**Forensic Assertive Community Treatment (FACT)**

**Program Guidelines Addendum**

## Overview

Forensic ACT (FACT) builds on the evidence-based model of Assertive Community Treatment (ACT) by incorporating adaptations to meet the needs of individuals with serious mental illness who are involved in the criminal justice system. These individuals may have co-occurring substance use and physical health disorders. Their needs are often complex, and their disorders are often under-managed and further complicated by varying degrees of involvement with the criminal justice system. FACT builds on the evidence base of the ACT model by addressing 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.

FACT teams provide traditional ACT services that are person-centered, recovery-oriented, community-based, and delivered by a multidisciplinary team. Additionally, FACT offers programming to address risk factors and identified criminogenic needs associated with arrest, recidivism, and recurring involvement with the criminal justice system, including probation, parole, and incarceration. FACT teams will adhere to the principles of classic ACT as well as principles specific to FACT, including: promoting the concepts of recovery and the power of individual choice, mitigating the effects of discrimination based on demographic identity (race, ethnicity, gender or sexual identity), showing sensitivity towards individual's personal stories as they may relate to oppression and inequality, supporting individuals to develop a vocational or educational plan that will provide a path to independence, and supporting individuals who may have limited social or family support to strengthen existing family relationships, including their family of choice.

This addendum outlines the specific programmatic differences for FACT providers from the traditional ACT model in the following areas: eligibility; referrals and coordination between ACT and other systems; assessments, service plans, and team communication; service intensity; staffing requirements, qualifications, and supervision; core competencies and staff training requirements.

Providers are expected, in addition to this addendum, to follow ACT 508 regulations, ACT Program Guidance, Standards of Care, and maintain fidelity to the ACT model. FACT providers will utilize a validated ACT fidelity tool, as recommended by NYS OMH.

The original five FACT Teams located in New York City (NYC) will follow this guidance (outside of the staffing differences) and continue to follow any additional program requirements outlined in contracts with NYC DOHMH. DOHMH and NYS OMH will collaborate to work towards full alignment of this FACT addendum. ACT Teams who in 2016 were identified as serving a specific population by increasing capacity from 48 to 68, with prioritization of 20 slots for prison releases, do not need to follow this guidance, but may reference it in the work that they do.

## Program Definitions

**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.

**Central New York Psychiatric Center (CNYPC):** A comprehensive mental health service delivery system providing a full range of care and treatment to persons incarcerated in the New York State and County Correctional Systems. CNYPC's correction-based operations consists of a statewide network of mental health units located in designated NYS Department of Corrections and Community Supervision (DOCCS) facilities; a full list of CNYPC mental health units can be found here.

## Eligibility

In addition to individuals who meet the eligibility criteria outlined in the ACT Program Guidance (section 5.3), FACT serves individuals who 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.

These individuals may have co-occurring substance use and physical health disorders. These individuals may also be high users of emergency and/or crisis services, are isolated from community supports (including family), are in danger of losing their housing/becoming homeless, and/or are homeless.

## Referrals and Coordination Between FACT and Other Systems

FACT follows the referral and admission process outlined in the ACT Program Guidance (Section 5.4). FACT providers must collaborate with the applicable NYS OMH Field Office, LGU SPOA/SPA, CNYPC Pre-Release Services, OMH Forensic Diversion Center, AOT, acute and state-operated psychiatric hospitals, community supervision, and community-based providers (among other potential referral sources) to target appropriate individuals for this high need service. FACT teams are encouraged to develop relationships with local jails, prisons, drug courts, mental health courts, and other programs and initiatives where FACT Teams will receive referrals (see directory of Alternatives to Incarceration (ATI) Programs in Appendix B).

For individuals coming out of a facility (e.g., prisons, jails, hospitals), expectations (prior to release) for the FACT Teams around coordination with the individual and referral staff are:

- Collaborate with facility discharge planner or designated liaison to assist with discharge planning (e.g., pharmacy refills, housing and shelter arrangements, transportation, food, cell phone needs, clothing, applications for benefits [Medicaid, temporary assistance]).
- Follow-up with parole/probation as early as possible to coordinate release.

