

Florida Assertive Community Treatment (FACT) Team

Policy

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to offer the FACT program to eligible individuals within the network service area.

Purpose

The purpose of this policy is to outline, in accordance with Department of Children and Families (DCF) Guidance Document 16, the services offered by FACT, including the admission and discharge processes.


Procedure

1. There are fourteen (14) FACT teams in the Suncoast Region.
 - A. FACT is a 24/7 service that is co-occurring capable and recovery-oriented, and provides treatment, support and rehabilitation.
 - B. FACT Teams offer enhancement funds to be used by the individual for unmet needs such as housing and medication. Each team is contracted to maintain a census of 100 individuals.
 - C. Each FACT Team is required to following the staffing patterns outlined in DCF Guidance Document 16.
 - D. Each team has an independent advisory committee to assist the team in developing resources in their respective communities.
2. Referral/Admission Process:
 - A. FACT Teams receive priority population referrals from CFBHN, diversions from State Mental Health Treatment Facility (SMHTF) admissions and SMHTF discharge-ready individuals, in addition to other non-priority referrals.
 - B. FACT enrollments are approved by the CFBHN FACT Program Manager prior to the person being enrolled.
 - C. If there is no immediate availability for a FACT team, eligible individuals are placed on a waiting list. Priority referrals are as follows:
 - 1) Diversion from SMHTF admission;
 - 2) SMHTF discharges;
 - 3) High-utilizers of DCF-funded Crisis Stabilization Unit (CSU) services; or
 - 4) Aging-out children meeting the clinical criteria for FACT.

Florida Assertive Community Treatment (FACT) Team (continued)

3. Discharge Process
 - A. All FACT discharges are approved by the CFBHN FACT Program Manager.
 - B. All discharges meet one of the criteria for discharge, as documented on the Discharge Request form, in Guidance Document 16 and in the FACT Suncoast Regional Operating Procedure (ROP).
 - C. All FACT clients being discharged are eligible for re-admission should a slot be available.
 - D. FACT teams are contractually required to admit 10 individuals and discharge 10 individuals each fiscal year.

4. The FACT team Admission and Discharge Forms are attached to this policy.

<p>Florida Assertive Community Treatment (FACT) Team</p> <p>Approval:  Linda McKinnon, President/Chief Executive Officer</p>	<p>Date Issued: <u>07/29/2010</u></p> <p>Last Revision: <u>04/08/2022</u></p> <p>Review Date: <u>04/08/2022</u></p>
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*****Current Medications***** (include Name/Dosage/Route/When Taken/Reason)	*****Clinical Data*****
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Name: _____

*****Admission Criterion*****

Funding Source(s): _____

ONE of the following diagnosis categories:

Schizophrenia, other Psychotic Disorders(295 series)

Mood Disorders (296 series)

Anxiety Disorders (300 series)

Personality Disorders (301 series)

Additionally, must meet ONE of the following SIX criteria:

Demonstrate a high risk for hospital admission or re- admission;

Have prolonged inpatient days(90+ within one calendar year);

Have repeated, 3+ episodes per calendar year, local criminal justice involvement;

Have been referred for aftercare services by one of the states correctional institutions;

Referred from an inpatient detox unit and documented history of co-occurring disorders;

Have repeated, 3+ admissions within one calendar year, to a crisis stabilization unit and;

Meet at least THREE of SIX of following characteristics:

inability to consistently perform ADL skills or failure to perform them without significant support/assistance;

inability to be consistently employed (self-sustaining level) or inability to consistently carry out the homemaker role

inability to maintain safe living situation.

coexisting substance use disorder (6+ months)

high or recent criminal justice history

coexisting mild mental retardation

destructive behavior to self and others

*****CFBHN Approval*****

Approved Denied (if denied, give reason) _____

CFBHN Signature _____ Date _____

§SCR/C10 FACT Discharge Request
7.1.20

Agency _____

Name _____

Date of Discharge

Discharges from the F.A.C.T. Team may occur when a consumer & staff agree to the termination of services.

- 1) The person moves from F.A.C.T. catchment area. *F.A.C.T. Team will arrange for transfer of services to another provider.*
 - Name and contact information of service provider person transferred to:

- 2) The person demonstrates an ability to perform on a continued basis in major role areas (i.e. work, social, and self-care) without requiring assistance from the program. This determination is to be made jointly by the person, the FACT Team psychiatrist, FACT Team Leader, team members and family members upon consent.
 - Step-down services enrollment date and identification of services the person has been linked to *(if appropriate)*

- 3) The person requests discharge, despite the Team's best/ repeated efforts to develop a service plan acceptable to the person served by the Team. *(Attach appropriate documentation)*

- 4) The person has been adjudicated guilty of a felony crime and subsequently sent to a state or federal prison for a sentence that exceeds one year or is in a State Treatment Facility over one SIX MONTHS with no discharge date anticipated or is in a nursing home where return to community is not possible due to clinical needs of the individual served.

- 5) Consumer death. *(Report to CFBHN/DCF/ SAMH)*

- 6) Other *(Attach explanation)*

The above section is to be completed by the F.A.C.T. Team.

Central Florida Behavioral Health Network Approval _____

Date

Comments
