

# ***FACT***



Stichting  
Centrum  
Certificering  
ACT en FACT

# ***FLEXIBLE ASSERTIVE COMMUNITY TREATMENT***

***Remmers van Veldhuizen, psychiatrist  
Chairman of Certification Centre for ACT & FACT***

## ***Our Mission:***



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***To find people with severe mental illness and link them to a mental health care system that supports recovery and social inclusion.***

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CHRIS MADDEN



# ***Prof. Arie Querido***



- **1930:**
- ***Psychiatric crisis***  
***Home care teams***
- **1949:**
- ***MHCS = 'device'***
- ***1) adapt patient***
- ***2) adapt community***
- ***3) BUFFER***

# ***Binding Care: Querido (1949): a metaphor:***



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- ***Social psychiatry is a device, an interface between the patient and the community***
  - *Influences the patient to adapt to community*
  - *Influences community to support the patient*
  - *Acts as a buffer between patient and community*
- ***This device spreads the burden across sides - the patient and the community***
- ***But it also takes some of the burden on its own shoulders***

# *Pioneers*



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- ***Len Stein***
- ***Mary Ann Test***
- ***Arnold Marx***
  
- ***alternative to mental hospital***
- ***training in community living***
  
- ***Assertive Community Treatment***



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# ***FLEXIBLE ASSERTIVE COMMUNITY TREATMENT***

# ***FACT***

# ***FACT Principles***



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1. Being there-  
presence in the  
places where our  
clients want to  
succeed

2. Support for  
community  
participation  
  
(IPS & ISN)

3. Linking clients to  
the MHC network.  
Continuity of care  
in community  
and hospital

4. ACT

Flexibly available  
at any time.

5. Treatment

EBM  
and guidelines

6. ICM

to support  
recovery and  
rehabilitation

**blocks building FACT**



# ***FACT team***



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- ***Multidisciplinary outreaching  
Community treatment team***
- ***Working with all (100%) SMI in a  
circumscribed region / district***
- ***Catchment area of 40 – 50,000  
inhabitants →  $\pm$  200 patients***

# ***FACT: multidisciplinary treatment & outreach team for 200 patients***

















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- ***1 team leader/case worker***
- ***7 case managers***
  - ***nurses, CPN, social workers and addiction workers***
- ***0.8 - 1 psychiatrist***
- ***0.8 psychologist***
- ***0.5 job coach (IPS)***
- ***0.6 Peer specialist***

# ***FACT: two modes of operation***

- **1) Low-Level**
  - *individual support for 80 - 90 % of clients*
  - *individual outreaching CM*
  - *multidisciplinary interventions*
  - *Treatment plan < 1 year*
- **2) High-Level**
  - *ACT by the whole team for 10 - 20% of clients*
  - *shared caseload*
  - *daily team meetings & coordination*

