

Request For Application

FORENSIC ASSERTIVE COMMUNITY TREATMENT (FACT)
FEBRUARY 4, 2025

This solicitation should not be interpreted as a contract (implicit, explicit, or implied), nor does it imply any form of agreement to any potential candidate. In addition, no inference should be made that Trillium will purchase and/or implement in the future any of the programs or services proposed by the respondents.



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EXECUTIVE SUMMARY

Trillium Health Resources is a Local Management Entity/Managed Care Organization (LME/MCO) that oversees publicly funded behavioral health, substance use, and intellectual/developmental disability services for 46 counties in North Carolina. The mission of Trillium is “Transforming lives and building community well-being through partnership and proven solutions.”

The purpose of this Request for Application (RFA) is to invite current Assertive Community Treatment Team (ACTT) providers to submit an application for the implementation of a Forensic Assertive Community Treatment (FACT) team in New Hanover and/or Pitt Counties.

INTRODUCTION

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.

Trillium is actively searching for two Assertive Community Treatment Team (ACTT) providers to form Forensic Assertive Community Treatment (FACT) teams in New Hanover and Pitt counties. One FACT team in New Hanover and one FACT team in Pitt will serve eligible individuals with severe mental illness and medium to high criminal-legal needs. This RFA will award \$1,247,000 to be used to form two FACT teams. The allocation will be amended to include a second year after June 30th, 2025. Although the FACT teams do not need to be from the same provider the make-up of the FACT teams must consist of four core members at program launch: FACT leader, psychiatrist or nurse practitioner, registered nurse, and peer support specialist. It is possible for certain roles such as psychiatrist, nurse practitioner, and registered nurse to be shared between teams or to be employed part-time for these teams.

ELIGIBLE APPLICANTS

- ▲ Applicants must be current In-Network provider.
- ▲ Applicants must be able to serve New Hanover County or Pitt County.
- ▲ Applicants must be current Assertive Community Treatment Team (ACTT) providers.
- ▲ Applicants must have at least three years’ experience in Forensic Care. Forensic components distinguish FACT from ACT in that they address criminogenic risk and needs as part of the treatment plan, including the use of evidence-based

cognitive behavioral therapies shown to reduce recidivism and have a criminal justice partner and peer specialist with lived criminal justice experience on the treatment team.

- ▲ Applicants must agree to work in conjunction with Trillium and DMHDDSUS in developing the service.

SCOPE OF WORK

FACT provides services that are member-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. The services offered by the FACT team shall be person-centered, trauma informed and deliverable 24/7. The FACT team shall provide time-unlimited person-centered services addressing the breadth of an individual's needs, helping the individual to achieve their personal goals. The fundamental charge of FACT is to be the first line of all the services that an individual receiving FACT needs. Though the FACT team is to provide care services and be the first point of contact for the individual, the team may work in conjunction with crisis lines and other behavioral health services. FACT Teams shall act as the single point of responsibility, necessitating a higher frequency and intensity of community-based contacts and a very low individual-to-staff ratio. FACT Team services are flexible and vary based on the levels of care required by the individual's receiving FACT.

FACT teams will operate concurrently with the established Assertive Community Treatment (ACT) teams service. To be eligible for FACT services, the individual must meet ACT program eligibility AND the individual must have medium to high criminogenic risk. In determining an individual's eligibility, measurement of criminogenic risk should be established by using an evidence based, approved risk assessment tool as provided by DMHDDSUS. FACT teams will only accept individuals who are Justice Involved and/or have significant criminal background. The treatment plan for the individual must include a strategy to address criminogenic risk needs and dynamic risk factors with behavioral therapies to reduce recidivism.

FACT providers must ensure the safety of each FACT team member. A robust safety plan shall be implemented to include, but not limited to – working in pairs, panic alarm devices, and regular staff check-ins when deemed necessary. Logistical considerations must be established prior to commencing service. These will include and is not limited to the use of agency vehicles for all outreach workers, service cell phones with safety features for emergency calls and tracking ability, central office for staff to meet, supply of basic goods such as water, snacks, toiletries, clothing bank, bus passes (where applicable).

DELIVERABLES

The FACT teams will be subject to report performance measures with key deliverables in service provision to the Tailored Plan. A modified Forensic TMACT will be the goal, however, in the initial phase, as FACT teams are being established deliverables will be at least:

- ▲ Number of referrals from each source
- ▲ Type of contacts (e.g. contact with Peer Support Specialist or Psychiatrist),
- ▲ Number of contacts, and length of contact with each client
- ▲ Number of incident reports submitted to IRIS involving the client
- ▲ Number of crises involving a higher level of care
- ▲ Number of justice system recidivism events
- ▲ Reports of criminal activity
- ▲ Demographic data of individuals receiving FACT services as specified by DMHDDSUS

The format of these deliverables will be agreed with Trillium and DMHDDSUS on an ongoing basis.

