Treating Complexity Through Community-Based Care:

FACT for Older Adults with Dual Diagnosis

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Passion Behind the Topic

Circles of Care in Melbourne, Florida **2010-2013**

Pivotal Moment: *State Hospital Diversion Case, 60 year old Female*

Mental Health Resource Center – Brevard FACT **2013-2021**

MHRC Senior Director of Community Support Services **2021-Present**

MHRC operates 8 of the 39 FACT programs and one FACT-IL program

We work with 3 of the 7 Managing Entities in Florida

Other Programs & Services:

Comprehensive Services Centers (Adult OP Services) - Link to Life Suicide Prevention Program – Co-Responder Programs - Forensic Multidisciplinary Teams – Case Management – Mental Health Court – Care Coordination

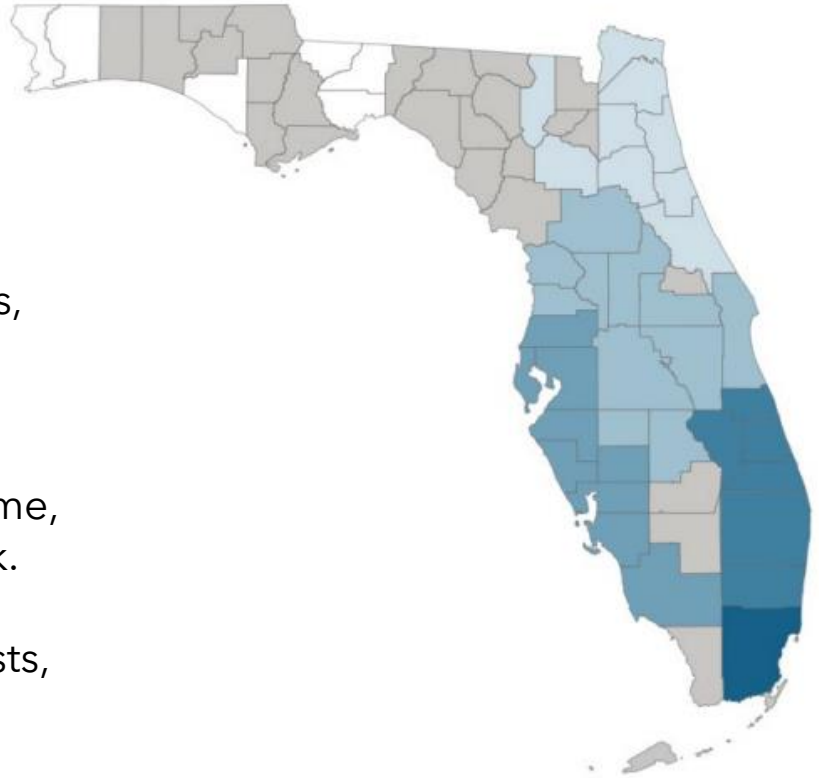
FACT:
Florida Assertive Community Treatment

FACT is an evidence-based, multidisciplinary program that delivers high-intensity behavioral health services to individuals living with complex and persistent mental health conditions, such as **schizophrenia, schizoaffective disorder, bipolar disorder, and other psychotic disorders**.

Treatment is individualized. Due to the complexity and severity of symptoms, individuals may remain in the program for an extended period of time, depending on their clinical needs.

24/7 Community Care: FACT teams meet individuals where they are – at home, in shelters, or in other community settings – offering support around the clock.

Integrated Team Approach: Includes psychiatric prescribers, nurses, therapists, case managers, substance use specialists, vocational specialists and peer specialists – with low caseloads to support intensive, person-centered care.



An interactive map of FACT Teams and contact information is available at: **https://www.myflfamilies.com/specialty-treatment-team-maps**

FACT: Core Objectives

Utilize a transdisciplinary approach to deliver comprehensive care.

Provide services to participants where they live, work, or in other preferred settings and remain available 24/7.

- Secure housing.
- Education & employment.
- Health care assistance.
- Personal development.

- **Reduce psychiatric hospitalizations and incarceration**: Provide intensive, community-based treatment to minimize use of crisis and institutional services.

- **Promote recovery and community integration**: Support individuals in achieving stable housing, employment, and social functioning.

- **Deliver person-centered, multidisciplinary care**: Use a team-based model (psychiatry, nursing, therapy, case management) tailored to individual needs.

- **Ensure continuity and accessibility of services**: Offer 24/7 support to reduce barriers and maintain engagement in care.

- **Improve quality of life and functioning**: Focus on strengths, self-determination, and long-term wellness.

