

Forensic Assertive Community Treatment (FACT)

A Service Delivery Model for Individuals With Serious Mental Illness Involved
With the Criminal Justice System

FACT OVERVIEW

Forensic assertive community treatment (FACT) is a service delivery model intended for individuals with serious mental illness (SMI) who are involved with 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-based assertive community treatment (ACT) model by making adaptations based on criminal justice issues—in particular, **addressing criminogenic risks and needs**. In this sense, FACT is an intervention that bridges the behavioral health and criminal justice systems.

FACT is designed to do the following: improve clients' mental health outcomes and daily functioning; reduce recidivism by addressing criminogenic risks and needs;¹ 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.

Like ACT, FACT provides services that are **client-focused, community-based, time-unlimited, and delivered by a multidisciplinary team**. These services include intensive, continuous engagement. While FACT adds forensic components, providers should always ensure fidelity to the ACT model.² For more information and resources related to ACT and fidelity tools, see SAMHSA's [ACT Evidence-Based Practices Kit](#).³

The following forensic components distinguish FACT from ACT:⁴

- Addressing criminogenic risk and needs as part of the treatment plan, including the use of evidence-based cognitive behavioral therapies shown to reduce recidivism
- Having a criminal justice partner and a peer specialist with lived criminal justice experience on the treatment team

KEY COMPONENTS OF FACT

1. Forensic services that address criminogenic risks and needs
2. Client eligibility based on a set of well-defined criteria, including multiple incarcerations
3. Client access to round-the-clock, individualized psychiatric treatment and social services that address immediate needs and improve stabilization
4. Service delivery by an integrated, multi-disciplinary team, including criminal justice specialists
5. Cross-system mental health and criminal justice team member training
6. Implementation fidelity to ACT and quality control
7. Flexible funding and implementation support

- Serving clients with SMI who have prior arrests and incarcerations
- Leveraging sanctions and incentives imposed by the criminal justice agencies providing supervision, when appropriate

DEFINITION OF TERMS USED IN THIS BRIEF

- **Behavioral Health:** Well-being promoted by preventing or intervening in mental illnesses or substance use disorders
- **Serious Mental Illness (SMI):** Mental, behavioral, or emotional disorder that seriously impairs functioning and interferes with one or more major life activities
- **Law Enforcement:** Individuals and agencies responsible for criminal justice supervision and enforcement of legal sanctions (e.g., police, sheriffs, sheriff's deputies, probation officers)
- **Community Corrections:** Programs that oversee individuals released from jail or prison who are placed under probation or parole; administered by agencies or courts with legal authority to enforce sanctions
- **Recidivism:** Repetition of criminal justice involvement by a person with a previous criminal conviction
- **Criminogenic Risk:** The likelihood that an individual will engage in future illegal behavior in the form of a new crime or failure to comply with conditions of probation or parole
- **Criminogenic Needs:** Factors that increase an individual's likelihood of re-offense, such as lack of employment or livable wages, or the presence of a substance use disorder

Whom does FACT serve?

Although some FACT eligibility criteria may vary from program to program, FACT is designed to respond to the needs of people who are criminal justice-involved, are living with SMI or co-occurring disorders, and have **medium to high criminogenic risk**, as determined by scores on validated assessment tools (for more on how to determine criminogenic risk and need, see *Adults with Behavioral Health Needs Under Correctional Supervision*).^{5,6,7} Only those persons who meet these criteria should be considered for FACT. Although FACT may improve accountability for people with lower criminogenic risk or needs, it is too costly and resource-intensive to be used routinely as general criminal justice supervision or a clinical treatment intervention.

FACT clients should have current or previous **criminal justice involvement** and should be under court-ordered

FACT CLIENT ELIGIBILITY CRITERIA

- Eligibility criteria for ACT are met
- Current or recent involvement with the criminal justice system, including a history of failure to comply with criminal justice system supervision
- Medium to high criminogenic risk and need
- SMI; may also include co-occurring substance use disorders
- Functional impairment, including the inability to manage activities of daily living

community supervision, incarcerated and pending imminent release, or recently released from incarceration or a forensic hospital setting. They may also have a **history of non-compliance** with valid court orders and criminal justice mandates.

What are FACT clients' needs?

Criminal justice-involved individuals with SMI and co-occurring substance use and physical health disorders have **complex needs** that call for coordination and the sharing of information and resources across criminal justice and mental health systems, as well as human services and housing.

