Forensic Assertive Community Treatment (FACT) with Treatment Apartment Program (TAP)

Program Guidelines Addendum (NYC)

Additional Guidance for FACT and TAP Program:

This addendum builds on established guidance and regulations for ACT and TAP. This FACT with TAP Program Guidelines Addendum only applies to the 30 individuals enrolled in the FACT + TAP program. The remaining 38 individuals not enrolled in FACT + TAP will continue to follow the ACT Program Guidelines and FACT Program Guidelines Addendum.

- The FACT team will be licensed as a FACT program and is expected, in addition to this addendum, to follow ACT 508 regulations, ACT Program Guidelines, Standards of Care, FACT ACT Program Guidelines Addendum, and maintain fidelity to the ACT model. The FACT team will utilize a validated ACT fidelity tool, as recommended by NYS OMH.
- The Treatment Apartment Program is licensed under Part 595 of Title 14 of the Codes, Rules and Regulations of the State of New York, (14 NYCRR). Services provided by TAP will follow Part 595 Regulations.

Overview

The development of Forensic ACT with a joint Treatment Apartment Program (TAP) is a model developed to better meet the mental health and housing needs of people with serious mental illness (SMI) involved in the criminal justice system.

The following principles and components outline the partnership of FACT with TAP:

- The 30-unit TAP will be dedicated to 30 individuals receiving services from the FACT team.
- FACT and TAP staff will regularly communicate to deliver wrap-around services in a comprehensive manner. TAP staff will attend the FACT team's daily team meeting to help coordinate efforts for individuals served by both programs.
- FACT and TAP staff will collaborate and coordinate services to ensure behavioral health and restorative services address the unique needs of individuals with SMI who are involved in the criminal justice system.
- The FACT team and TAP staff will coordinate discharge planning with the goal of concurrent discharge from both programs. Discharge from either program should be based on established criteria (Part 595 Regulations or ACT Program Guidelines).

Program Definitions

Forensic ACT (FACT): A specialty ACT model that addresses risk factors and criminogenic needs associated with arrest and recidivism, in essence bridging the behavioral health and criminal justice systems. FACT aims to address the criminogenic risk and needs associated with arrest and recidivism; support protective factors; divert individuals in need of treatment away from the criminal justice system; manage costs by reducing reoccurring arrest, incarceration, and

hospitalization; and increase public safety by engaging individuals in appropriate behavioral health interventions.

Treatment Apartment Program (TAP): A transitional residence program that provides a range of traditional restorative services to individuals in an apartment setting. TAP units must be developed as one (1) or two (2)-bedroom scattered site rental units, with each individual having their own bedroom.

FACT + TAP: The integrated services provided concurrently by the FACT and TAP programs. FACT + TAP will be used to identify individuals who are actively receiving integrated FACT and housing services.

Forensic Housing Single Point of Access (RCS): operated by the Center for Urban Community Services and referred to as the Reentry Coordination System (RCS). RCS is single point of access for dedicated forensic housing and manages access to the Forensic TAP program. All RCS referrals require an application that must include 2010e approval for HRA Level 2 housing.

DOHMH Single Point of Access (SPOA): operated by NYC DOHMH and referred to as SPOA. All FACT referrals go through SPOA via the online referral system (MAVEN).

Protective factors: Characteristics or attributes that help people deal more effectively with stressful events and mitigate risk, such as stable housing, steady employment, strong social support, and community engagement.

Criminogenic needs: Dynamic risk factors directly linked to criminal behavior such as antisocial behavior, substance use, antisocial cognitions, and antisocial peers.

NYS Office of Mental Health (OMH) Forensics: OMH Forensics refers to the Division of Forensic Services Pre-Release and Reentry Services and Diversion Center departments. OMH Forensics staff will be involved in FACT + TAP program oversight including eligibility screening, referrals and census management.

Rehabilitation services: Interventions, therapies and activities which are medically necessary for the maximum reduction of functional and adaptive behavior deficits associated with the individual's mental illness.

2010e Application: An electronic application for housing that is submitted to the HRA Placement Assessment and Client Tracking (PACT) Unit via NYC CAPS (Coordinated Assessment and Placement System). Providers must be granted access to the NYC CAPS system to complete the 2010e application. Access can be obtained here.

