

FORENSIC ASSERTIVE COMMUNITY TREATMENT (FACT)
Mental Health and Mental Retardation Authority of Harris County
Resiliency and Disease Management
Outcome Measure Guidelines
(FACT FIDELITY SCALE)

Overview of the MHMR Forensic Assertive Community Treatment (FACT) Model

- The FACT team caters to those persons whose primary needs are those pertaining to mental health yet who have found themselves cycling through the corrective systems. The team provides community based services to persons with psychiatric disorders who are arrested for minor offenses.
- The FACT team is a mobile outreach team that has the ability to provide the majority of mental health treatment, rehabilitation, service coordination, housing, vocational, and other general services traditionally provided by different components of the mental health system.
- The primary function of the program is to facilitate access to appropriate mental health services by providing assessment, treatment planning and monitoring, medication related services, counseling, skills training, family education, crisis intervention and transportation.
- The goal of the unit is to reduce recidivism of persons with mental illness and increase the client's tenure in the community; reduce incarcerations, reduce hospital admissions, decrease symptoms and improve the client's quality of life.

Overview of the FACT Fidelity Scale

The FACT Fidelity Scale is an instrument that is intended to measure the extent and faithfulness of the implementation of the program for the purpose of quality improvement and accountability to the Texas Department of State Health Services (DSHS), to the justice and correctional systems, and by extension to the Texas Legislature and the citizens of the state.

It is expected that the scale and its supporting documentation are used as a training tool that expands upon practical understanding and application of an integrated rehabilitative case management model.

Elements of the FACT Fidelity Scale

The Scale is divided in to 7 sections:

1. Recidivisms Rates - hospital, jail
2. Homelessness
3. Benefits – Reinstated and/or new benefits and resources
4. Criminal Justice System
5. TRAG scores- progress before and after ¹
6. Average lengths of stay
7. Discharge Reasons

How Items are Rated

The FACT fidelity review instrument consists of 7 items which are to be rated individually on a five- point scale with "1" denoting no or minimal implementation of the services and, "3" being midpoint and in most cases denoting adequate implementation, and "5" reflecting a faithful and superior implementation. Anchors points first the five-point rating are usually defined in terms of the extent of the presence of the element/ sub-elements. Some items or essentials are rated with a "5" or a "1" based upon a "Yes/No" format when a more graded approach seems unfeasible.

FACT Fidelity Protocol

Section 1: Recidivisms Rates

The goal to reduce recidivism of persons with mental illness and to increase the client's tenure in the community refers to both the correctional system as well as higher levels of care within the mental health system. The primary focus will be a deterrent from a return to jail, with the secondary measure being a hospital admission. A hospital admission will be considered a lower and more appropriate level of care over

¹ TRAG = Texas Recommended Authorization Guidelines

a new incarceration if psychiatric factors are present. This will be accomplished through daily contact with a member of the treatment team during the first 30 days in the program with a gradual reduction in the intensity of contact over a 180 day time span combined with individualized comprehensive treatment team approach. Clients will learn about their disorder, how it combined with their choices affect maintenance and deterioration, and how they can become more independent in managing their own mental health. Progress can be measured in the frequency of hospitalizations and incarcerations.

Element # 1 – Lower Levels of Care – Mental Health System

Definition: The provision of intensive case management services will result in diversion of a consumer from the jail/ corrective system to a higher level of care such as inpatient hospitalization when a client's mental illness is considered factor and deterioration is present.

Rationale: Although the goal is to promote progress so a client can remain in the community setting, one goal is for a client to transition to a treatment setting if/ when they do deteriorate as compared to a correctional setting.

Sources of Information: Clinical records

Item Scoring:

- 1) *The consumer has an average of 6 or more hospitalizations during a 180 day period (1 or more per month average)*
- 2) *The consumer has an average of 5-4 hospitalizations during a 180 day period (1 every 36 – 45 days average)*
- 3) *The consumer has an average of 3 hospitalizations during a 180 day period (1 every 60 days average)*
- 4) *The consumer has an average of 2 hospitalizations during a 180 day period (1 every 90 days average)*
- 5) *The consumer has an average of 0-1 hospitalizations during a 180 day period (1 or less every 180 days)*

Element # 2 –Least Restrictive Environment – Corrective System

Clients will, with intensive case management and an integrated team approach, find themselves retuning to the corrective system less frequently

Definition: Client will not obtain new assignments to probation nor parole nor have any additional time added to their stay

Rationale: With an introduction to or reintroduction to mental health services on an intensive level, client will learn to better regulate their behavior through techniques and skills learn and / or by having more information and the advantage of being chemically/ medically stable. These tools

Sources of Information: Clinical records

Item Scoring:

- 1) *Currently in Jail or has a felony charge pending*
- 2) *3 or more misdemeanor arrests in the past 90 days*
- 3) *2 misdemeanor arrests in the past 90 days*
- 4) *1 misdemeanor arrests in the past 90 days*
- 5) *0 misdemeanor arrests in the past 90 days*

Section 2: Homelessness

The FACT team will insure or secure housing for clients referred to the team. Client will be linked with landlords, public housing, personal care homes, Section 8 housing, family members, etc. in the community.

Element # 3 – Placements

Definition: Client will be referred to and assisted in contacting housing alternatives in the community. They will be assisted in applying for and connecting with community resources.

Rationale: To provide needed services within the integrated team with minimal referrals to outside case management sources

Information Sources: Client Charts – demographic sheets

Item Scores:

- 1) 50 % or greater placements into an emergency shelter
- 2) 25- 49% placements into an emergency shelter
- 3) 1- 25% % placements into an emergency shelter
- 4) 20% or greater living with family
- 5) 20% or greater living in their own homes (boarding room, apartment, or other)

Section 3: Benefits

Persons exiting institutions often have no benefits or have had their benefits suspended. It can take several months to reinstate benefits and even longer to initiate the receipt of benefits for the first time.