Like ACT clients, individuals appropriate for FACT may have frequent contacts with emergency services (fire/emergency medical services and crisis services), high utilization of emergency departments, and repeat hospitalizations. They typically lack engagement in treatment through traditional office-based services and have **difficulty adhering to recommended psychosocial interventions**.

Individuals appropriate for FACT often have histories of chronic homelessness and may live in **substandard housing** or be **at risk of homelessness**. They may struggle with activities of daily living. Due to their current or recent involvement with the criminal justice system, individuals appropriate for FACT may need to navigate contacts with law enforcement, repeated jail admissions, and **community corrections**.

SERVICES THAT MAY BE DELIVERED BY FACT TEAMS

- Cognitive behavioral interventions and skill development that address criminogenic risk and need
- Coordination with criminal justice entities, including law enforcement, pretrial services, courts, jails, and community corrections
- Legal advocacy and assistance navigating the criminal justice system
- Application assistance with enrollment in or reinstatement of Social Security (SS) benefits, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, or other benefits after incarceration
- Medication education and management
- Supportive housing
- Skill development in activities of daily living
- Occupational, vocational, and educational skill development
- Opportunities to participate in pro-social activities and interpersonal skill development

What services does FACT provide in addition to traditional ACT services?

As with ACT, services should be **person-centered, trauma-informed, and deliverable as needed 24 hours a day, 7 days a week**. A FACT client's personal recovery advances the core criminal justice principles of individual accountability and public safety. FACT services can effectively address criminal justice court orders that include treatment, working collaboratively with criminal justice professionals in ensuring compliance. However, FACT services are **time-unlimited**, meaning engagement continues beyond an individual's criminal justice involvement.

FACT REFERRAL SOURCES

- Law enforcement officers
- Community corrections officers
- Court officials
- Behavioral healthcare providers

How are clients referred to FACT by the criminal justice system?

Criminal justice system service stakeholders—including law enforcement, court officials, community corrections, and integrated criminal justice and behavioral health collaborators—can refer clients to FACT. These stakeholders identify clients whom they think could benefit from FACT services aiming to reduce recidivism and increase success under court-ordered community supervision.

IMPLEMENTATION SPOTLIGHT: COMMUNITY BRIDGES, INC. (MARICOPA COUNTY, ARIZONA)

- **Operational since:** 2014
- **Referral process:** All referrals are generated by criminal justice system staff (probation officers, parole officers, correctional health workers in prisons, and mental health professionals in the jails). The criminal justice system identifies clients based on eligibility and the client must agree to the intervention. A release of information is signed, and the referral is sent via email from the criminal justice system to the Regional Behavioral Health Authority, which then reviews the referral and sends it to Community Bridges.
- **Eligibility criteria:** Diagnosis of an SMI that seriously impairs functioning in a community setting, significant functional impairments, continuously high service needs, and medium/high risk of recidivating back into the criminal justice system
- **Team members:** Psychiatrist, clinical coordinator, two integrated care registered nurses, two substance abuse specialists, program assistant, quality management specialist, employment specialist, rehabilitation specialist, housing specialist, independent living skills specialist, peer support specialist, and FACT specialist
- **Financing:** Value-based contracting (per-member, per-month) for those on state insurance; fee-for-service for those without insurance; performance-based incentives
- **For more information:** See the [Community Bridges website](#)

FACT provides an alternative to traditional case processing at multiple points in the criminal justice system, offering the following benefits to clients and criminal justice system professionals:

- **Pre- and post-booking diversion:** Divert individuals with lower-level offenses, high rates of recidivism, and high needs who frequently come to law enforcement's attention.
- **Community-based supervision:** Increase compliance with court orders and reduce revocations for persons under probation, parole, or other forms of community supervision.
- **Reentry stabilization:** Increase stabilization and successful reentry to the community from jail, prison, or forensic inpatient treatment setting.

Who provides FACT?

FACT teams are **multidisciplinary**, with diverse roles and expertise and a **small client-to-team ratio**. This allows for flexible, comprehensive, and responsive service delivery based on client needs. A FACT team should **include all the members that would make up an ACT team**.

