Forensic Assertive Community Treatment Scale (FACTS)

WORKING DRAFT

Criterion	1	2	3	4	5
1. ACT TEAM COMPONENT: Forensic Assertive Community Treatment (FACT) programs include an ACT team component with high fidelity on the Dartmouth Assertive Community Treatment Scale (DACTS)	The ACT team component scores less than 1.0 on the DACTS	The ACT team component scores between 1.0 and 1.9 on the DACTS	The ACT team component scores between 2.0 and 2.9 on the DACTS	The ACT team component scores between 3.0 and 3.9 on the DACTS	The ACT team component scores 4.0 or higher on the DACTS
2. RISK FACTOR FOCUS: FACT teams identify and address risk factors for criminal recidivism, including psychosis, antisocial personality, criminal companions, co-occurring substance use, lack of healthy leisure pursuits, work/school problems and family/marital problems	The FACT team uses interventions that address three or fewer established risk factors for criminal recidivism	The FACT team uses interventions that address at least four established risk factors for criminal recidivism	The FACT team uses interventions that address at least five established risk factors for criminal recidivism	The FACT team uses interventions that address at least six established risk factors for criminal recidivism	The FACT team uses interventions that address at least seven established risk factors for criminal recidivism
3. CRIMINAL JUSTICE-INVOLVED CLIENTS: FACT teams serve only clients who are involved with the criminal justice system	≤61% of all FACT team clients are involved with the criminal justice system	61%-70% of all FACT team clients are involved with the criminal justice system	71%-80% of all FACT team clients are involved with the criminal justice system	81%-90% of all FACT team clients are involved with the criminal justice system	>90% of all FACT team clients are involved with the criminal justice system

4. PARTNERSHIP WITH CRIMINAL JUSTICE AGENCY REPRESENTATIVES: FACT teams work in partnership with criminal justice agency representatives, such as judges, probation or parole officers, police officers, and/or pre-trial service workers	No partnership is identified between the FACT clinical team and any criminal justice agency	Representatives from the FACT clinical team and a criminal justice agency indicate that their respective agencies work together somewhat closely	Representatives from the FACT clinical team and a criminal justice agency indicate that their respective agencies work together closely	Representatives from the FACT clinical team and a criminal justice agency indicate that their respective agencies work together very closely	Representatives from the FACT clinical team and a criminal justice agency indicate that their respective agencies work together extremely closely
5. INTERAGENCY COLLABORATION: FACT programs involve collaboration between the parent agencies of the FACT clinical team and its criminal justice partner	Level of collaboration scores less than 1.0 on the Interagency Collaboration Activities Scale (ICAS)	Level of collaboration scores between 1.0 and 1.9 on the Interagency Collaboration Activities Scale (ICAS)	Level of collaboration scores between 2.0 and 2.9 on the Interagency Collaboration Activities Scale (ICAS)	Level of collaboration scores between 3.0 and 3.9 on the Interagency Collaboration Activities Scale (ICAS)	Level of collaboration scores 4.0 or higher on the Interagency Collaboration Activities Scale (ICAS)
6. SHARED TRAINING: FACT team clinicians and criminal justice agency representatives receive ongoing education and training to promote collaboration	FACT clinicians and partner agency representatives receive training less that one hour every 12 months	FACT clinicians and partner agency representatives receive training at least one hour every 12 months	FACT clinicians and partner agency representatives receive training at least one hour every nine months	FACT clinicians and partner agency representatives receive training at least one hour every six months	FACT clinicians and partner agency representatives receive training at least one hour every three months
7. SHARED ELIGIBILITY CRITERIA: FACT programs have clear eligibility criteria that incorporate clinical and criminal justice criteria	No eligibility criteria can be identified	Eligibility criteria do not incorporate both clinical and criminal justice criteria	Eligibility criteria incorporate both clinical and criminal justice criteria, but are somewhat ambiguous	Eligibility criteria incorporate both clinical and criminal justice criteria, are clear, but are not written	Eligibility criteria incorporate both clinical and criminal justice criteria, are clear, and are written
8. COMBINED TEAM	FACT team	FACT team clinicians	FACT team clinicians	FACT team clinicians	FACT team clinicians