|    00:00 |                                       |  Listed Rows |  1  2  all | Selected Patient<br>1 van 13 |  Printout   | Anonymous  | Year<br>Overview  | On   | Quick<br>Search |  |   | Use<br>Textform <input checked="" type="checkbox"/> |  BackUp |  Close |  |                         |                           |
|--|---------------------------------------|---|---|------------------------------|--|--|---|--|-----------------|---|---|---|--|---|---|-------------------------|---------------------------|
| Cat  | Patiënt<br>Credentials.               | Start Date &<br>Evaluation  | Diagnose &<br>Abuse   | Legal<br>Status              | Reasons for FACT   | Patient Present<br>Goal & Wishes                                     | FACT Team<br>Interventions  | Individual<br>Social Network   | Visit Planner   |   |   |   |  |   | (temp.)<br>Address  | C                       |                           |
|  |                                       |   |   |                              |  |  |   |  | m               | t   | w   | t   | f  | s   | s   |                         |                           |
| 1. Crisprevention /Nuisance  | Beacon, W.<br>Wilma<br>27-02-60 (Ms.) | wo 06-04-11<br>evaluation:<br>wo 18-05-11   | schizophrenic<br>psychosis<br>and alcohol<br>abuse  | none                         | Patient thinks<br>neighbours are after<br>her.<br>Complains from<br>neighbours about<br>hindrance.<br>Housing company<br>threats to give notice.<br>Patient deals with her<br>fear by drinking more<br>alcohol, she refuses<br>medication.<br>Husband left with<br>kids. | Wants to move<br>to another<br>home with her<br>husband and<br>kids. | Daily contact.<br>Subject:<br>- the pro's and cons<br>of drinking.<br>- medication.<br>Talk with neighbours.<br>Contact housing<br>company.<br>Inquiry with police<br>about possible other<br>complains.<br>Help with house<br>keeping. | Husband lives<br>with kids at<br>family in<br>Amsterdam.<br>Marianne tries<br>to contact him | Leo             | Pauline   | Pauline   | Wilma   | Leo  | visit FACT  | call FACT   | Heiloo                  | Joshua & Chloe psy: Nicco |
| 1. Cr  | Green, P.<br>Peter                    | zo 13-03-11<br>evaluation:  | Persoonlijk-<br>heids-  |                              | Toename van<br>impulsdoorbraken,   | grip op zijn<br>leven, meer zelf                                     | medicamenteuze<br>behandeling, 16 april   | Moeder en<br>vriendin  |                 | Lotty   |   |   |  |   |   | proefverlof<br>vanuit   | Ruby                      |
| 2. In 2.   | Campell, J.<br>Jack                   | ma 17-01-11<br>evaluation:  | schizofrenie  | geen                         | Herstel na darm<br>operatie  | herstellen   | Contact houden.<br>Complicatie  | Loes<br>(schoonzus)  |                 | Wb  |   |   | Wb   |   |   | Buitenzorg              | Leo & Leo & Ruby          |
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| 4. He 4.   | Edwards, G.<br>Gerard                 | zo 13-03-11<br>evaluation:  | schizofrenie<br>Diabetes  | geen                         | Sinds een paar dagen<br>vergeetachtig,   | Wil van het<br>angstige gevoel                                       | Dagelijks contact<br>Medicatie onder  | huisgenoten.   |                 | Care  | nou   | Lotty   | Lotty  | nou   |   | Thuis                   | Wilma                     |
| 4. He 4.   | Leave, M.<br>Margareth                | di 01-03-11<br>evaluation:  | schizofrenie  | geen                         | 15-3 ontslag MCA.<br>Rookverbod. Huisarts  | verbeteren van<br>lichamelijke                                       | Motiveren en helpen<br>om te stoppen met  | familie  |                 | Cees  |   |   | Mari   |   |   | BZ                      | Olivia                    |
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








# ***FACT board indications: reasons to switch to high-level care***



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- ***Temporary***
  - *Crisis, life events, threat of readmission*
  - *Intensification of treatment*
- ***Long-term & revolving-door clients***
- ***Treatment avoiders***
- ***High-risk treatment avoiders***
  - *Risk management, involuntary interventions*
- ***Admission***
  - *Hospital, prison, IDDT unit*
- ***Legal***
  - *Conditional discharge, community orders*



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## *up- and downgrading:*

- ***Crisis → listed on FACT board, shared caseload***
- ***Stable → removed from board to low-level, individual CM***
- ***→ changing roles***
- ***Continuous flexibly changing roles are the core product of FACT:***
  - *Long-term individual CM*
  - *Multidisciplinary treatment*
  - *Intensive care with ACT*
- ***→ The hour-glass model***