Element # 4 - Funding

Definition: The FACT team will assist clients in obtaining benefits and /or resources for treatment including for medication obtainment, housing, and treatment.

Rationale: Resources require funding. Clients need to be connected to resources to secure housing, mental and medical health services, etc.

Information Sources: Progress Notes, client records

Item Scoring:

- 1) 20 % of cases will secure SSDI, employment, or other funding AND pharmacy assistance benefits
- 2) 40 % of cases will secure SSDI, employment, or other funding AND pharmacy assistance benefits
- 3) 60 % of cases will secure SSDI, employment, or other funding AND pharmacy assistance benefits
- 4) 80 % of cases will secure SSDI, employment, or other funding AND pharmacy assistance benefits
- 5) 100 % of cases will secure SSDI, employment, or other funding AND pharmacy assistance benefits

Section 4: Criminal Justice System Involvement

Clients will, with medication, an intensive case management, and an integrated team approach, find themselves returning to the corrective system less frequently.

See Element # 2

Element # 5 Level of Legal Involvement

Definition: Clients will decrease their involvement with the correction system by having a lower TRAG scores

Rationale: With the addition of FACT services, clients will learn and put to use coping and community integration skills to the point of acting verses reacting to perceived stressors, real or perceived. They will in doing so, have no further or fewer encounters with the justice system.

Information Scoring: TRAG scores – measure # 8

Item Scoring:

- 1) TRAG score of 5 from Section #8 - Criminal Justice Involve
- 2) TRAG score of 4 from Section #8 - Criminal Justice Involvement
- 3) TRAG score of 3 from Section #8 - Criminal Justice Involvement
- 4) TRAG score of 2 from Section #8 - Criminal Justice Involvement
- 5) TRAG score of 1 from Section #8 - Criminal Justice Involvement

Element # 6: Parole and Probation

Definition: Fewer assignments to the probation and parole departments

Rationale: Treatment involvement will reduce the need for involvement with the corrections department as clients learn more about their illness and skills related.

Information Scoring: Client Identifying and Emergency Contract sheets.

Item Scoring:

- 1) 80 % or greater of the cases assigned to the FACT unit will have a parole or probation officer assigned
- 2) 60 - 79% of the cases assigned to the FACT unit will have a parole or probation officer assigned
- 3) 40 -49 % of the cases assigned to the FACT unit will have a parole or probation officer assigned
- 4) 20- 39% of the cases assigned to the FACT unit will have a parole or probation officer assigned
- 5) 0 – 19% of the cases assigned to the FACT unit will have a parole or probation officer assigned

Section 5: TRAG Scores

ELEMENT # 7: Overall Level of Functioning

With the introduction of intensive case management and medication, a client's overall functioning will improve

Definition: The client will illustrate stability or progress from one quarter to the next by maintaining or moving forward in terms of their TRAG score.

Rationale: According to system's theory, change in one area will result in a change in all areas.

Source of Information: TRAG scores

Item Scoring:

- 1) Average TRAG Score of 5 after 90 days in the program
- 2) Average TRAG Score of 4 after 90 days in the program
- 3) Average TRAG Score of 3 after 90 days in the program
- 4) Average TRAG Score of 2 after 90 days in the program
- 5) Average TRAG Score of 1 after 90 days in the program

Section 6: Lengths of Stays

Following a pyramid of service time lines, the treatment team will be able to provide daily contact and services on the front end. As a client, gains greater awareness of his illness and needs, greater motivation, and greater skills, his/ her need for and dependence on the FACT team will decrease.

Element # 8 - Program Completion

A growth scale which provides for a progressive decline in need for intensive case management predicts a cooperative and motivated client can progress to a treatment package 3 within 180 days or less.

Definition: The client will remain in the program 180 days or greater.

Rationale: Through outreach, engagement, and stabilization, clients will be able to progress to lower levels of care. The longer a client remains in the program, the longer he/ she is cooperating with the treatment team and the greater the chances of a client gaining from services provided. This will lead to the greater the likelihood he/ she will complete the 180 day program on time or earlier. The longer the client remains in the program, the less likely he will circulate back through the corrective system again.

Sources of Information: Progress notes, treatment plans

Item Scoring:

- 1) *20% of the clients will complete 180 days of treatment*
- 2) *40% of the clients will complete 180 days of treatment*
- 3) *60% of the clients will complete 180 days of treatment*
- 4) *80% of the clients will complete 180 days of treatment*
- 5) *100% of the clients will complete 180 days of treatment*

Section 7: Discharge

The longer the client remains in the program, the less likely he will circulate back through the corrective system again.

The longer a client remains in the program, the greater his/ her chances of graduating from a treatment package 4 to more independent avenues.

Part of the treatment planning will include transitioning clients to other programs and levels of care. If a client discharges prematurely documentation will be collected for analysis of identifying possible needs for revisions or risk factors. Clients will be provided graduation of services aim at progression toward lower levels of care.

Element # 9- Discharge Reasons

Definitions: Client discharge status will be tracked for outcome analysis

Rationale: Discharge status will be tracked for consideration in program development, program adjustments, resource and funding needs, and client needs

Source of Information: Discharge Summaries and progress notes

Item Scoring:

- 1) *Re-incarceration or death*
- 2) *Missing in Action, Refused further treatment*
- 3) *Client determined he has reached a point of stabilization with no incarcerations against team advice*
- 4) *Transitioned to treatment package # 3*
- 5) *Graduated from services requiring service package 2 or lower or has entered into the work field*