

Forensic ACT Questions & Responses

May 16, 2025

1. Could you please provide the Forensic ACT Team reporting requirements for Alliance?

- 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 activities
 - Demographic data of individuals receiving FACT services as specified by DMHDDSUS
- The format of these deliverables will be agreed with DMHDDSUS on an ongoing basis. For performance, a modified NC TOPPS or similar tool, in agreement by DMHDDSUS, will be used and reportable on a quarterly basis. For performance, a modified NC TOPPS or similar tool, in agreement by DMHDDSUS, will be used and reportable on a monthly basis, in the first year of service delivery. The performance will be overseen by DMHDDSUS and potentially an identified technical assistance provider.

2. Do you have the specific outcome measures the Forensic ACT Team will require outside of the outcome measurement requirements for ACTT?

- Not at this time. Outcome measures will be developed with input from DMHDDSUS and potentially the identified technical assistance provider.

3. Will billing be submitted monthly per individual served once established?

- For the pilot phase, it is yet to be determined how billing will be submitted for individual services, but we do anticipate providers to bill on a monthly basis. At the end of the pilot, further determination will be made and may likely be similar to ACT billing.

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4. Will there be a standard monthly billing amount for the Team while it is being developed?

- Alliance in partnership with DMHDDSUS will establish billing practices during the planning phase with the provider.

5. For the RFP for FACT, can you share examples of what you would be looking for to meet this requirement? “Have a minimum of three years’ experience in forensic care.”

- Experience in forensic care can include, but is not limited to:
 - Providing services to individuals involved in the justice system
 - Having an already established Forensic ACT or Forensic CST team (could be in another service area)
 - Other agency programs designed to support the forensic population

6. Can an NP serve in the place of RN?

- There is a requirement to have 1 full-time equivalent (FTE) Nurse Practitioner (NP) or Psychiatrist. In addition, there is a requirement for 1 FTE Registered Nurse (RN). An employee may be assigned to a role as long as they meet the minimum qualifications required for the position.

7. If the agency is just establishing a FACT team, are we still eligible to apply?

- Any agency may apply as long as you meet the minimum qualifications as stated in the RFA. Having an established FACT team in place is not a requirement.

8. Does the psychiatrist need to be community-based or does telehealth and office placement suffice?

- The same criteria apply that are required in the ACT Clinical Coverage Policy (CCP). Psychiatric Care Providers are full members of the team and shall perform the activities in the community in support of both the beneficiaries and the FACT team staff.

9. Does the Team Lead need clinical credentials?

- The same criteria apply that are required in the ACT CCP. The team leader shall be a licensed mental health professional holding any of the following licenses: licensed psychologist, licensed psychological associate, licensed clinical social worker, licensed clinical mental health counselor, licensed

marriage and family therapist, licensed psychiatric nurse practitioner, clinical nurse specialist certified as an advanced practice psychiatric clinical nurse specialist. An associate level licensed professional may serve as the team leader conditional upon being fully licensed within 30 months from the effective date of this policy. For associate level licensed team leaders hired after the effective date of this policy, the 30-month timeline begins at date of hire. The team leader shall have three years of clinical experience with severe and persistent mental illness, with a minimum of two years post-graduate school.

10. Does the agency need to be CARF accredited?

- The provider agency must adhere to all NC DHHS behavioral health service provider requirements.

The following questions were asked during the FACT Pre-Conference held May 7, 2025:

1. Is it the expectation that we (providers) provide a Criminogenic Risk Factors Assessment and provide training and education on each element of the assessment and then report the outcomes to Alliance, or is this something that Alliance or Dr. Harker would develop?

- DMHDDSUS has a risk assessment that will be provided, and providers will be expected to use the one that is provided.

2. What is the expectation for reporting outcomes on both the ACT and criminogenic factors, including: mental health, jail, probation violations, etc. Can we utilize our own reporting system if it meets all the reporting requirements?

- There are expectations to report on these elements, but the format of reporting has not yet been determined. As the FACT pilot is being implemented in other areas in the state, it is likely DMHDDSUS will want a standardized reporting process. As with the Criminogenic assessment, they will develop and provide training.

3. The RFA asks applicants to describe how we are going to merge what we do with fidelity and ACT as well as implement criminogenic factors and provide reporting. How can we answer this based upon the two previous questions?

- Whatever assessments, tools, and outcomes you are already tracking that can demonstrate your current knowledge, expertise, collaboration, and communication with the criminal justice system is what Alliance is asking you to show with the understanding that whomever is awarded the contract, there will be some standardized tools and outcomes DMHDDSUS is going to implement and require to be tracked.

4. The RFA states a contract will be awarded through June 30, 2025. Is the expectation that set-up and execution will happen in the next 45 days to 2 months?

- No, we know that is not enough time. Alliance is waiting for the allocation for the next fiscal year. If you anticipate start-up costs for FY25 then provide that estimate on the FY25 budget form provided on the RFP website location. Also, submit a FY26 budget for a full year also located on the RFP website location.

5. Will you provide the salary cost for the Criminal Justice Specialist (Justice Project Manager) position? Will it be included in our budget?

- You will not need to include the salary for this position in your budget since it is an Alliance position, but once we get the FY26 Allocation letter, Alliance will subtract the cost of the Justice Project Manager then provide the agency with the remainder of the allocation for you to develop your budget.

6. Can we get a copy of the service delivery flow?

- Yes. We will send out to this group and include it on the website. The service delivery flow is not set in stone. It is a starting point, but as this is a pilot, it will likely have changes.

7. Have you developed the eligibility criteria for people under the FACT model?

- Eligibility will be determined based on the current ACT eligibility criteria with the addition of the criminogenic risk. DMHDDSUS will provide additional details.

8. DAC referrals should be prioritized, but as FACT is a community-based program, will other agencies like the federal, state and county jails have access as well?

- 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 Department of Adult Corrections (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.

9. In the RFA it states if a person is receiving billable services and fits criteria, you continue doing what you are doing? Are we not doing that for this Pilot Program?

- There is no code or claim to be submitted for FACT. If an individual receives some other service with your agency, you should continue to bill for that service. However, the person cannot receive both FACT and ACT.

10. Will fidelity be measured with TMAC?

- No, it is our understanding it will be a different tool as TMAC is specific to ACT. It will be something similar.

11. What will the documentation standards apply? Is it the same – entering the information after you see the individual in the community?

- All the documentation standards apply.