

## **PACT Policies & Procedures** **Final Guidelines**

### **Policy & Procedure #1** **Admission and Discharge**

(WA PACT Program Standards: pp 6-8)

The PACT team will maintain written Admission and Discharge policies and procedures that are adequately documented and clinically substantiated. The licensed PACT CMHA must meet all general minimum standards for community support in addition to the following minimum requirements:

#### **A. Admission Criteria**

1. There should be a policy statement that the RSN/provider will meet requirements for admission and access to the PACT team and prioritize taking consumers into PACT services per section III.A. of the WA State Program Standards.
2. There should be a policy statement that the PACT teams will admit no more than 4-6 consumers per month until full capacity is reached and that PACT team will have a staff-to-consumer ratio of no more than ten (10) consumers for each staff person.
3. There should be a policy and procedure describing how consumers will be assessed for admissions to the PACT program and should, at minimum, include:
  - a. Format of assessment
  - b. How it will be documented
  - c. How clinical rationale for admission or non-admission will be documented and maintained.
  - d. Who will be responsible for tracking admission process?
  - e. Who will conduct intake/assessment?
  - f. Who will make admission decision?
4. There will be a procedure specifying the time frame for admission process.
5. There will be a procedure specifying the criteria for prioritizing admissions to the PACT program.
6. There will be a procedure outlining the process that allows for rapid admission when a consumer is in crisis.
7. There should be a policy statement specifying the provider will have wait-list procedures and the procedure for maintaining waiting list should address the following:
  - a. How the waiting list will be managed.

- b. The process and criteria by which an emergent consumer can be given priority over a consumer already on the waiting list.
  - c. How often the waiting list will be reviewed and updated.
  - d. How, and with what frequency, consumers and providers will be notified of their wait-list status.
  - e. What criteria and/or events will be determined when someone is dropped from the waiting list.
  - f. Who will be responsible for communicating wait-list status to consumers and referral sources.
  - g. Who will ensure that consumers are receiving interim care while they are on the wait list.
8. There should be a policy statement clarifying that individuals eligible for PACT services must have a primary mental health diagnosis.
  9. There should be a policy statement clarifying that individuals who refuse to remain abstinent from drugs and/or alcohol will not be excluded from PACT services.

**B. Discharge Criteria**

1. There should be a policy statement recognizing the inherent capacity and ability of the individual to recover and that is an expectation that PACT participants will get better and eventually not require PACT services.
2. There should be a policy stipulating that discharges from the PACT team will occur when consumers and program staff mutually agree to the termination of services. The procedure will cover, at minimum, when consumers:
  - a. Successfully reach individually established goals for discharge and when the consumer and program staff mutually agrees to the termination of services.
  - b. Move outside the geographic area of the team's responsibility, whereby the:
    1. PACT team shall arrange for transfer of mental health service responsibility to a PACT program or another provider wherever the consumer is moving.
    2. The PACT team shall maintain contact with the consumer until this service transfer is arranged.
  - c. Demonstrate an ability to function in all major role areas without requiring ongoing assistance from the program for at least one year without significant relapse when services are withdrawn.
  - d. Decline or refuse services and request discharge, despite the team's best attempts to engage the consumer including efforts to develop an acceptable treatment plan with the consumer.
3. In addition to the discharge criteria listed above based on mutual agreement between the consumer and PACT staff, a consumer discharge may also be facilitated due to any one of the following circumstances:
  - a. Death.
  - b. Inability to locate the consumer for a prolonged period of time.

- c. Long-term incarceration.
  - d. Long-term hospitalization where it has been determined based on mutual agreement by the hospital treatment team and the PACT team that the consumer will not be appropriate for discharge for a prolonged period of time.
4. There should be a policy and procedure clearly outlining discharge documentation requirements, by the primary team member, and will, at minimum, include:
  - a. The reasons for discharge as stated by both the consumer and the PACT team.
  - b. The consumer's bio-psychosocial status at discharge.
  - c. A written final evaluation summary of the consumer's progress toward the goals set forth in the treatment plans.
  - d. A plan developed in conjunction with the consumer for follow-up treatment after discharge.
  - e. The signature of the consumer, the consumer's service coordinator, the team leader, and the psychiatric prescriber.
5. There should be a policy outlining the process of how the team will make provisions for expedited re-entry discharged consumers as rapidly as possible and will prioritize them on the admission and/or waiting list.

## **Policy & Procedure #2**

### **Service Intensity and Capacity**

*(WA PACT Program Standards: p. 8)*

The PACT team will maintain written policies and procedures regarding personnel, staff competencies, staff orientation and training. The licensed PACT CMHA must meet all general minimum standards for community support in addition to the following minimum requirements:

#### **A. Staff- to-Consumer Ratio**

1. The Staff to Client Ratio policy should specify that rural teams shall not have a staff to consumer ratio greater than 1:8; while urban teams should not exceed a ratio of 1:10. This policy should exclude the Prescribing Practitioner and Program Assistant from the ratio calculation.