# Process

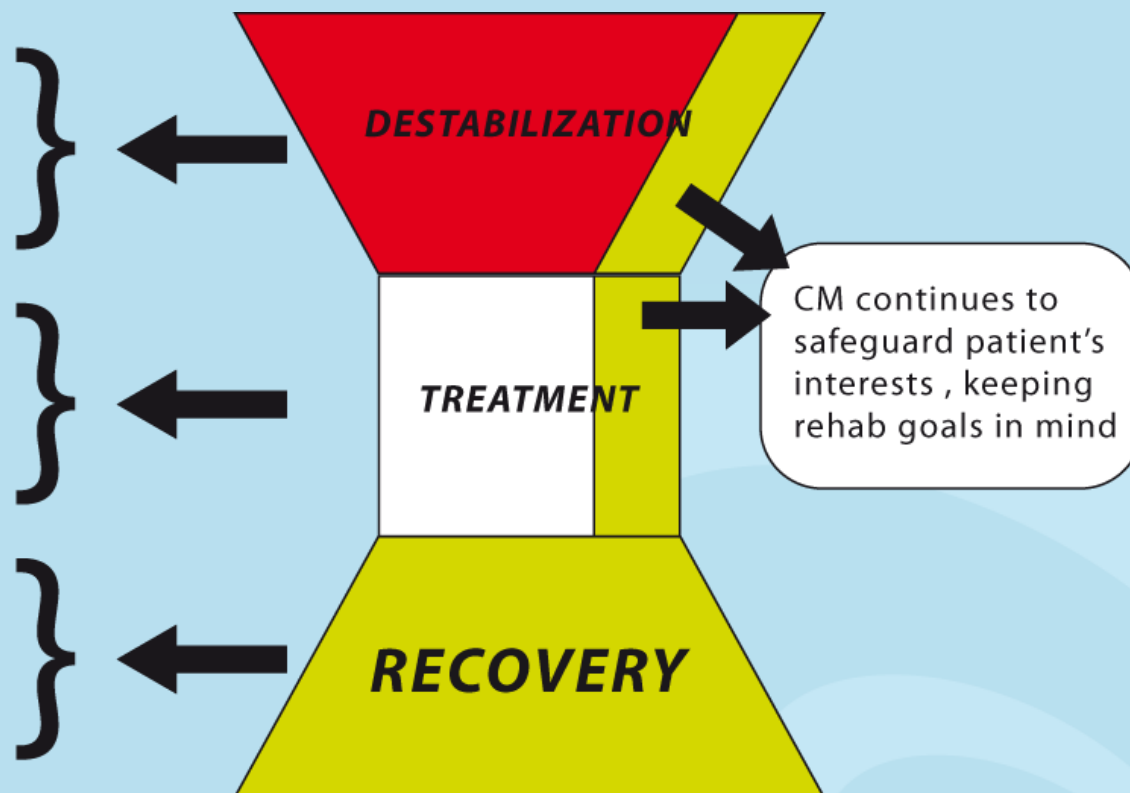


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Safety, Team care  
Shared caseload  
Digital Fact-board  
Focus on action

Provide information,  
Motivate  
Focus on symptoms

Rehab Methods  
Individual contact  
Client at drivers seat  
Focus on strengths





# Handboek FACT

Remmers van Veldhuizen  
Michiel Bähler  
Diana Polhuis  
Jim van Os (red.)

de Tijdstroom



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## (F)ACT IN NEDERLAND



# ***Certification Centre for ACT & FACT***



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- ***WWW . CCAF . NL***
- ***Model fidelity scales: DACTS & FACTS***
  - *Organization / structure*
  - *Output (services delivered, service level)*
  - *Outcome (ROM)*
- ***In order to safeguard the minimal service level***
- ***Transparency to funding bodies***