FACT:
Key Data & Outcomes FY 23-24

Data Pulled from:
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

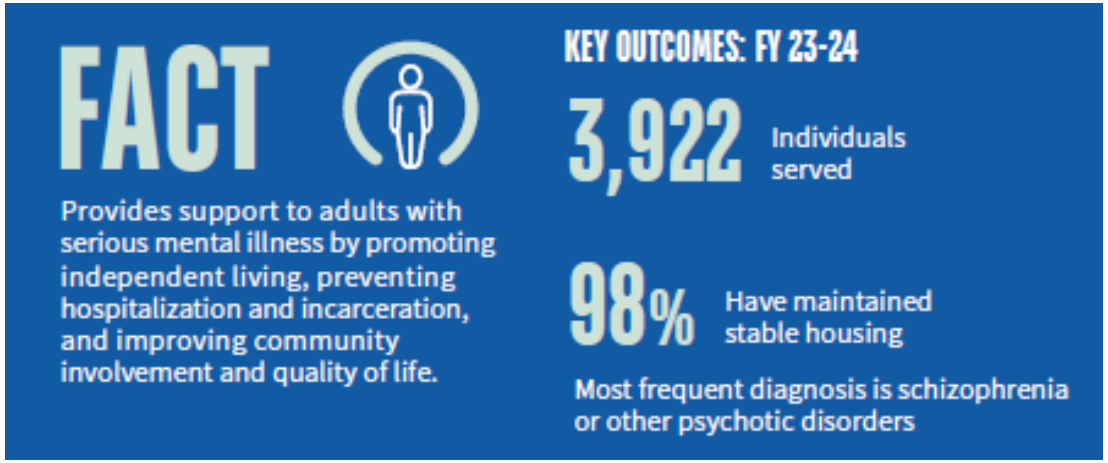
Key Outcomes for Fiscal Year 2023-2024

99% were not admitted to a State Mental Health Treatment Facility.

98% maintained stable housing.

90% did not need crisis stabilization services, such as Baker Act.

83% improved sense of wellbeing.



Florida **saves** approximately **$521,175,755** **annually** by providing **FACT** **team** services to **over 3,900** **individuals** compared to admission to a SMHTF.

FACT: Understanding the Complexity of Serving Older Adults with Dual Diagnosis

Treatment for older adults with both severe mental illness and substance use disorders is often complex. FACT teams typically serve two primary subpopulations:

Individuals in Recovery from Substance Use Disorder, but with Ongoing Severe Mental Illness

- Some individuals may have sustained recovery from substance use, yet require FACT due to persistent and severe psychiatric symptoms.
- **Primary FACT Role:** Maintain psychiatric stability and respond quickly during episodes of decompensation.
- **Key Risk:** Psychiatric relapse often precedes and contributes to substance use recurrence.

Individuals with Active, Severe Substance Use and Decompensated Mental Illness

- Some individuals struggle with persistent substance use, cognitive decline, poor insight, and frequent crises.
- **Challenges:** Multiple hospitalizations, legal involvement, and inability to maintain safe housing.
- **Primary FACT Role:**
  - Deliver **wraparound services** (psychiatric care, medical support, harm reduction, and basic needs).
  - Offer **placement strategies** based on the individual's goals (e.g., selecting ALFs with compatible environments, housing in safer locations to reduce relapse triggers).

FACT:
Integrated Dual Diagnosis Treatment

- **Dedicated Substance Use Specialist:** Every FACT team is required to include at least one full-time Substance Abuse Specialist.
- **Holistic, "no wrong door" approach:** Individuals are **not turned away** due to substance use. Instead, the team addresses mental health and substance use *together* using an Integrated Dual Diagnosis Treatment (IDDT) model.
- **Cross-trained team:** All team members receive **training in co-occurring disorders** so that whether an individual is seeing the nurse, therapist, or case manager, they encounter consistent strategies.
- **Recovery-Oriented Approach (ROSC-aligned):** FACT teams use **motivational interviewing** and strategies such as supporting safer use, encouraging incremental change, and prioritizing immediate health and safety goals to **meet individuals where they are** in their recovery journey.
- **Flexible, Person-Centered Care:** The focus is on trust-building and reducing harm while supporting long-term recovery.
- **Natural support involvement when possible:** FACT staff often become primary support systems.

FACT:
Evidence Based Practice for Older Adults

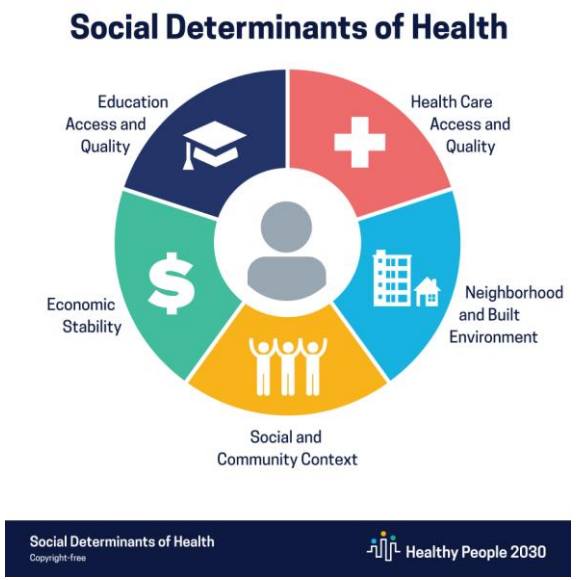
- **Integrated Dual Diagnosis Treatment (IDDT):** The FACT teams employ IDDT, an evidence-based practice that **combines mental health and substance abuse treatments**.
- **Motivational Interviewing (MI):** Teams use MI techniques to **enhance engagement and motivation**.
- **Long-Acting Injectables (LAIs):** For those with psychotic disorders, FACT psychiatrists and nurses often utilize LAI antipsychotic medications.
- **Peer Support:** Evidence indicates peer support helps **engage people in care, reduces hospital use, and even lowers substance use** among clients with co-occurring disorders.