MEETINGS: FACT team clinicians and representatives of a partner criminal justice agency meet regularly	clinicians and representatives of the partner agency meet less frequently than bimonthly	and representatives of the partner agency meet at least bimonthly	and representatives of the partner agency meet at least monthly	and representatives of the partner agency meet at least biweekly	and representatives of the partner agency meet at least weekly
9. WRITTEN PARTICIPATION AGREEMENT: FACT participants receive clear information about terms of participation including treatment and attendance expectations, and legal terms and conditions	A written participation agreement is signed by <61% of all FACT program participants	A written participation agreement is signed by 61%-70% of all FACT program participants	A written participation agreement is signed by 71% - 80% of all FACT program participants	A written participation agreement is signed by 81% - 90% of all FACT program participants	A written participation agreement is signed by >90% of all FACT program participants
10. INFORMATION SHARING AGREEMENT: A written agreement is signed by all clients authorizing sharing of confidential information between FACT team clinicians and a partnering criminal justice agency	An information sharing agreement is signed <61% of all clients currently enrolled in the FACT program	An information sharing agreement is signed 61-70% of all clients currently enrolled in the FACT program	An information sharing agreement is signed by 71%-80% of all clients currently enrolled in the FACT program	An information sharing agreement is signed by 81%-90% of all clients currently enrolled in the FACT program	An information sharing agreement is signed by >90% of all clients currently enrolled in the FACT program
11. ADHERENCE MONITORING: Clients' adherence to their participation agreements is regularly monitored and reviewed by FACT team clinicians in conjunction with criminal justice agency representatives	Information about clients' adherence is discussed by FACT clinicians and criminal justice agency representatives less frequently than bimonthly	Information about clients' adherence is discussed by FACT clinicians and criminal justice agency representatives at least bimonthly	Information about clients' adherence is discussed by FACT clinicians and criminal justice agency representatives at least monthly	Information about clients' adherence is discussed by FACT clinicians and criminal justice agency representatives at least biweekly	Information about clients' adherence is discussed by FACT clinicians and criminal justice agency representatives at least weekly
12. CLINICALLY INFORMED DECISION	FACT team clinicians feel that	FACT team clinicians feel that their criminal	FACT team clinicians feel that their criminal	FACT team clinicians feel that their criminal	FACT team clinicians feel that their criminal

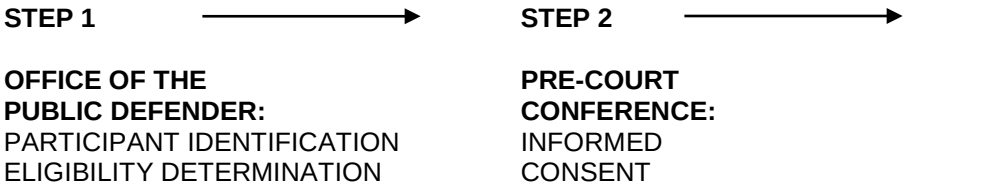
MAKING: FACT criminal justice representatives carefully consider input from FACT team clinicians in making legal decisions about how to manage participation agreement violations and other client behavioral problems	their criminal justice partner never considers their clinical opinion in deciding how to manage a client's behavioral problems	justice partner considers their clinical opinion very little in deciding how to manage a client's behavioral problems	justice partner considers their clinical opinion somewhat in deciding how to manage a client's behavioral problems	justice partner usually considers their clinical opinion in deciding how to manage a client's behavioral problems	justice partner always considers their clinical opinion in deciding how to manage a client's behavioral problems
13. TRANSITION PROCEDURES: FACT programs successfully transition program completers to receive ongoing mental health treatment	≤61% of clients who complete the program are successfully transitioned to aftercare	61%-70% of clients who complete the program are successfully transitioned to aftercare	71%-80% of clients who complete the program are successfully transitioned to aftercare	81%-90% of clients who complete the program are successfully transitioned to aftercare	≥90% of clients who complete the program are successfully transitioned to aftercare

References:

1. Teague GB, Bond GR, and Drake RE. Program fidelity in assertive community treatment: Development and use of a measure. American Journal of Orthopsychiatry, 68(2):216 – 232, 1998

2. Dedrick RF and Greenbaum PE. Multilevel confirmatory factor analysis of a scale measuring interagency collaboration of children's mental health agencies. Journal of Emotional and Behavioral Disorders, 19(1):27 – 40, 2011

Supplement 2. Participant Identification, Recruitment and Randomization



STEP 1: Public defenders asked their clients who had been arrested on misdemeanor charges, showed symptoms of psychosis, and appeared eligible for conditional discharge for permission to share their contact information with researchers for screening and recruitment purposes. Some clients were incarcerated at the time, but the majority of clients were approached by their public defenders while awaiting trial after having been released from jail following a citation or booking. Eligibility for conditional discharge (i.e. a possible trial outcome) was determined through discussion between the public defender and the district attorney. Under a conditional discharge, clients have their sentences suspended under the conditions that they agree to receive mental health treatment at a clinic of their choice and to avoid further criminal activity. Preliminary screening was subsequently conducted by a research team member through review of available records.