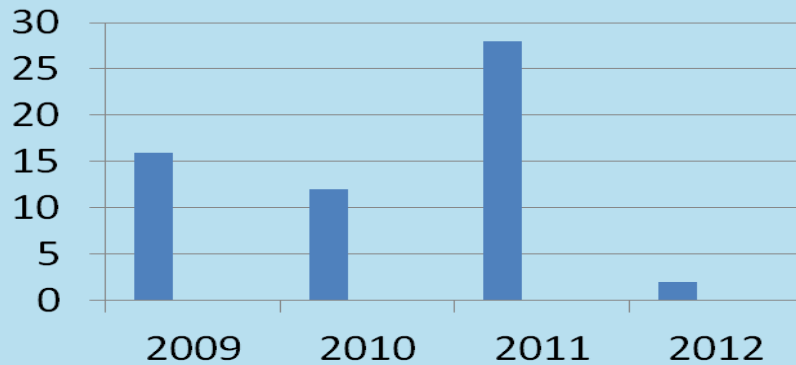


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# Certification



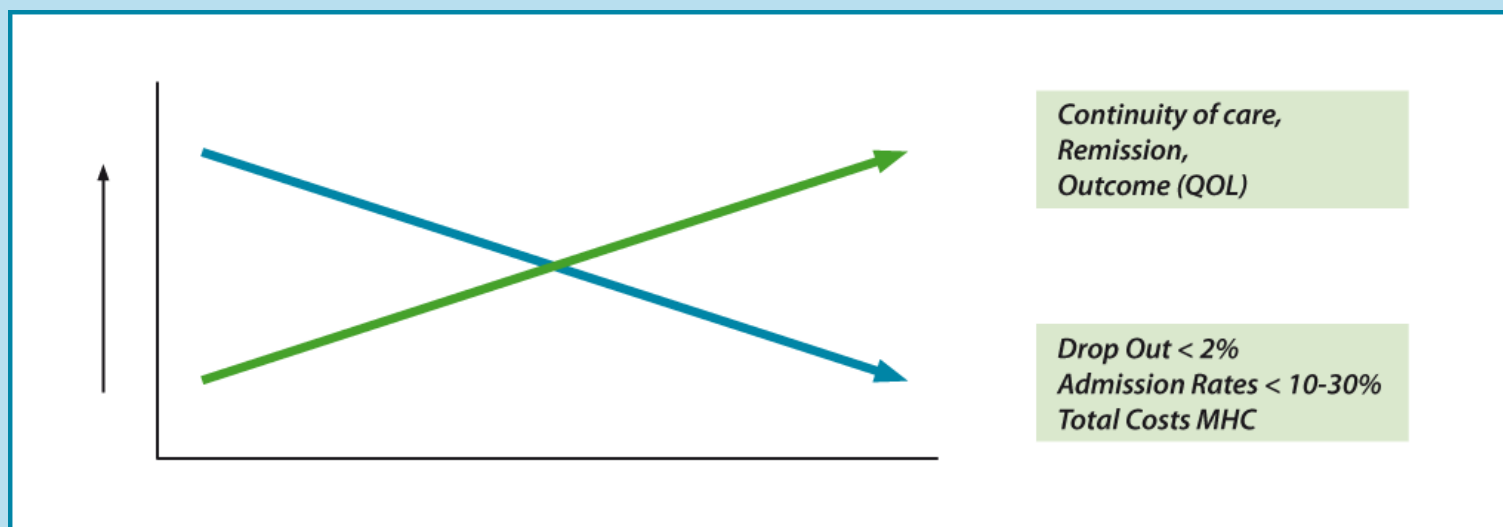
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***2011 : >>>30 teams  
auditted***



The CCAF:  
Certification Centre for ACT and FACT  
providing effective and transparant care



# ***FACT advantage (1): continuity***

- ***No-discharge policy***
  - *‘stepping down’ in the same team*
  - *Continuity of care & treatment*
- ***In 4 years  $\pm$  60% of all patients need high-level care (on the FACT board)***
  - *Relapse or recurrent problems ‘normal’*
  - *The revolving door is now within the team*

# ***FACT advantage (2): provides organizational framework for EBM***

- ***Medication + Medication Management  
Cognitive Behavioural Therapy***
- ***Family: support***
- ***Psychoeducation***
- ***Supported employment (IPS)***
- ***Not EB: rehabilitation, recovery***

## ***FACT advantage (3): within the community***

- ***The district-based model ensures good conditions for community care***
- ***Working with support systems***
- ***Being in close contact with neighbourhood, GP and police***
- ***Organizing accountability, safety***
- ***Low thresholds for case-finding***
- ***→ Querido's device !***

# *The seven C's*

- ***Cure (EBM, medication, CBT, IDDT)***
- ***Care (care, nursing, rehab)***
- ***Crisis (prevent or shorten admission)***
- ***Client know-how (peer specialist, recovery)***
- ***Community (CSS, family, housing)***
- ***Control (legal / safety / risk management)***
- ***Check (evaluation, outcome monitoring)***





**FLYING DUTCHMAN..**

**SAILING THE SEVEN C's  
& building bridges...**