- Representatives from the field of psychiatry (including psychiatric nursing)
- Specialists in employment and substance use services
- One or more peers living with SMI or co-occurring disorders
- Recommended: Professionals in social work, rehabilitation counseling, psychology, occupational therapy, independent living, housing, family support, and other supportive services

A FACT team should also have two important members not present on an ACT team: a criminal justice partner and a forensic peer specialist. **Criminal justice partners** typically come from local law enforcement, pretrial services, or probation and parole agencies. FACT teams maintain close coordination with their criminal justice partners and may involve them in case decision-making. **Forensic peer specialists** are individuals living with SMI or co-occurring disorders who have personal experience with criminal justice system involvement. Peers can increase client buy-in, sustain client engagement, create effective and relevant treatment plans to address clinical and non-clinical needs, and improve outcomes.⁸

In addition to core FACT team members, it is helpful to have a network of **non-direct service staff** who ensure scheduling, data entry, quality control, and general coordination.

CRIMINAL JUSTICE PARTNER ROLE

- Monitor client compliance with criminal justice system requirements
- Participate in service coordination
- Leverage criminal justice system funds, incentives, and sanctions
- Serve as liaison to other criminal justice system officials and provide education on FACT

FORENSIC PEER SPECIALIST ROLE

- Serve as a full FACT team member
- Advocate for client
- Educate team members on the criminal justice system and its collateral consequences on clients' lives
- Educate team members and clients on the impact of services on persons living with SMI or co-occurring disorders

How do FACT team members work with criminal justice professionals?

FACT teams should work with criminal justice professionals to establish roles, clarify expectations, and coordinate decision making from the outset. FACT team members should understand what client actions would warrant arrest or jail, what levels of relapse will be tolerated, and how to leverage the power of the court and criminal justice system to support, motivate, and maintain client engagement.

All team members should be **cross-trained in behavioral health, criminogenic risk, and the criminal justice system** in order to build a cohesive team and coordinate service delivery. Team members should offer their criminal justice partners this same cross-training in mental and substance use disorders and the behavioral health system.

In addition to all the capabilities needed for ACT, FACT teams should be trained in the following areas to prepare them for serving clients with criminal justice involvement:

- Screening for criminogenic risk and needs
- Providing trauma-responsive care for people who are justice involved⁹
- Using cognitive behavioral approaches for addressing criminogenic needs
- Being conscious of cultural and implicit bias around criminal justice involvement
- Offering community resource navigation and benefit acquisition assistance for people with criminal histories
- Understanding confidentiality laws governing information sharing between criminal justice and health systems
- Attending to personal safety when working with clients who have a history of violence

What kind of institutional support is needed to enable FACT?

Generally, FACT teams are housed in a licensed mental health treatment agency that has a formal partnership with criminal justice system professionals or agencies. **Information sharing between stakeholders** is critical and may be established through a formal agreement or, at minimum, with client consent. Agency and system leaders should collaboratively determine what, how, and with whom information about client engagement and outcomes will be shared and structure information sharing agreements to reflect these decisions.

Ideally, FACT teams have access to **flexible and adequate financing** to address clients' needs. Agency and system leaders can work collaboratively with payer sources to ensure support for FACT. Potential partners include hospitals, private insurance companies, Federally Qualified Health Centers, Medicaid managed care organizations, and criminal justice agencies, all of which stand to gain from FACT teams' successes.

Is FACT effective?

FACT is a relatively new service delivery model, so less is known about its effectiveness than ACT's. However, the small number of evaluations conducted so far show that **FACT can favorably impact clients' functioning and criminal justice-related outcomes** (e.g., reduced hospital use and homelessness; improved quality of life; reduced recidivism and probation/parole technical violations).¹⁰ It will be important to continue evaluating and refining the FACT model over time. To date, experts and practitioners have identified the following **quality assurance practices to maximize FACT's effectiveness**:

- Ensure that service delivery **meets standards for ACT services**
- Track forensic and non-forensic outcomes, such as **client stability** (e.g., self-management of SMI, independence in daily living), **criminal justice involvement** (e.g., compliance with court orders, number of new offenses and/or technical violations), and **system utilization** (e.g., number of emergency department visits, readmissions to inpatient units)
- Ensure **timeliness, completeness, and integrity** in documentation, data entry, and client records
- Share **implementation lessons and outcomes** to contribute to the growing body of knowledge about FACT. Such information could play a critical role in continuing to refine the model and expand its reach