#### **B. Staff Coverage**

1. There should be a policy stating that the team staffing should be sufficient to provide treatment 24 hours per day, seven days per week. This policy should also specify what types of treatment services, in addition to crisis services, are to be available outside of the regular work week.

#### **C. Frequency of Consumer Contact**

1. There should be a policy statement reflecting the practice of providing multiple weekly contacts to consumers experiencing acute symptoms or who are

experiencing a medication change, a health problem, having a serious life event or having a significant life transition. Life transitions could include:

- a. Going back to school
  - b. Starting a new job
  - c. Changing living situation
  - d. Ending a significant relationship
2. The policy should define frequent contacts as including face-to-face contact seven days per week as well as multiple contacts per day.
  3. There should be a policy stating that the PACT team will have the capacity to rapidly increase service intensity to the consumer when the consumer's status requires such an increase, or when requested by the consumer.
  4. There should be a policy stating that the team will be staffed at a sufficient level so that the average number of face-to-face contacts per consumer per week shall be three contacts per week.

#### **D. Gradual Admission of Consumers** (refer to WA PACT Standards)

### **Policy & Procedure #3**

#### **Staff Requirements**

(WA PACT Program Standards: pp. 9-11)

The PACT team will maintain written personnel policies and procedures for hiring, establish core competencies, orientation, and training, and maintain personnel files for each team member per the WA PACT Standards. The licensed PACT CMHA must meet all general minimum standards for community support in addition to the following minimum requirements:

#### **A. Staff Qualifications**

1. There should be a policy stipulating that a minimum of 50% of master's level professionals on urban teams and rural teams will meet the Washington State definition of Mental Health Professional. Additionally, this policy should state that the MHPs will have experience working with consumers with severe and persistent mental illness.
2. There should be a policy stipulating that the collective skills of the clinical staff will reflect the following core competencies, including, but not limited to:
  - a. Strong clinical skills and experience providing treatment to persons with severe and persistent mental illness.
  - b. Clinical skills and experience providing treatment to persons with severe and persistent mental illness who also abuse licit and illicit drugs, including alcohol.
  - c. Experience providing mental health services in community and in consumer's homes.
  - d. Experience working with consumers with severe and persistent mental illness and the criminal justice system.
  - e. Clear understanding of the characteristics and problems of adults with severe and persistent mental illness.
  - f. Knowledge of the PACT model.

- g. Skills and competence to establish supportive relationships with persons with severe and persistent mental illnesses.
- 3. There should be a policy statement stipulating that the provider will recruit staff who possess the following values and clinical orientation:
  - a. Strong commitment to the right and ability of each consumer with a severe and persistent mental illness to live in natural community residences, work in competitive-wage market jobs, and have access to helpful, adequate, competent and continuous supports and services.
  - b. Respect for consumer rights and personal preferences in treatment.
  - c. Belief that recovery is possible and that all consumers have the capacity to experience a meaningful life while striving to achieve their full potential.
  - d. Belief that consumers are best-served, and recovery process is informed by, self-directed care.
  - e. Mental health treatment services should be individualized and person-centered.
  - f. PACT services should empower consumers.
  - g. The provision of PACT mental health treatment services should be strength based.
  - h. Acknowledge and recognize the inherent capacity and ability of the individual to recover and that it is an expectation that PACT participants will progress and eventually no longer require PACT services.
  - i. One of the chief responsibilities of the practitioner is to instill hope within the consumer.
- B. There should be a policy stipulating that the minimum staffing pattern for the team, be it urban or rural, will conform to the *Washington State PACT Program Standards*. As per the *Standards*, the team shall reflect the following staffing pattern:
  - 1. There should be a policy statement stipulating that urban teams will have no less than ten direct service full-time equivalents and rural teams will have no fewer than seven direct service full-time equivalents. [Please note: Team Leader and Peer Specialist may be counted as direct service staff.]
  - 2. There should be a policy stating that the PACT team will include the following mandatory positions:
    - a. One full-time Team Leader, who at a minimum will be an MHP, function as the team's clinical and administrative supervisor, provide direct services and carry a half caseload.
    - b. One dedicated psychiatric prescriber, who may be a psychiatrist or an ARNP. For every 50 consumers enrolled in PACT services, the psychiatric prescriber shall provide 16 hours of dedicated services to the team.
    - c. A minimum of 1.5 full time equivalent RN for a rural team; three full time equivalent RN for an urban team.
    - d. A minimum of 4 MHPs on an urban team; 3 MHPs for rural teams. [Please note that in this instance "MHP" refers to staff meeting the WAC MHP requirements. RNs and Team Leader can be included in count of MHPs.]
    - e. A minimum of one dedicated Vocational Specialist.
    - f. A minimum of one Substance Abuse Specialist.
    - g. A minimum of one Peer Specialist.
    - h. A minimum of one Program Assistant.