STEP 2: A pre-court conference was conducted with the client, the client's defense attorney, and the prosecuting attorney. The purpose of the conference was to advise clients of their charges, their rights, and their legal options. Options included pleading not guilty, pleading guilty and accepting a conditional discharge that included participation in the treatment study as a condition, or pleading guilty and accepting a conditional discharge that included receiving other mental health treatment but not study treatment as a condition. For interested clients, the research team member was invited to join the conference, provide a general description of the study, and answer any questions. After the conference, clients reviewed all options privately with their defense attorneys.

Clients who decided to plead guilty and accept a conditional discharge after discussing the options with their defense attorneys, and who expressed interest in the possibility of study participation, were invited to meet with the researcher in the presence of their defense attorneys. The researcher then presented all study activities in detail, including risks, benefits and the voluntary nature of study participation. As part of this process, all clients were informed that they would receive a $20 grocery story certificate at the time of baseline assessment as compensation for their time. All clients were given an opportunity to ask additional questions. A consent form was then reviewed with interested individuals. Following review of the consent form, the research team member assessed capacity to provide informed consent using the University of California Brief Assessment of Capacity to Consent (UBACC) (26).

STEP 3: Individuals who provided informed consent subsequently attended court where they appeared before the judge, entered their plea, and had their plea accepted by the judge. Consenting individuals were then randomly assigned to study intervention groups using computer-generated assignment cards provided by the URMC Department of Biostatistics and Computational Biology. Randomization was facilitated by the judge who received a sealed envelope containing each individual's assignment card as part of the courtroom process. The judge then announced the conditions of release (i.e. to receive mental health treatment and to avoid further criminal activity) to each individual. Following this announcement he opened each envelope, read the assignment card, and informed each individual of the assignment to either the FACT treatment group or the enhanced treatment as usual group.

Supplement 3. Regression analysis of baseline predictors of days in jail and days in treatment [a]

Stepwise backward elimination was used to select the most predictive variables for two outcome measures: days in jail and days in treatment. Negative binomial regression was used with an offset equal to the natural logarithm of days in the intervention arm of the study protocol. Nine possible variables were considered for selection based on their perceived predictive value: Total scores for the LSI-R, ITAQ, MARS, BPRS, ASI and TSRQ, age at first arrest, lifetime convictions, and days in jail during the five years prior to study enrollment. A treatment indicator variable was included in every model. The final models are summarized in the table below, and the resulting standard errors and p-values should be interpreted with care since given the limitations of stepwise analytic models (40). After accounting for treatment effects, stepwise regression showed that jail time was most strongly associated with baseline LSI-R and BPRS scores, while time in treatment was most strongly associated with baseline ITAQ and ASI scores:

		Days in jail			**Days in treatment** [b]	
		Coef ± 95% CI	**p-value**		**Coef ± 95% CI**	**p-value**
Treatment		-.602±.901	.197		.658±.301	<.001
LSI-R total score [c]		.153±.073	<.001			
MARS total score [d]		.105±.173	.242			
BPRS total score [e]		.084±.077	.038			
ITAQ total score [f]		.059±.085	.178		.027±.027	.050
ASI, alcohol [g]					-.830±.861	.065
Prior jail days [h]					-.001±.001	.119

[a] Negative Binomial stepwise regression coefficients based on backward elimination from full (all variables) model. Full model included the variables total ASI score, total TSRQ score, age at first arrest, and lifetime convictions that were eliminated through backward elimination. Treatment was kept in the model. Offset was time in protocol for each response. 50 participants had complete covariates with 31 participants receiving FACT treatment.

[b] Days in treatment represents time between group assignment and participants' last contact with treatment providers.

[c] Level of Service Inventory – Revised. Scores range from 0 to 54, with higher scores indicating greater risk of criminal recidivism.

[d] Medication Adherence Rating Scale. Scores range from 0 to 10, with higher scores indicating higher levels of medication adherence.