- Teams must attempt to meet with the individual, preferably in person, but virtually if not possible, prior to release.
    - At this time, the team should attempt to have the individual sign a consent for release of information.
    - The team should review the needs of the individual. If the team is unable to review needs with the individual, the team may work with CNYPC Pre-Release Services to identify the needs of the individual prior to release.
- Teams should work with the CNYPC Pre-Release Services on their plan for day of release transportation, including escort to housing and appointments, as needed. In situations where the individual is not released to community supervision or is directly transported to a location other than the assigned parole/probation office, the FACT team is expected to meet the individual on the day of release.

FACT Providers will prioritize 20 slots on the team specifically for individuals referred by CNYPC Pre-Release Services coming directly from prison or released from prison in the past year. Prioritizing these slots does not mean the team needs to keep 20 slots open at all times, however, teams should work with LGUs/SPOAs to manage the slots for releases from prison to allow for immediate availability at the times of release. Referrals will go from CNYPC Pre-Release Services to SPOA/SPA. Designated staff from CNYPC Pre-Release Services will work closely with SPOA to monitor vacancies and assignments to these slots. Once the assignment is made to the FACT team, CNYPC Pre-Release Services will contact the assigned FACT provider directly to coordinate day of release warm handoff.

Upon receipt of all referrals, the FACT team is expected to coordinate with parole, probation, courts, and other programs involved with the individual, as applicable. FACT teams are expected to maintain relationships and correspondence with parole, probation, and other programs, as applicable, throughout the individual's service connection with the team. FACT teams shall:

- Meet with the individual as soon as possible once the referral has been received;
- Understand the conditions of release/mandated requirements;
- Work with legal systems to establish parameters around information sharing with focus on strengths-based problem solving;
- Plan for ongoing case conferencing and collaboration with key stakeholders – coordination of services and supports;
- Work with community supervision, especially during special situations when individuals violate parole or probation; and
- Understand expectations when community supervision sees that the individual is experiencing a crisis; determine how best the FACT team can provide support.

## Assessments, Service Plans, and Team Communication

Any court mandates from community supervision or elsewhere shall be listed or available in the record for review.

FACT Teams must complete all required assessments within the timeframes outlined in the ACT Program Guidelines (Section 5.10).

In addition to the assessments outlined in the ACT Program Guidelines, FACT Teams will:

- Screen for risk of violence using the Violence Risk Screening (VRS) within seven (7) business days of admission, and annually thereafter.
- Complete a Violence Risk Assessment - using the HCR-20 or the START - for all

individuals for whom risk assessment is indicated by the VRS within 45-60 calendars days of admission, or in conjunction with the Initial Comprehensive Assessment. Assess for Criminogenic needs and risk of recidivism - using the Level of Service/Case Management Inventory (LS/CMI) - within 45-60 calendar days of admission in conjunction with the Initial Comprehensive Assessment. The LS/CMI is required at the time of the Initial Comprehensive Assessment only.

The FACT team will develop treatment plans to address the identified criminogenic needs by incorporating the results of the LS/CMI, to be addressed during each service plan review as needed. Service plans will also incorporate interventions that address the risk of violence if indicated by the VRS and subsequent violence risk assessment.

Individual service plans should reflect interventions (e.g., interactive journaling) that target dynamic risk factors and methods to support protective factors. Dynamic risk factors are defined as potentially changeable characteristics of individuals and their environments that are related to the likelihood of recidivism after discharge. Protective factors enhance resilience and can mitigate the impact of risk factors. Service plan reviews and assessments will continue as outlined in Section 5.10.4 in the ACT Program Guidelines.

In addition to the team communication outlined in the ACT Program Guidance (Section 5.9), FACT teams will incorporate criminal justice communications regarding appointments, court dates, anticipated probation or parole end dates, etc. into communication logs and boards.

## Service Intensity

In addition to following the service intensity outlined in the ACT Program Guidance (Section 5.6), FACT teams will adhere to a FACT approach, which includes but is not limited to:

- Service intensity during the first weeks of admission is enhanced such that there is an increased number of contacts, particularly for individuals coming directly from a facility;
- Provide services that are tailored to meet the individual's specific needs and preferences;
- Knowledge of the implications of social determinants and the likely inherent disparities in areas such as healthcare access, housing, employment status, food security;
- Ongoing case conferencing and collaboration with parole, probation, courts, and other programs involved with the individual to ensure coordination of services and supports;
- Deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living setting rather than in a hospital or clinic setting. This means that interventions and skills training will be carried out at the location where individuals live, work, socialize, and where support is needed;
- Engage individuals with co-occurring substance use, histories of trauma, and justice involvement;
- Maintain the organizational capacity to ensure small caseloads and continuity of care. The FACT team will maintain the minimum staffing ratio of six (6) individuals to one (1) staff;
- Clear understanding of the service needs of adults with SMI who are justice-involved and a demonstrated ability to coordinate services internally and externally, meeting with individuals who may get reincarcerated;
- Develop and implement strategies for maintaining continuity of care during periods of incarceration, including regular communication with treating provider during this time

of inactivity;

- Use key components of evidence-based practices to inform treatment;
- Provide clinical services including psychotherapy, cognitive behavioral therapy (CBT), dialectical behavior treatment (DBT), and interventions shown to reduce recidivism which may include Interactive Journaling, Thinking for a Change, Moral Reconation Therapy;
- Treat co-occurring substance use disorders, including use of Medication Assisted Treatment (MAT) for tobacco, alcohol, and opioid use disorders and stage-matched treatments for all addiction disorders (e.g., motivational interviewing for precontemplation/contemplation/preparation; skill building and cognitive-behavioral therapy for action/maintenance);
    - FACT Providers may also need to collaborate and coordinate with providers of Chemical Dependence, Inpatient Rehabilitation, Medically Managed Detoxification, Chemical Dependence Medically Supervised Inpatient and Outpatient Withdrawal, and other Office of Addiction Services and Supports (OASAS) licensed and/or designated programs and harm reduction, including syringe exchange programs, to work closely, and ensure warm hand offs.
- Use the Risk-Need-Responsivity (RNR) Model, which is an evidence-based approach for the justice involved population (See RNR resource in Appendix B);
- Implement broad harm reduction strategies including safer use, managed use, and meeting people "where they are at", including prescribing naloxone or registering to become an opioid overdose prevention program (OOPP) and directly distributing naloxone to individuals served on the team;
- Competent in the transitional practice framework and the dimensions of 1) engagement, 2) skills of self-management and 3) transfer of care and community engagement as found in the ACT Transitional Curriculum; and
- Consider service provision outside of the standard Monday to Friday, 9:00am – 5:00pm hours. It is the expectation that the team will have flexible work hours to allow for better engagement and to better accommodate forensic client needs/schedules, (e.g., 10:00am – 6:00pm, 11:00am – 7:00pm, weekends).

## Staffing Requirements, Qualifications, and Supervision

FACT teams will build a multi-disciplinary team including members from the fields of psychiatry, nursing, psychology, social work, substance use, vocational rehabilitation, as well as peers with lived experiences in behavioral health and criminal justice systems.

FACT teams are staffed at a 6:1 ratio, including additional staff to meet the higher needs of the target population. In addition to the ACT staffing outlined in the ACT Program Guidance (Section 5.7), the following staff roles and qualifications are required on a FACT team:

- *Clinician:* One (1) full time employee (FTE) Licensed Clinician (Psychologist, Social Worker [LCSW or LMSW], or Mental Health Counselor [LMHC]). The Clinician is a staff member providing evidence-based practices, such as CBT and DBT, with an understanding of antisocial behavior and/or personality traits. The clinician will partner with the Criminal Justice Specialist in conducting assessments to identify risk factors, criminogenic needs, and appropriate interventions for this population.

    *Note for 48-capacity teams: The clinician will have lead responsibility for conducting assessments to identify risk factors, criminogenic needs, and appropriate interventions for this population.

