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Revised Date: 7/20/2016

Review Date:

North Sound Behavioral Health Organization

Section 1500 – CLINICAL: Program of Assertive Community Treatment (PACT)

Authorizing Source: DSHS Contract; North Sound BHO Contracts

Cancels:

See Also:

Approved by: Executive Director

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Signature:

Date: 7/22/2016

POLICY #1563.00

SUBJECT: PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

PURPOSE

To define PACT procedures, eligibility requirements and admission and discharge processes in this fidelity model program.

POLICY

The North Sound Behavioral Health Organization (North Sound BHO) has PACT teams in three (3) service areas: Skagit, Snohomish and Whatcom Counties. Individuals referred to PACT may come from any of the North Sound BHO's five (5) counties but they must live in the PACT service area to receive PACT services.

PACT teams in the North Sound Region comply with Washington State PACT Program Standards as a minimum set of regulations (see Attachment 1563.01) in addition to other applicable state and federal regulations.

PACT is a person-centered, recovery-oriented team model of service delivery. The PACT teams have a trans-disciplinary approach and provide the majority of recovery services that individuals need.

PACT programs have a maximum ratio of 10 individuals to 1 clinical staff person. The PACT teams deliver services in community locations. Each individual's plan of care will be tailored to their individual recovery needs, which may include multiple contacts per day. The approach with each individual emphasizes relationship building and active involvement in assisting the individual to make improvements in functioning, better manage symptoms, achieve individual recovery goals and maintain optimism.

PROCEDURES

ELIGIBILITY CRITERIA

1. For full eligibility criteria, please see Attachment 1563.01, pages 7 and 8.
2. Individuals admitted to PACT must have a current diagnosis of a severe and persistent mental illness, be experiencing severe symptoms and have significant impairments. The individuals must also experience continuous high service needs, functional impairments and have difficulty effectively utilizing traditional office-based services or other less intensive community-based programs.

3. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder) and bipolar disorder. Individuals with a primary diagnosis of Substance Use Disorder (SUD), mental retardation, brain injury, or personality disorder are not clinically appropriate for PACT services.
4. Individuals must have a current Level of Care of 4, 5, or 6, per the Level of Care Utilization System (LOCUS), in order to be considered for admission. For those individuals for whom it is not possible to include a current LOCUS level, the submitted documentation will be used to determine if it appears the individual is in need of care at a level of 4, 5, or 6.

SCREENING AND ADMISSION PROCESS

Screening

Screening forms for each program are available at www.nsmha.org or by request from North Sound BHO. Screening forms may be completed by professionals, family members, individuals, or other interested parties. The screening form should be filled out as completely as possible and should include documentation of the need for a PACT level of care, including current symptoms and level of functioning.

Screening forms should be submitted directly to North Sound BHO as specified on the form. Referrals are reviewed by a designated North Sound BHO Quality Specialist and the PACT Team Leader to determine whether or not the individual meets minimum admission criteria within seven (7) business days of receipt of the referral. This timeline may be extended if additional documentation is required to make a determination. When a referred individual is receiving services from a North Sound BHO contracted provider agency, that agency will be contacted by the PACT team leader in order to discuss the individual's needs.

After screening, individuals may be referred to other more appropriate resources, denied PACT services, or seen for an assessment for PACT eligibility.

Assessment

If the individual meets minimum criteria, the PACT Team Leader notifies the referral source. The PACT team schedules the assessment (including submitting a request for service if the individual is not already enrolled with their agency). The assessment is performed by PACT staff.

After the assessment is complete, the individual is prioritized for admission to the program, referred to other more appropriate resources, or denied PACT services.

Individuals not admitted

Individuals who are not clinically appropriate for PACT services may be redirected to other, mutually agreeable services that better meet their needs. If a mutually agreeable plan cannot be developed, they may be denied PACT services. This may occur following screening or following assessment. Denial of PACT services will follow Policy 1005.00 – Notice Requirements.

Capacity

PACT teams do not keep a waiting list. Once PACT programs reach their full capacity, admissions continue as discharges occur. When PACT teams near their capacity, they may reserve their final three (3) slots for individuals who are discharging from Western State Hospital (WSH) and rapid readmits. PACT teams may go over their census to serve individuals who are rapidly readmitted.

Priority for admission to the PACT program is based on a number of factors including, but not limited to:

1. Current and recent WSH admissions;
2. Current and recent Children’s Long-Term Inpatient Program (CLIP) admissions;
3. Community hospital admissions;
4. Jail/prison episodes;
5. Residential program participation;
6. Intensity of current symptoms; and
7. Availability and efficacy of other supports.

DUAL ENROLLMENT

With North Sound BHO approval, individuals enrolled in PACT may also be enrolled in mental health services provided in a residential setting or a mental health Intensive Outpatient Program (IOP) in order to facilitate transitions between levels of care. When it appears an individual would benefit from dual enrollment, the PACT provider should contact the designated North Sound BHO Quality Specialist. Requests for dual enrollment are considered on a case-by-case basis and must be screened by the designated Quality Specialist prior to enrollment in a second program.

While PACT programs incorporate Substance Use Disorder (SUD) treatment, there may be instances in which a PACT-enrolled individual would benefit from SUD treatment outside of the PACT team. This does not require special approval by the North Sound BHO Quality Specialist. The PACT team will work very closely with the SUD treatment provider.

COORDINATION WITH OTHER SYSTEMS

PACT provides coordination with community resources and other systems involved with the enrolled individual.