FACT:
Key Challenges with the Population

- **Medical and Cognitive Complexity**
  - Multiple chronic health conditions
  - Cognitive decline (e.g., memory loss, impaired executive function)
  - Medication side effects and adherence difficulties
- **Elevated Mental Health Risks**
  - Increased risk of suicide, especially men aged 75+
  - Treatment resistance or poor insight into illness
  - Frequent psychiatric crises and hospitalizations
- **Substance Use and Relapse Triggers**
  - Ongoing or re-emerging substance use
  - Co-occurring SUD complicates psychiatric stability
  - Environmental relapse triggers (e.g., unsafe housing, isolation)
- **Severe Housing Instability**
  - Limited access to **safe, affordable, age-appropriate housing**
  - Many reside in **unstable, unsafe, or high-risk environments**
  - Lack of **supportive housing** for SMI/SUD
  - Fixed incomes (e.g., SSI) make private housing unattainable
- **Social Isolation and Support Gaps**
  - Loss of family, friends, and informal caregivers
  - Stigma around mental illness, substance use, and aging
  - Caregiver burnout and limited engagement in planning

FACT:
Addressing Social Determinants of Health (SDOH)

Addressing SDOH is foundational to improving health outcomes and supporting older adults to remain safely in the community.



- **Economic Instability:** Many live on fixed incomes (e.g., SSI), limiting access to housing, nutritious food, and medications.
- **Social Isolation:** Loss of social networks and stigma around mental illness contribute to loneliness and worsening symptoms.
- **Health Literacy & Access:** Many older adults have difficulty navigating health systems, understanding treatment options, and affording care.
- **Neighborhood Conditions:** Unsafe, inaccessible, or unstable housing environments increase risk for crisis and hospitalization.
- **Cultural Considerations:** Older adults in minority and rural communities may experience reduced access to behavioral health care due to systemic inequities and limited service availability.

FACT:
Limits of the Model for Advanced Care Needs

- **Not a dementia care program:** While FACT supports aging in place, it is **not designed for advanced dementia care**.

- **Transition to higher care when needed:** Both research and Florida's program guidelines recognize that when a FACT client **needs nursing facility level care**, a transition should occur. In fact, FACT policy directs discharging a client who is admitted to a long-term nursing facility with no expected return to independent living.

- **Collaborative discharge planning:** FACT teams do carefully **coordinate these transitions**. They assist with finding a suitable nursing home or specialized assisted living, transferring medical records, and working to ensure the new setting can meet the mental health needs. They may also provide some follow-up support during the handoff. However, these transitions are challenging – suitable geriatric psychiatric placements are limited, and moving can be disorienting for the client.

- **Need for continuum of care:** This limitation highlights a need for a full **continuum of geriatric mental health care**. FACT is an excellent community-based service, but for our oldest, most impaired individuals, we must have options like geriatric psychiatric nursing homes or enhanced memory care units that can take over when FACT can no longer maintain the person safely in the community.

FACT:
Recommendations to Strengthen Support for Older Adults

- **Expand Housing Supports:** Prioritize development of **affordable housing and residential programs** for seniors with SMI and SUD.
- **Increase Enhancement Funds:** Consider **boosting the FACT enhancement funds** or creating a dedicated pool for housing/medical needs for older adults.
- **Cross-Agency Collaboration:** Improve collaboration between **mental health, substance use, aging, and housing agencies**. Breaking down silos will address the holistic needs of these individuals.
- **Explore Specialized Teams/Services:** Explore funding to support an adaptation to FACT such as **Psychogeriatric ACT teams** dedicated to older adults.
    - These programs retain ACT's core components, including team-based care, regular team meetings, 24-hour crisis management, and provision of medical, psychological, housing, and substance use support, with less focus on vocational support than standard ACT.
    - They include specialty positions such as Behavior Therapists and Occupational Therapists. Incorporating more home health components to support community mental health.
    - Piloting an expansion of existing FACT services to add in these components would be a great first step to assess efficacy.

Conclusion & Discussion

FACT programs are **highly effective** in supporting individuals with serious mental illness and co-occurring substance use disorders to live stably in the community.

The data show outstanding outcomes and cost savings. To sustain and enhance this success, we must address the **supportive housing shortage, funding constraints, and specialized care needs** of an aging population.

By implementing the recommendations discussed – expanding housing options, increasing flexible funds, fostering cross-agency partnerships, and bolstering geriatric expertise – we can ensure that FACT continues to help older Floridians not just survive but **thrive** in the community.

Thank you for your time and attention. I welcome any questions or discussion on how we can work together across systems to strengthen services for this vulnerable population.

If future questions or discussions arise, please feel free to contact me via email:
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