- *Criminal Justice Specialist (Licensed Practitioner of the Healing Arts [LPHA])*: One (1) FTE professional staff who is licensed by the New York State Education Department (e.g., LMSW, LCSW, LMHC). The Criminal Justice Specialist, who in addition to performing routine team duties, has lead responsibility for conducting criminogenic screenings and assessments; utilizing the RNR approach to identify factors for addressing and reducing risk of arrest and incarceration/remand; guiding highly individualized, person-centered service plans identified in ACT guidelines along with any other individual priorities.
- *Criminal Justice Liaison:* A staff member, who in addition to performing routine team duties, has lead responsibility for navigating the criminal justice system, advocating on behalf of FACT individuals, and providing education and skill building. The Criminal Justice Liaison is the supporting liaison with key criminal justice system stakeholders and conducts in-reach to people who are incarcerated, including following initial referral, to gather data concerning the individual's criminal history. The Criminal Justice Liaison will spearhead jail release planning to provide immediate support for the transition back to the community. The Criminal Justice Liaison is expected to be familiar with county-specific ATI programs (see Directory of ATI Programs in Appendix B).
- *Housing Specialist*: A staff member, who in addition to performing routine team duties, has lead responsibility for integrating housing services with the tasks of all team members. Housing services include but are not limited to assistance with referrals and applications, navigating housing options, and activities of daily living. The Housing Specialist may assist the Criminal Justice Liaison with coordination of housing related needs prior to an individual's transition/release to the community.
- *Peer Specialist:* A staff member with lived experience in behavioral health or criminal justice systems. Peer specialists are in a unique position to serve as role models, educate individuals about self-help techniques and self-help group processes, teach effective coping strategies based on personal experience, teach wellness management skills, assist in clarifying rehabilitation and recovery goals, and assist in the development of community support systems and networks. The Peer Specialist may assist the Criminal Justice Liaison with discharge planning prior to release and may support the individual with their transition into the community.

FACT teams must meet the following staffing requirements:

1. ACT team composition should include six (6) or fewer individuals per team member (6:1). This ratio excludes psychiatric providers and program assistants.
2. The 48-capacity model calls for eight (8) staff (counted in the staff to individual ratio) and one (1) FTE program assistant and 0.48 FTE psychiatrist / 0.7 FTE NPP; the 68-capacity model calls for 12 staff (counted in the staff to individual ratio) and one (1) FTE program assistant and 0.68 FTE psychiatrist or 1 FTE NPP. The program must make every effort to be fully staffed.
3. Team staffing is multi-disciplinary.
4. At least 60% of the staff included in the 6:1 ratio is professional.
5. At least 60% of the staff included in the 6:1 ratio is full-time.
6. Teams who experience high staff turnover, or low staffing numbers affecting the 6:1 ratio, should follow up with their regional NYS OMH Field Office to notify them of these challenges and plans to meet the needs of the individuals served.

7. FACT teams will maintain a plan for regular supervision of all staff members, including the Team Leader, as outlined in the ACT Program Guidance (Section 5.7.3).

See Table 1, Adult FACT Staffing Requirements, for the minimum staffing requirements for a 48 and 68 capacity FACT team.

## Core Competencies and Staff Training Requirements

Each specialty role shall possess competency in their specialized areas. If an individual is hired on the ACT team to fill a specialty position and does not have the required competencies, the agency must provide a written plan detailing the training and supervision that will be provided to enable the individual to obtain competency. The training should begin immediately upon hire. The agency must be able to provide written documentation that the individual has attained competency in the required areas. Competency means one (1) year of experience or training in the specialty area and demonstration of the specific skills or knowledge.

In addition to the core competencies and staff training requirements outlined in the ACT Program Guidelines (Section 5.7.2), the below specialty roles shall possess competency in the following specialized areas:

i. Criminal Justice Specialist (LPHA)
   - Knowledge and application of the RNR model
   - Ability to complete and apply findings from assessments of criminogenic need and violence risk (e.g., LS/CMI, HCR-20, START)
   - Knowledge of evidence-based interventions (e.g., Interactive Journaling, Thinking for a Change, Moral Reconation Therapy)
   - Training and/or experience in criminogenic support services

ii. Criminal Justice Liaison
   - Experience with or knowledge of the local criminal justice system as it relates to the needs of the population (e.g., court systems, ATI programs, parole)
   - Skills development related to meetings with the relevant stakeholders in the local systems (e.g., parole, probation, courts) and building rapport with individuals
   - Understanding of the criminogenic need and risk assessments (e.g., LS/CMI, HCR-20, START)

iii. Housing Specialist
   - Ability to complete a housing need assessment
   - Knowledge and application of motivational interviewing strategies
   - Experience with or knowledge of the local housing system as it relates to the needs of the population (e.g., housing SPOAs, shelters, homeless service agencies)
   - Understanding discrimination in housing as it relates to finding housing for the criminal justice population
   - Knowledge of housing laws, regulations, and local community housing agency practices

All staff will also be cross trained for specialty role areas; Criminal Justice Specialist/Criminal Justice Liaison, Family Specialist, Substance Use Specialist, Vocational Specialist, Housing

Specialist, and Peer Specialist.