When PACT-enrolled individuals are incarcerated, the PACT team will collaborate with jail mental health professionals. Whenever possible, PACT will visit enrolled individuals who are incarcerated. They will coordinate around current needs and assist in planning for services following the individual’s release.

DISCONTINUATION OF PACT SERVICES

All discharges from PACT must be approved by the designated North Sound BHO Quality Specialist prior to closing the PACT episode. This includes transfers to different levels of care within the North Sound network. PACT programs should refer to Policy 1540.00 – Discharge from Treatment for policy and procedure surrounding discharge. However, in keeping with fidelity standards, PACT discharges should differ from standard discharge policy as follows.

1. Individuals enrolled in PACT should **not** be discharged from treatment for the following reasons:
 - a. Lack of engagement in treatment; and
 - b. Lack of progress in treatment.

2. Engagement efforts for individuals enrolled in PACT utilize assertive outreach (i.e., are typically substantially greater than indicated by Policy 1540.00).
3. Discharge may occur when clients are out of contact with the program for 90 days despite persistent efforts by the team to re-engage.
4. Individuals should be discharged from PACT upon request (unless treatment is mandated by Less Restrictive Order (LRO) or Conditional Release (CR)). PACT providers are committed to serving individuals who are difficult to engage and will make every effort to work with enrolled individuals to come to a mutually agreeable plan of care to continue working together. If this is not possible, PACT will make every effort to assist the individual to find and enroll in other services suitable to the individual prior to closing the individual's episode of treatment in the program.
5. Transitions to less intensive services should be carried out when individuals meet the criteria outlined in Attachment 1563.01, Washington State PACT Program Standards.

Examples of times treatment episodes may be closed, as outlined in Policy 1540.00 include:

1. When individuals no longer meet the North Sound BHO continued stay criteria;
2. Move out of the PACT service area;
3. Request to end their services;
4. Have been admitted to an institutional setting for a prolonged period; or
5. Meet criteria for transition to less intensive treatment.

Additionally, PACT teams should notify the designated Quality Specialist when an individual's treatment episode is closed due to their death.

Whenever possible, PACT should work with the individual to develop a discharge plan, including connecting them with services appropriate to their level of need.

TRANSFERS BETWEEN NORTH SOUND PACT TEAMS

Transfers to other PACT teams will be arranged by the Team Leaders in conjunction with the designated Quality Specialist. All transfers between PACT programs must be approved by the designated Quality Specialist. Referrals of individuals currently receiving services from other PACT teams will be considered on an expedited basis.

PACT transfers should follow Policy 1510.00 – Intra-Network Consumer Transfers and Coordination of Care. Since individuals enrolled in PACT typically have complex needs, PACT teams may wish to share additional information, such as weekly schedules, crisis plans, etc.

Individuals transferring between PACT teams may not meet the criteria for newly admitting to PACT, especially if the treatment has been effective in meeting their needs. Their need for PACT level services should be assessed as it is for continuing PACT enrollees.

RAPID RE-ADMISSION

Individuals who have been discharged from PACT for any reason may be rapidly re-admitted to the program. PACT may go over its census in order to serve these individuals. The program should not resume admissions of new individuals until it is back below census. Re-admission to PACT should take place only when it is medically necessary.

Individuals are financially eligible for rapid re-admission if they:

1. Have Washington Apple Health with a Behavioral Health Organization benefit, or
2. Are eligible for state only funded services, per Policy 1574.00 – State Only Funding Plan Mental Health Services.

CLINICAL DISPUTE RESOLUTION

If agreement between the Team Leader and North Sound BHO Quality Specialist cannot be reached about whether or not an individual is appropriate to admit into PACT services, to close from a PACT episode, or other clinical decisions subject to approval by the designated Quality Specialist, the reasons for the recommended decision will be put in writing by the PACT team, signed by the Team Leader, the PACT Psychiatrist and the Executive Director (or formal designee*) of the contracting agency. The North Sound BHO Medical Director will review the documentation (referral information, assessment and any other additional information available) and make a determination about admission. If the final determination by North Sound BHO's Medical Director is not acceptable by PACT contracting agency, a formal contract dispute resolution process may be initiated.

*(*The formal designee must be identified in correspondence to North Sound BHO from the Executive Director of PACT contracted agency.)*

STAKEHOLDER ADVISORY COMMITTEE

PACT programs shall each have a Stakeholder Advisory Committee whose role is to:

1. Promote quality programs;
2. Monitor fidelity to PACT Standards;
3. Guide and assist the administering agency's oversight of the PACT program;
4. Problem solve and advocate reducing barriers to PACT implementation; and
5. Monitor/review trends in individual and family grievances or complaints.

The Stakeholder Advisory Committee shall include a North Sound BHO representative.

As an alternative to having program-specific, provider-managed Stakeholder Advisory Committees, the PACT Stakeholder Advisory Committees may be included in the BHO Advisory Board. If a PACT team wishes to pursue this possibility, they should work with their designated Quality Specialist and the North Sound BHO Advisory Board to determine if and/or how this inclusion should take place

The Stakeholder Advisory Committee shall meet at least quarterly.

PROGRAM EVALUATION

PACT teams will participate in fidelity reviews conducted by Washington Institute for Mental Health Research and Training (WIMHRT), and reviews by Department of Social and Health Services (DSHS) in addition to North Sound BHO utilization reviews and audits.

ATTACHMENTS

1563.01 – WA State Program of Assertive Community Treatment (PACT) Program Standards – (FINAL) 4-16-07