Eligibility

Individuals enrolled in FACT must meet the eligibility criteria outlined in the ACT Program Guidelines (section 5.3), and must have current involvement with the criminal justice system in at least one (1) of the following areas:

- Identified by localities as high utilizers of the mental health and criminal justice system;
- Under arrest and pending court proceedings;
- Incarcerated and pending release;
- Involved with treatment and diversion court;
- Subject to community supervision (i.e., probation, parole, court mandate); or
- Being released from jail or prison or released within the last year from date of referral.

The 30 FACT + TAP individuals must either be enrolled in FACT or have a planned / anticipated admission to FACT and must also meet the eligibility criteria for TAP by having a signed Physician's Authorization form signifying TAP as a medically necessary service and meeting at least one (1) of the following criteria:

- Experiencing street homelessness and those in a temporary shelter setting;
- Discharged from State-operated Psychiatric Centers (PC's) or State-operated residential programs;
- Discharged from Jail or State Prison;
- Discharged from an Article 28 hospital or Article 31 hospital; AND
- Approved 2010e for HRA Level 2 housing.

Referrals

For individuals referred to the FACT + TAP program, the FACT team and TAP staff will coordinate with separate referral processes and manage referrals to both programs concurrently.

The FACT team will prioritize 30 slots on the FACT team for individuals who also meet eligibility for and need Treatment Apartment housing. Both the FACT team and TAP staff are responsible for ensuring service access by managing FACT and TAP referrals through the DOHMH Single Point of Access (SPOA), Forensic Housing Single Point of Access (RCS) and Human Resources Administration (HRA) systems.

The agency must collaborate with the New York City Field Office, OMH Forensics, DOHMH SPOA, Forensic Housing Single Point of Access (RCS), HRA, Community Supervision (parole and probation), court personnel including court-based mental health navigators, acute and state-operated psychiatric hospitals, and community-based providers (among other potential referral sources) to target appropriate individuals for this high need service.

FACT Referrals:

All FACT referrals for the FACT + TAP program will go through the DOHMH SPOA system (MAVEN), who will assign to the FACT team. The referral will be flagged in MAVEN as being connected with the FACT + TAP program and include the individual's current housing status and HRA Housing Level (if known).

If a new referral meets the FACT eligibility and there's a vacancy on the FACT team:

1. DOHMH SPOA will consult OMH Forensics and RCS to determine if FACT assignment can be accommodated based on the individual's current housing status, FACT + TAP housing census, and pending TAP housing referrals.
    - If HRA Level is ***unknown*** or ***Community Care***, referral may be determined ineligible based on TAP housing census at the time of the referral.
2. If the individual is accepted to TAP housing (affiliated with this FACT team), DOHMH SPOA will transfer the individual from current care management provider, if applicable (e.g., another ACT or FACT team, IMT), and assign to the FACT team working with TAP.
    - Referent should contact other care management provider/RCS (e.g., Health Home, transitional forensic ICM) to facilitate warm handoff.

If FACT criteria are met and vacancies do not exist on the FACT team, the FACT team is encouraged to review their roster and work towards transitioning and discharging individuals.

TAP Referrals:

All housing referrals for the FACT + TAP Program will go through RCS, who will assign individuals to the TAP provider.

If HRA Level 2 housing criteria are met and vacancies exist on the FACT team:

1. RCS will consult with OMH Forensics and DOHMH SPOA to determine FACT capacity.
    - If the individual is already accepted to the FACT team (affiliated with this FACT +

TAP program), RCS will assign to the agency's TAP housing.

- If the individual is not yet accepted to the FACT team (affiliated with this FACT + TAP program) and vacancies exist, TAP will refer the individual to RCS, who will coordinate the FACT assignment with OMH Forensics and DOHMH SPOA and defer to SPOA referral process.

Individuals referred to FACT + TAP must accept admission to both programs as a condition to placement in TAP housing. An individual cannot be admitted to or receive services through TAP on a standalone basis. Participation in FACT services is required for eligibility and continued enrollment in TAP. Participants in TAP must also pass a self-preservation test, prior to admission and as outlined in Part 595 Regulations.