FACT staff are also required to be trained, within six (6) months of hire, in evidence-based practices such as:

- Cognitive behavioral therapy (CBT)
- Dialectical behavior therapy (DBT)
- Integrated Dual Disorder Treatment (IDDT) or Focus on Integrated Treatment (FIT)
- Critical Time Intervention (CTI)
- Motivational Interviewing
- Trauma Informed Care and Substance Use Principles (required FIT modules and OASAS supplemented training)

All FACT 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.

CUCS Academy for Justice-Informed Practice Certificate courses includes:

- Cross-Systems Collaboration: Supporting Mandated Clients
- Using Harm Reduction Approaches to Enhance Participant Outcomes: Increasing Our Engagement Tools
- First Person Perspectives: From Incarceration to Recovery
- Realizing, Recognizing and Responding: An Introduction to Trauma-Informed Care
- Reducing Recidivism and Promoting Recovery: Understanding and Addressing the Factors that Contribute to Re-Arrest
- SPECTRM: Sensitizing Providers to the Effects of Incarceration on Treatment
- Understanding and Navigating the Criminal Justice System: An Overview for Behavioral Health Professionals
- Understanding Violence: Assessing and Managing Risk
- Mass Incarceration, Criminal Justice and Mental Health: A Racial Equity Perspective

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.

### Table 1. Adult Forensic ACT Staffing Requirements

| **48 Capacity Team** | **68 Capacity Team** |
|---|---|
| **Included in 6:1 Ratio** | **Included in 6:1 Ratio** |
| Team Leader (1 FTE) | Team Leader (1 FTE) |
| Registered Nurse (1 FTE) | Registered Nurse (1 FTE) |
| Vocational Specialist (1 FTE) | Vocational Specialist (1 FTE) |
| Substance Use Specialist (1 FTE) | Substance Use Specialist (1 FTE) |
| Family Specialist (1 FTE) | Family Specialist (1 FTE) |
| Peer Specialist (1 FTE) | Peer Specialist (1 FTE) |
| Clinician (LPHA) (1 FTE) | Clinician (LPHA) (1 FTE) |
| Criminal Justice Liaison (1 FTE) | Criminal Justice Liaison (1 FTE) |
| | Criminal Justice Specialist (LPHA) (1 FTE) |
| | Housing Specialist (1 FTE) |
| | LPN (0.5 FTE) |
| | Discretionary Staff (0.5 FTE) |
| **Not included in the 6:1 ratio** | **Not included in the 6:1 ratio** |
| Program Assistant (1 FTE) | Program Assistant (1 FTE) |
| Psychiatrist (0.48 FTE) / NPP (0.70 FTE) | Psychiatrist (0.68 FTE) / NPP (1 FTE) |

## Table 2. FACT Screening / Assessment Overview

| Type | Description | Tool | FACT Clients | 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 | Only those with positive score on VRS | Within 45-60 calendar days of admission or in conjunction with the initial Comprehensive Assessment |

## Appendix A - Forensic Literature Resources

Lamberti, J. S., & Weisman, R. L. (2021). Essential elements of forensic assertive community treatment. *Harvard Review of Psychiatry, 29*(4), 278–297.

Prins SJ, Skeem JL, Mauro C, & Link BG (2015). Criminogenic factors, psychotic symptoms, and incident arrests among people with serious mental illnesses under intensive outpatient treatment. *Law and Human Behavior*, 39, 177–188.

Skeem, J. L., Winter, E., Kennealy, P. J., Eno Louden, J., & Tatar, J. R. (2014). Offenders with mental illness have criminogenic needs, too: Toward recidivism reduction. *Law and Human Behavior, 38,* 212–224.

## Appendix B – Forensic Resources

Forensic Assertive Community Treatment (FACT) SAMHSA Resource

Central New York Psychiatric Center

Directory of Alternatives to Incarceration (ATI) Programs - NY DCJS

LS/CMI Training

LS/CMI Brochure

HCR-20 Training

Expanded RNR model (Training)

Expanded RNR model (pdf)

RNR model Resource

Journaling Curriculum – The Change Companies

Justice Services – The Change Companies