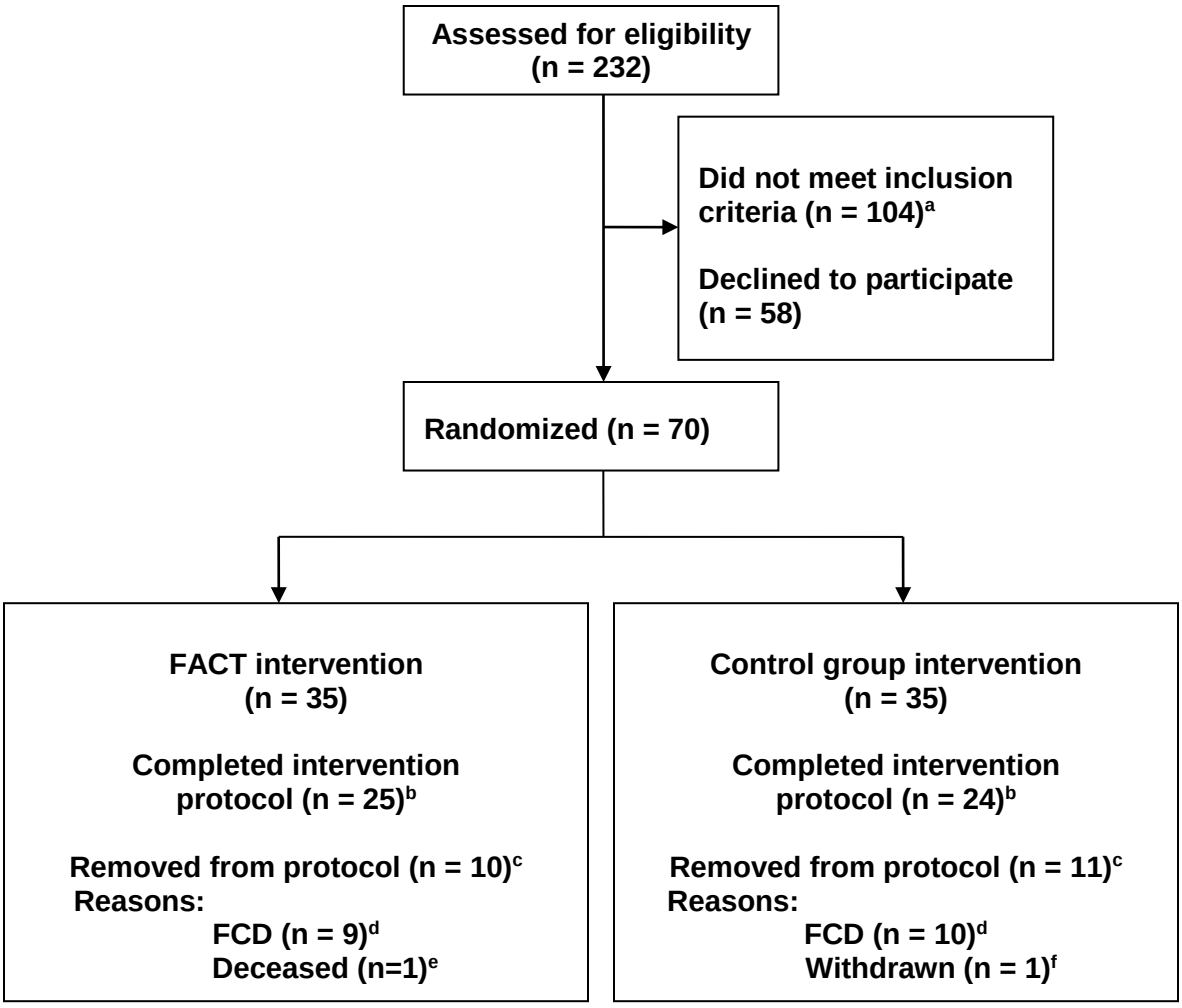
[e] Brief Psychiatric Rating Scale. Scores range from 18 to 126, with higher scores indicating greater symptom severity.

[f] Insight and Treatment Attitudes Questionnaire. Scores range from 0 to 22, with higher scores indicating greater insight into need for treatment.

[g] Addiction Severity Index, Alcohol. Scores range from 0 to .70 for study participants, with higher scores indicating greater severity of alcohol addiction.

[h] Total days in jail during the five years prior to study enrollment.

Supplement 4. Consort diagram for recruitment, randomization, and 1-year follow-up of study participants, N = 70



[a] The most common reason for not meeting study inclusion criteria was lack of a DSM-IV-TR diagnosis of a psychotic disorder including schizophrenia, schizoaffective disorder, bipolar disorder with psychotic features, major depression with psychotic features or psychotic disorder NOS.

[b] Participants who completed the 1-year intervention arm of the study protocol.

[c] Participants who failed to complete the entire 1-year study intervention. These participants remained in the data collection arm of the study protocol except for the deceased participant.

[d] FCD = Failed Conditional Discharge: Participants who were removed from the study intervention arm by the presiding judge for failure to comply with court conditions due to continuing treatment non-adherence and continuing criminal activity.

[e] One participant died of medical causes unrelated to study participation.

[f] One participant was withdrawn from the study intervention arm by county mental health authorities after physically assaulting nursing and security staff while hospitalized.