Collaboration of Services

Pre-admission planning & warm handoff

The FACT team and TAP staff will meet jointly to plan for individuals who are being referred to FACT + TAP. Staff will coordinate pre-release connections with the individuals and current providers, including community supervision and courts, to discuss participant-specific goals, safe transitions, continuity of care, supervision expectations, and warm handoff.

Upon receipt of FACT + TAP referrals, both the FACT team and the TAP staff are expected to coordinate with parole, probation, courts, reentry transition support programs, OMH Forensics, and other programs involved with the individual, as applicable.

For individuals being referred to FACT + TAP from a facility (e.g., prisons, jails, hospitals), both the FACT team and TAP staff are expected to:

- Coordinate with the individual and referral staff in a timely manner and attempt a joint meeting prior to release or hospital discharge;
- Remain up to date on the individual's treatment progress and any changes in their condition or treatment plan;
- Participate in joint discharge planning from the facility to ensure that all parties are aligned on post-discharge needs, goals, and intervention strategies;
- Share comprehensive information such as the date of discharge and discharge paperwork.

For individuals being referred to FACT + TAP from a community provider (e.g., mental health court), both the FACT team and TAP staff will communicate with the referring entity to:

- Clarify legal mandates and expectations;
- Identify supervision and reporting requirements;
- Identify risk and protective factors;
- Review housing status.

For individuals being referred to FACT + TAP who are court mandated to treatment, the FACT team must build a relationship with the justice agency staff and supervisor, including securing important contact information (name, phone, and email) and establishing a plan for routine in-person or virtual meetings. Upon receipt of referral, the FACT team and TAP staff should meet with the justice agency staff to:

- Understand the conditions of release or plea agreement
- Expectations for progress reporting
    - The FACT team and TAP staff should be prepared in advance of the due date for the progress report or court appearance with detailed, strengths-based information that is also fully transparent and factual. After the report is submitted and the court

appearance has taken place, FACT and TAP staff will follow up with justice agency personnel.

- Notification of ongoing court dates

The FACT team should facilitate consent for communication between all parties. The FACT team should meet jointly with the justice agency staff and the individual to develop a therapeutic alliance with the individual by modeling good communication boundaries while focusing on goals identified by the individual.[1]

On the day of admission to FACT + TAP, the FACT team and TAP staff are expected to be involved in the warm handoff process.

- The FACT team is responsible for arranging transportation, including escort to housing and appointments as needed, and coordinating discharge from the facility with the FACT team.
- TAP is responsible for furnishing the apartment unit prior to the individual's release and making sure the apartment is ready for the individual, including but not limited to:
    - Suitable, comfortable, bed and an adequate supply of clean linens;
    - Chair, lamp, dresser, closet or wardrobe and, if possible, a desk or table for each resident;
    - Curtains, shades, or blinds for each window; and
    - Basic home needs including but not limited to housewares, laundry basket, cooking tools, towels, air conditioner etc.

The FACT team and TAP staff are expected to maintain relationships and correspondence with each other, as well as parole, probation, and other programs, as applicable, throughout the individual's service connection with the team and/or housing. The FACT team is expected to take lead on coordinating communication with parole and probation, pre-release services, court navigators, and is responsible for pulling in TAP staff as appropriate.

Coordination of Care

The FACT team and TAP staff will work collaboratively to review with mutual participants their eligibility for benefits and assist them with applications. The FACT team and TAP staff will update each other regarding the status of individual's benefits.

The FACT team and TAP staff will discuss with the other party to establish degree of assistance with accompaniment, transportation, documentation, etc., for all matters related to participant support and care, which may include medications, medical appointments, benefits, assistance with routine health related matters (blood work, other testing).

While both FACT and TAP staff will serve the same individuals, both programs will coordinate their efforts to provide holistic care without duplicating services.