FACT FINANCING STRATEGIES

- Value- and outcome-based contracting
- Blended grant funding with ACT programs
- Leveraging financial support, shared resources, and in-kind contributions from entities that benefit from FACT outcomes

IMPLEMENTATION SPOTLIGHT: CENTER FOR ALTERNATIVE SENTENCING AND EMPLOYMENT SERVICES (NEW YORK, NEW YORK)

- **Operational since:** 2003
- **Referral process:** Care providers can refer clients to Single Point of Access (SPOA) program, which will determine whether the client should receive FACT services. Priority is given to individuals court-ordered to receive assisted outpatient treatment (AOT).
- **Eligibility criteria:** Diagnosis of an SMI with “needs that have not been well met by more traditional service delivery approaches”; recent (past 12 months) or current criminal justice involvement related to presence of SMI or episodes of non-compliance with treatment
- **Team members:** Team leader, psychiatrist/psychiatric nurse practitioner, registered nurse, licensed practical nurse, program assistant, wellness specialist, criminal justice specialist, housing specialist, peer specialist, employment specialist, family specialist, and substance use specialist
- **Financing:** Medicaid, New York City deficit funding, blended grant funding for ACT program
- **For more information:** See the [CASES website](#)

Endnotes

- 1 Eight factors have been shown to have strong associations with crime and criminal behavior—specifically, history of antisocial behavior, antisocial personality pattern, antisocial cognition, antisocial associates, family and/or marital strain, problems at school and/or work, problems with leisure and/or recreational time, and substance abuse. For more information on criminogenic risk and needs, see: National Institute of Corrections, Council of States Governments Justice Center, & Bureau of Justice Assistance. (2012). *Adults with behavioral health needs under correctional supervision: A shared framework for reducing recidivism and promoting recovery*. Retrieved from https://csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12_Behavioral-Health-Framework-final.pdf
- 2 Fidelity tools for ACT are the *Tools for Measurement of Assertive Community Treatment* and the *Dartmouth Assertive Community Treatment Scale*.
- 3 Substance Abuse and Mental Health Services Administration. (2008). *Assertive Community Treatment (ACT) evidence-based practices (EBP) kit* (Publication No. SMA08-4345). Retrieved from <https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/sma08-4345>
- 4 Morrissey, J. P., & Louison, A. M. (2014). Forensic Assertive Community Treatment: Updating the evidence [Presentation slides]. Retrieved from <https://www.prainc.com/wp-content/uploads/2015/10/slides-forensic-assertive-community-treatment-updating-the-evidence.pdf>
- 5 Reed, J., & Whittington, D. (2018, March). Forensic assertive community treatment in Maricopa County, Arizona. In *Forensic Assertive Community Treatment (FACT) Expert Panel Meeting*. Expert panel conducted at the meeting of the Substance Abuse and Mental Health Services Administration, Rockville, MD.
- 6 Ethington, J. (2018, March). FACT: A bridge for law enforcement and clinical supervision. In *Forensic Assertive Community Treatment (FACT) Expert Panel Meeting*. Expert panel conducted at the meeting of the Substance Abuse and Mental Health Services Administration, Rockville, MD.
- 7 National Institute of Corrections, Council of States Governments Justice Center, & Bureau of Justice Assistance. (2012). *Adults with behavioral health needs under correctional supervision: A shared framework for reducing recidivism and promoting recovery*. Retrieved from https://csgjusticecenter.org/wp-content/uploads/2013/05/9-24-12_Behavioral-Health-Framework-final.pdf
- 8 Substance Abuse and Mental Health Services Administration. (2017). *Value of Peers* [PowerPoint slides]. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/value-of-peers-2017.pdf
- 9 For more information on trauma-informed care for justice-involved individuals, see SAMHSA's *Trauma-Informed Approach and Trauma-Specific Interventions* (<https://www.samhsa.gov/nctic/trauma-interventions>) and SAMHSA's GAINS Center's *Trauma Training for Criminal Justice Professionals* (<https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals>).
- 10 Cuddeback, G. (2018, March). *A literature review of forensic assertive community treatment for justice-involved people with serious mental illnesses: Directions for practice, policy and research*. Unpublished paper presented at the Forensic Assertive Community Treatment (FACT) Expert Panel Meeting hosted by the Substance Abuse and Mental Health Services Administration, Rockville, MD.