FACT TEAM DETAILS

Each FACT team must include the following key positions:

- ▲ 1 FACT Leader per team, dedicated to overseeing and managing the FACT team. The FACT Leader shall have administrative and clinical skills authority. Administrative responsibilities include:
 - Hiring and training team members
 - Managing the FACT team
 - Monitoring the programs' fidelity
 - Overseeing various quality control and financial responsibilities
 - Consult with DMHDDSUS regarding any barriers or challenges to providing services to each client.

The clinical responsibilities of the FACT leader include:

- Monitoring individuals receiving FACT services.
- Supervising the clinical performance of team members
- Providing feedback to team members
- Ensuring that FACT team meets daily to discuss individualized care plan progress and the goals set. These meetings must also incorporate a risk-awareness discussion. Probation/Parole officers should be encouraged to attend at least weekly at a minimum.
- Daily meetings must be documented.

🌱 1 Psychiatrist or Nurse Practitioner per team, prorated, dedicated to medication management, assessing, diagnosing, and treatment planning of individuals receiving FACT team services. The Psychiatrist or Nurse Practitioner shall:

- Conduct a psychiatric evaluation to assess mental health status, including underlying conditions or disorders.
- Formulate diagnoses based on clinical assessments and collaboration with other healthcare professionals.
- Develop individualized treatment plans that address the psychiatric needs of the individual.
- Prescribe and monitor psychiatric medications.
- Provide psychotherapy and counseling sessions to support the individual in addressing psychological and emotional challenges.
- Collaborate and coordinate with the appropriate individuals to ensure continuity of care and comprehensive support for the individuals.
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🌱 1 Registered Nurse per team, dedicated to medication management, medication education, assessing and following treatment plan of individuals receiving FACT team services. It is preferred that the RN will have co-occurring SUD experience. The RN shall:

- Conduct a nursing assessment to determine mental health status and current medication effectiveness.
- Assess medication compliance and medication side-effects.
- Educate clients regarding medication regime.
- Support clients with activities of daily living.
- Monitor the individual's care plan to ensure treatments are being directed towards client's needs.
- Liaison with FACT team members regarding clients' treatment plan on a daily basis.

- 🌱 1 Peer Support Specialist per team, dedicated to sharing personal, practical experience to benefit the individual's needs, providing expertise about symptom management and recover process, and providing peer counselling. The Peer Support Specialist shall be a person with serious mental illness who functions as a fully integrated team member.
- 🌱 As case load rises during the Pilot phase, FACT teams will build to include a housing specialist, a vocational/education specialist and Criminal Justice Specialist.
- 🌱 FACT team members shall have strong clinical skills, professional qualifications, experience, and competency to provide the range of practices. Key topics FACT team members should have experience in housing, co-occurring disorders, education, vocational rehab, and criminal justice system.
- 🌱 All FACT team members shall receive initial and ongoing training in core and evidence-based practices that support the implementation of ethical, person-centered, high-fidelity FACT practices. This training will be conducted by qualified professional providers with FACT or FACT similar experiences.
- 🌱 The FACT team shall meet daily to discuss Individual Treatment Plans. These treatment plans will be based on the findings in the initial assessments which are completed at initial contact with the individual. These assessments will be both clinically based, and risk based. The treatment plans will then be reviewed as the individual's needs change and develop over time. The models used for the assessments will be decided in collaboration with DMHDDSUS. The team meetings can include other non-FACT members involved in the individual's care provision, such as Probation Officers. Collaboration efforts are highly encouraged.
- 🌱 The multidisciplinary team shall coordinate to ensure individual treatment plans stay focused and appropriate for the individual's needs. Treatment plans should be reviewed daily to discuss goals, challenges, and achievements for each individual.
- 🌱 The team shall establish an Individual Treatment plan for all aspects related to the individual's wellbeing – including management of physical health, mental health, criminal risk behavior needs, substance use disorder needs, housing needs, vocational and/or employment needs, daily living needs, justice system needs, and social needs.

- 🌱 Clients shall be referred to the FACT team from various sources. FACT team services shall be referred from DAC Priority Reentry Care Coordinators, where the eligibility criteria are found to be satisfied. Individuals referred from DAC Priority Reentry shall be prioritized to receive FACT services. Other additional referrals may originate from Community Supervision (Probation and Parole), Law Enforcement, and Crisis Centers when FACT teams have the capacity to accept additional referrals beyond the pilot phase.
- 🌱 The FACT team shall work collaboratively with Community Supervision to ensure the individual is meeting probation and parole release requirements.
- 🌱 The award of these funds shall not be used by a county as a basis to supplant any portion of a county's commitment of local funds to the area authority.
- 🌱 These funds shall only be used for community-based services and supports.
- 🌱 The funds provided shall not be utilized to supplement any reimbursement for services or staff activities provided through the NC Medicaid Program.
- 🌱 Funds shall be used in accordance with cost principles describing allowable and unallowable expenditures for nonprofit organizations in accordance with OMB Circular A-122.

TIMELINE

RFA posted	February 4, 2025
Proposal Submission Deadline	February 23, 2025
Proposed RFA Award Notification	February 28, 2025

*** All timelines are tentative and subject to change

[Link to Application](#)