- FACT staff are responsible for clinical treatment, forensic oversight, and community-based support. FACT staff will take lead to:
    - Provide intensive, multidisciplinary mental health treatment in the community;
    - Monitor and support compliance with court orders, probation / parole conditions, and mandated treatment;
    - Coordinate with courts, parole / probation officers, and other legal stakeholders;

[1] For more information around working with court mandated individuals, visit the Academy for Justice Informed Practice and review the *Cross Systems Collaboration: Supporting Mandated Clients* training

    - Conduct ongoing risk assessments related to safety, re-offense, and compliance;
    - Lead crisis interventions and hospitalization coordination; and
    - Manage medications, including prescribing, monitoring, and adherence support.
- TAP staff are responsible for housing-based treatment, daily functioning support, and skill development within the apartment setting. TAP staff will take lead to:
    - Support participants in maintaining stability within the treatment apartment and the community;
    - Monitor day-to-day functioning, behavior, and adherence to apartment expectations;
    - Provide restorative skills training and services as identified in Part 595 Regulations, including activities related to independent living (ADLs / IADLs);
    - Address apartment-based concerns, including conflicts, resident occupancy agreement concerns, and unit safety;
    - Report housing-related incidents and behavioral concerns to the FACT team;
    - Support transition into and out of the treatment apartment setting;
    - Reinforce treatment goals throughout daily structure and support; and
    - Assist in transporting individuals to medical, justice-involved, benefits, and other appointments as needed.

Team Communication

Daily Team Meeting

TAP staff will participate in the ACT daily team meetings. The FACT and TAP program will follow the structure of the ACT daily team meeting as outlined in Section 5.9 in the ACT Program Guidelines.

The daily team meeting will be held a minimum of four (4) times per week. The 30 individuals who are co-enrolled in FACT and TAP should be reviewed together during the meeting to ensure consistent decision-making and role clarity is maintained between the FACT and TAP staff. The daily team meeting also provides opportunities for FACT and TAP staff to engage in cross-training and consultation. The FACT team and TAP staff must ensure that confidentiality is maintained while discussing both the individuals enrolled in FACT and FACT + TAP.

The daily team meeting should include a brief but clinically relevant review of all participants and highlight participant changes since the last meeting. If there have been no changes to the individual's status, review should include the individual's upcoming appointments, how many contacts the individual has had within the month, etc. Review of each participant may include:

- Review shared participants:
    - Individual achievements or barriers
- Review any immediate clinical, forensic, and housing needs:
    - Medication needs and/or changes
    - Program participation and vocational services
    - Progress toward stable housing
    - Individuals nearing 30-day notices
- Review safety plans and crisis prevention strategies.
- Identify visits or appointments for the day:

    - Medical appointments
    - Psychiatric appointments
    - Justice-involved appointments (court, probation, etc.)
- Update daily or weekly schedule based on individual need.
- Identify any upcoming service plan due dates.
- Review individuals who may be approaching readiness for transition.

For example, the FACT team might review changes to an individual's legal status, court mandates, probation / parole conditions, and compliance needs; clinical information relevant to risk, treatment engagement, and forensic considerations; and intervention updates related to forensic requirements and court-ordered treatment.

Similarly, TAP staff might review updates on housing stability, apartment functioning, and daily living skills; behavioral concerns or incidents occurring within the apartment setting; and intervention updates related to housing support and Treatment Apartment expectations.

Assessments and Service Plans

FACT teams must complete all required assessments within the timeframes outlined in the Forensic ACT Program Guidelines Addendum (also see Table 1) and TAP must complete all required assessments within the timeframes outlined in the 595 Regulations (also see Table 2). FACT and TAP staff will work together to develop person-centered service plans and interventions. The FACT team and TAP staff will work to ensure the service plans support the goals and objectives of the participants.

Service Planning Meetings and Development

FACT and TAP staff should participate in regular service planning meetings to review the 30 individuals receiving both FACT and TAP services. During these meetings, FACT and TAP staff should review the individual's progress, update service plans, address risks, and ensure alignment of clinical, housing, and forensic interventions. The service planning meeting should be held at least once monthly, if not more frequently as clinically indicated (e.g., once a week on the day without a daily team meeting). See Table 1 and Table 2 for assessment and service planning timeframes.

The FACT team is still expected to maintain separate service planning meetings for the 38 individuals not enrolled in TAP.

