoner Statistics, Survey of Jails, and The Annual Parole Survey) as presented at <http://www.ojp.usdoj.gov/bjs/glance/corr2.htm>.

Hopeful Signs – MH3/MH4 Project



The Sequential Intercept Model

An accessible mental health system: the ultimate intercept



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



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

A New Initiative – Forensic Assertive Community Treatment (FACT)

- FACT - modification of ACT developed by Steve Lamberti, MD in 2004
- Distinguishing Elements from ACT
 - ❖ Goal: Preventing arrest and incarceration
 - ❖ Eligibility: Criminal Justice History
 - ❖ Referrals: Criminal Justice Agencies / Forensic Psychiatric Facilities
 - ❖ Potential to utilize supervised residential treatment facilities

Forensic Assertive Community Treatment (con.)

- Initial Planning
 - ❖ Transformation Support
 - ❖ Planning with Mental Health Courts/Law Enforcement
- Design
 - ❖ Pilot Site: St. Louis
 - ❖ Size of Team: 60 to 65 consumers
 - ❖ Funding: Presumption of 50% Medicaid Eligibility
 - ❖ Involved Provider: Places for People

Forensic Assertive Community Treatment (con.)

- Implementation – Began in FY12
 - ❖ Training in FACT and Forensics
 - Steve Lamberti
 - DMH Experts
 - ACT training
 - ❖ Start-Up
 - New ACT Team – Places for People
 - Closed 2 cottages or 16 beds at SLPAC
 - Funding State Match or full cost of services for 60 to 65 clients
 - Repurposed beds for Places for People for the 16 clients requiring most intensive supervision
 - Remaining 50 slots involve wrapping FACT services around clients in existing residential options

Forensic Assertive Community Treatment (con.)

□ Desired Outcomes

- ❖ Sequential Intercept - focused on these intercepts
 - Post booking through mental health courts
 - Individuals coming out of jail settings
 - Individuals coming out of forensic hospitals
- ❖ Thereby, improving
 - Criminal justice diversion opportunities
 - Prevention of recidivism, either by jail re-incarceration or re-hospitalization, coupled with some crisis/respite options
 - Throughput from the hospital, enhancing capacity to treat others newly hospitalized
- ❖ ULTIMATE GOAL: Recovery and Improved community safety

Strategies

- Referral Source Objectives
 - ❖ Forensic Case Monitors – 10 clients
 - ❖ St. Louis City Mental Health Courts – 13 clients
 - ❖ St. Louis City Jail Mental Health Units – 13 clients
 - ❖ St. Louis Psychiatric Rehabilitation Center – 25 to 30 clients
- Hospital and System Throughput
 - ❖ Not Just a 1x Shot: Clear 10 psychiatric beds per year, graduating an equivalent number of existing FACT clients to lower levels of care
 - ❖ Respite Capacity: Utilize 1 – 2 beds for FACT individuals who would otherwise need hospital level care
- And, if successful, replicate in other areas of the State, beginning with Kansas City

Forensic Assertive Community Treatment & St. Louis Psychiatric Rehabilitation Center

Collaboration & Communication

- ❖ Joint meeting between FACT Team leaders and FRC 4th Thursday every month
- ❖ Monthly program leadership meeting
- ❖ Legal Leverage with identified clients concerning previously identified clinical issues (good or not so good) {see contract example}

Consumer Contract

- Consumer Name:** (Client's Name) **D.O.B**
- Date of Meeting:**
- Reason for Meeting (summary of issues):**
- Follow up; commend Mr. _____ for graduating from outpatient substance treatment program with Preferred Family Counseling. Encourage Mr. _____ to continue working with FACT and complying with rules of their program; and his conditions of release.
- Consumer's input/response:**
- Mr. _____ indicated he has been clean and sober for nine months. Mr. _____ admitted that he has missed appointments and groups. He also has been hustling for extra money – selling his bus passes & working odd jobs for cash.
- _____

Consumer Contract (con.)

- **Consumer's Expectations** (including any homework assignments and date to be completed if applicable):
 - Mr. _____ shall follow ALL conditions of his Conditional Release, including:
 - Mr. _____ needs to continue to work on being honest with FACT team and accept responsibility for his actions.
 - Mr. _____ needs to keep all appointments with FACT team members; meet jointly with FCM & FACT; attend groups as required by his conditions of release.
 - Mr. _____ needs to participate in required hours of structured activities each week.
 - Mr. _____ needs to remain alcohol/drug free.
 - Mr. _____ needs to refrain from selling bus passes provided by Independence Center

- Follow-up Date: _____

- Consumer Signature: _____
- ***In signing this contract, you are agreeing to follow the expectations outlined in this document.***

- Guardian Signature: _____
- Forensic Case Monitor: _____
- FACT Representative: _____
- Forensic Review Committee Chair (or designee): _____

Consumer Contract (con.)

- Weekly meetings between FACT team leaders & Discharge Coordinator/Dir of Social Work @ Referrals, Placement options & In-reach to accepted clients
- Regular meetings & communication between Forensic Case Monitors and FACT Team about their CR clients

FACT Program Preliminary Evaluation Data

- Detail to be supplied

Videos

- ❑ What is FACT like?
- ❑ Consumer perspective on FACT

http://youtube/Oy_WDjvqRq0



Discussant: Steve Lamberti, M.D.

Questions or comments