Crisis Support:

Both the FACT team and TAP staff are responsible for maintaining an on-call system and are expected to respond to crises that arise within and outside regular operating hours.

As the clinical provider, the FACT team is responsible for responding to psychiatric crises that arise that are clinical in nature. If an individual calls the TAP on-call line, TAP staff will de-escalate and determine the need for clinical intervention from the FACT team and assist the individual in reaching the FACT team for support.

As the housing provider, TAP staff are responsible for responding to housing related needs that arise after hours. If an individual calls the FACT on-call line, TAP should be contacted in emergencies such as heating issues, plumbing issues, weather related issues, electrical issues, entry issues, and neighbor disputes.

Crisis events that warrant a call to the FACT or TAP on-call system should be reviewed and discussed in the following daily team meeting to ensure the needs of the individual are met. The FACT team and TAP staff will discuss the crisis situation and review next steps to respond to the individual.

If the individual is admitted to an inpatient psychiatric or medical unit, both the FACT team and TAP staff will collaborate with the inpatient unit and participate in discharge planning. The FACT team will maintain contact with the individual while hospitalized and accompany the individual back to TAP or other location upon discharge.

Each program should maintain their own respective on-call log to ensure proper documentation and follow-up of on-call services. FACT + TAP participants that are on the FACT high-risk log should be regularly discussed and include steps the individual can take to get off the high-risk log.

Transition and Discharge

The FACT team will follow the transition and discharge process in the ACT Program Guidelines (Section 5.5) and TAP will follow the transition and discharge process outlined in the 595 Regulations.

Collaborative Discharge Planning

The FACT team and TAP staff will use a team-based approach to identify individuals ready for transition, assess readiness, and plan for discharge from FACT, TAP, or the integrated FACT + TAP services.

All FACT and TAP program staff should be familiar and aware of the transition and discharge processes for both programs to ensure proper planning and transition of services.

As part of the discharge planning process for the FACT + TAP individuals, the FACT team and TAP staff will:

1. Involve the individual, other community service providers, and collateral contacts (as appropriate and agreed to by the individual).
2. Assess the individual's clinical and psychiatric status.
3. Assess the individual's rehabilitation, physical, social, and residential needs and progress toward goals.
4. Provide options for residential and other services.
    - The FACT team will take lead with referrals and transition to appropriate community services, as clinically indicated, with the input of TAP staff. FACT will be responsible for completing all clinical documentation needed for transition (including clinical documents needed to complete the 2010e).
    - TAP staff will take lead with referrals and transition to appropriate residential providers with the input of FACT staff. Individuals will maintain their Forensic/ RCS designation and can be referred to the Forensic SPOA RCS for housing referrals from TAP. TAP staff are responsible for submitting and monitoring the 2010e application (including compiling info needed to complete the 2010e, submitting and managing housing interviews).
5. FACT and TAP will collaboratively prepare individuals for housing interviews and will coordinate the technology needed for virtual interviews/transportation for in-person interviews.
6. Plan and coordinate appointments, agreed upon by the individual, with residential and community services providers to engage in the transition process through warm handoff.

Discharge from TAP only

TAP housing is transitional, thus individuals must be transitioned to other stable housing according to acceptable length of stay protocols (i.e., 12-18 months).

Individuals receiving FACT + TAP services may be discharged from TAP and continue receiving FACT services, if the need is clinically indicated, by filling one of the 38 FACT only slots.

The FACT team and TAP staff will coordinate with DOHMH SPOA and RCS to inform them of a vacancy for FACT + TAP services.

Discharge from FACT

The FACT team and TAP staff are encouraged to make every effort to discharge individuals in the FACT + TAP program concurrently in order to maintain continuity of care. Prior to discharge from FACT + TAP, the FACT team and TAP staff should work together to identify another appropriate housing and care management program for the individual.

In the rare event that an individual is discharged from FACT prior to discharge from TAP, it is expected that the individual will be transitioned to another housing program as quickly as possible.

Three (3) Month Transfer Period off FACT

The FACT team will follow up with the individual throughout the three (3) month transfer period. During this time, the individual may return to the FACT team if they do not adjust well to their new program or level of service. If the individual returns to the FACT team and already has a new housing provider, the individual will fill one of the FACT only slots. However, if the individual returns to FACT and has not yet been discharged from TAP, the FACT team and TAP staff should assess the need for the individual to remain in TAP.

During the initial three (3) month transfer period, TAP staff will provide regular updates to the FACT team regarding the individual's progress toward discharge from TAP to help both programs plan for upcoming referrals and admissions to FACT + TAP.

Core Competencies and Staff Training Requirements

Forensic ACT staff will follow the staff training requirements as outlined in both the ACT Program Guidelines and the Forensic ACT Program Guidelines Addendum. Additionally, all FACT staff will be required to complete the following housing trainings on the CUCS Academy for Justice-Informed Practice website within the first six (6) months of hire:

- Overview of Psychiatric Disorders
- Foundations of Motivational Interviewing 1 & 2
- NYC Housing 101
- Understanding Supported Employment
- Understanding Wellness Self-Management

FACT staff will also be required to take two (2) OMH trainings and should reach out to Housing@omh.ny.gov for registration and scheduling:

- 595 Discharge Process
- Meeting Complexity with Compassion

TAP staff will meet agency training mandates. Additionally, all TAP staff will be required to complete the following ACT trainings in the Center for Practice Innovation (CPI) learning management system (LMS) within the first six (6) months of hire:

- ACT: Promoting Recovery through a Mobile, Team-Based Approach
- ACT: Engaging Consumers in Assertive Community Treatment
- ACT Transition: Road to Recovery, Curriculum Unit 1
- ACT: Introduction to ACT Specialist Roles
- Introduction to ACT Specialist Roles, Part Two
- FIT: Motivational Interviewing: Engaging

- Day 1 – ACT Core Principles (5 hour LIVE training)

TAP staff will also be required to take two (2) NYC DOHMH trainings within the first three (3) months of hire:

1. *9.58 - Community Behavioral Health Crisis Intervention Training:* TAP staff should reach out to Christina Taylor Redding at ctaylor4@health.nyc.gov to register for the training.
2. *AOT Policy and Procedure Provider Training:* TAP staff should reach out to the AOT Portal Help Desk at aotportalhelp@health.nyc.gov to register for the training.

TAP staff: See Appendix B for additional recommended trainings.

Both the FACT team and TAP staff will be required to complete the CUCS Academy for Justice-Informed Practice certificate program within one (1) year of hire. This training is focused on education and skills required for working with a justice-involved population. See the Forensic ACT Program Guideline Addendum for the specific courses.

Providers are responsible for arranging required staff trainings in collaboration with the Center for Practice Innovations (CPI) ACT Institute. Additionally, FACT providers shall ensure staff are continually trained, especially regarding areas where there is a need for knowledge acquisition and specific populations being served on the team, such as justice involvement, substance use, homelessness, and older adults. All completed staff trainings shall be documented in personnel records and available upon request.

Quality Improvement

Utilization Review

The FACT team and TAP staff will conduct utilization reviews collaboratively through an interdisciplinary process. Staff will share relevant clinical, functional, and housing information, participate in joint case discussions, and develop recommendations based on medical necessity, functional need, recovery progress, and participant-centered goals.

Review findings and recommendations shall be documented, communicated to involved staff, and incorporated into ongoing treatment and housing support planning. Differences in clinical opinion shall be discussed and resolved through review of documented progress notes and assessments.

Incident Management and Reporting

The Agency will develop, implement, and monitor an incident management program for the FACT + TAP program in accordance with NYS Rules and Regulations Part 524. Th FACT team and TAP staff are expected to communicate significant incidents promptly, coordinate clinical and residential responses, complete required reporting within established timeframes, and participate in joint review and follow-up activities as appropriate. Both programs will submit a respective incident report as outlined in the ACT Program Guidelines and 595 Regulations.

Table 1. FACT Screening / Assessment Overview

Type	Description	Tool	FACT Participants	Frequency
Immediate Needs Assessment	Immediate needs are defined as: safety/dangerousness; food; clothing; shelter; and medical needs. See ACT Program Guidelines 5.10.	None	ALL	Within 7 business days of admission
Initial Violence Risk Screening	Violent behavior, threats and thoughts, triggers/warning signs. See FACT Program Guidelines Addendum.	Violence Risk Screening (VRS/FRST)	ALL	Within 7 business days of admission and annually thereafter
Initial Comprehensive Assessment	Medical, physical, and psychosocial status and needs, resources, and strengths, including family and other supports. See ACT Program Guidelines 5.10.	None	ALL	Within 45-60 calendar days of admission
Initial Criminogenic Needs and Risk Assessment	Combines risk/needs assessment and case management into one. See FACT Program Guidelines Addendum.	LS/CMI	ALL	Within 45-60 calendar days of admission in conjunction with the Initial Comprehensive Assessment
Violence Risk Assessment	Risk factors and protective factors that will influence potential future violence, immanency of violence, and seriousness of harm. See FACT Program Guidelines Addendum.	HCR-20 or START	For individuals screened as being appropriate for a VRA based on the VRS.	Within 45-60 calendar days of admission or in conjunction with the initial Comprehensive Assessment. Annual thereafter for individuals whose VRS indicates violence risk
Service Plan Review			ALL	At least every 6 months based on ongoing assessment.

Table 2. TAP Assessment / Service Planning Overview

Type	Description	Frequency
Admission Note	An admission note shall be prepared by a qualified mental health staff person which, at a minimum, indicates a description of the needs of the individual, as well as a brief description of the services necessary to meet these needs during the initial period after admission.	At the time of admission
Self Preservation Test	Used to determine individual's ability to evacuate the building independently in the case of an emergency.	Day of admission, at least annually, and if there is a suspected change in the individual's level of functioning.
Functional Assessment	Used to help determine which skill areas may need to be addressed in the service plan	Within 30 days of admission
Initial Service Plan	Service areas and goals the resident wishes to accomplish	Within 4 weeks of admission
Service Plan Review	Review of individuals' progress with achieving goals	Every 3 months from admission and thereafter
Discharge Summary Note	Individual's chart should contain discharge summary note including whether they want continued check ins for an established period of time after discharge	Within 30 days of discharge, follow ups as requested for an established period of time

Appendix A: TAP Recommended Trainings

Training | CUCS

- Navigating the Mental Health System (NYC)
- NYC Housing 101
- NY/NY III Housing Overview
- Introduction to Substance Use
- Harm Reduction: A Person-Centered Approach to Substance Use Services
- Housing-Based Case Management
- Overview of Psychiatric Disorders
- Stages of Change: Helping People Change Behavior
- Suicide Prevention
- Trauma and Trauma Informed Care: An Overview
- Art of Person-Centered Documentation
- Cultural Competency
- Supervision - Maximizing Staff Performance through Supervision
- Foundations of Motivational Interviewing 1 (MI)
- Foundations of Motivational Interviewing 2 (MI)
- Understanding Supported Employment (SE)
- Understanding Wellness Self-Management (WSM)

OMH Offered Trainings (as requested) through Housing@omh.ny.gov:

- 595 Discharge Process
- Meeting Complexity with Compassion- focus on complex care and safety
- Person-Centered Care (Service Planning and Documentation)
- Staff Wellness
- Discharge Planning

Additional CUCS Offered Trainings (as needed) through Training | CUCS:

- Moving On: Supporting Clients through Transition
- Trauma & Its Aftermath: New Thinking about Trauma-Informed Care
- Trauma & Its Aftermath: Supporting Persons with Trauma Histories
- Understanding Compulsive Hoarding
- Using the Stages of Change to Help Persons with Smoking Cessation
- Working with the Chronically Homeless
- Working with People who have Borderline Personality Disorder

- Coordinating Property Management and Social Services
- Reducing Job Related Stress
- Supervision - Creating Effective Performance Evaluations
- Supervision - Managing the Progressive Disciplinary Process
- Motivational Interviewing for Supervisors
- Buried In Treasures (Hoarding)
- Housing First: An Evidence Based Approach to Ending Homelessness
- Critical Time Intervention (CTI) Day 1 and (CTI) Day 2
- The Intersection of Covid-19 Stress and Systemic Inequality