- C There should be a policy statement stipulating that all PACT team staff will receive sufficient training to effectively do their jobs. The policy should reflect the following minimum requirements:
  - 1. Provider will assess staff training needs annually.
  - 2. All staff will be trained/oriented to the PACT model.
  - 3. All staff will be trained/oriented to the providers PACT polices and procedures.
- D. There should be a policy statement reflecting the maintenance of PACT team personnel files. This policy should address:
  - 1. PACT team personnel files shall meet all of the requirements of WAC 388-865-0405.
  - 2. PACT team personnel files should at a minimum include:
    - a. Job application.
    - b. Copies of credentials or licenses.
    - c. Position description.
    - d. Annual performance appraisals.
    - e. Individual staff orientation.
    - f. Individual training plan.
    - g. Documentation of training.

## **Policy & Procedure #4**

### **Program Organization, Coverage, Staff Communication/Supervision**

(WA PACT Program Standards: pp. 12-15)

The PACT team will maintain written program organization policies and procedures, including required hours of operation and staff coverage, place of treatment, staff communication and planning (with an emphasis on team approach), and staff supervision that are adequately documented and clinically substantiated. The licensed PACT CMHA must meet all general minimum standards for community support in addition to the following minimum requirements:

#### **A. Hours of Operation and Staff Coverage**

##### **1. *Urban Teams***

There should be a policy and procedure outlining that the PACT team shall be available to provide treatment, rehabilitation, crisis intervention, and support activities seven days per week, including holidays and evenings.

(Refer to section VI.A., 1a [i-iv] of the *WA PACT Program Standards*).

##### **2. *Rural Teams***

There should be a policy and procedure outlining that the PACT team shall be available to provide treatment, rehabilitation, crisis intervention, and support activities seven days per week, including holidays and evenings.

(Refer to section VI.A., 2a [i-iv] of the *WA PACT Program Standards*).

#### **B. Place of Treatment**

- 1. There should be a policy statement articulating the role of the PACT team as the

primary provider of services with the responsibility to meet the consumer's multiple treatment, rehabilitation, crisis intervention, and supportive needs with minimal referrals to external agencies for services.

2. There should be a policy and procedure stipulating that the PACT team shall have the capacity to provide multiple contacts per week as outlined in the WA PACT Program Standards.
3. There should be a policy statement specifying that each new urban team shall set a goal of providing 75 percent of service contacts in the community in non office-based or non facility-based settings.
4. There should be a policy statement specifying that each new rural team shall set a goal of providing 85 percent of service contacts in the community in non office-based or non facility-based settings.

**C. Staff Communication and Planning**

1. There should be a policy and procedure outlining that the PACT team shall conduct daily organizational staff meetings at regularly scheduled times per a schedule established by the team leader and these meetings will be conducted, at minimum, in accordance with the procedures outlined in section VI, C1 [a-f] of the *WA PACT Program Standards*).
2. There should be a policy and procedure outlining that the PACT team shall conduct treatment-planning meetings under the supervision of the team leader and the psychiatric prescriber and that these treatment planning meetings shall, at minimum, follow section VI, C2 [a-d] of the *WA PACT Program Standards*).

**D. Staff Supervision**

Each PACT team should develop a written policy and procedure for clinical supervision of all staff providing treatment, rehabilitation, and support services. A component of the supervision shall include assisting all staff to have basic core competencies in working with consumers who have co-occurring disorders. The team leader and psychiatric prescriber shall assume responsibility for supervising and directing all staff activities which shall minimally consist of:

1. Individual, side-by-side sessions in which the supervisor accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess their performance, give feedback, and model alternative treatment approaches;
2. Participation with team members in daily organizational staff meetings and regularly scheduled treatment planning meetings to review and assess staff performance and provide staff direction regarding individual cases;

3. Regular meetings with individual staff to review their work with consumers, assess clinical performance, and give feedback;
4. Regular reviews, critiques, and feedback of staff documentation (i.e., progress notes, assessments, treatment plans, treatment plan reviews); and
5. Written documentation of all clinical supervision provided to PACT team staff.

## **Policy & Procedure #5**

### **Assessment and Person-Centered Individualized Treatment Planning**

*(WA PACT Program Standards: p. 15-18)*

The PACT team will maintain written Assessment and Treatment Planning policies and procedures that are adequately documented and clinically substantiated. The licensed PACT CMHA must meet all general minimum standards for community support in addition to the following minimum requirements:

#### **A. Initial Assessment**

1. There should be a policy statement stipulating that there will be an initial assessment and treatment plan completed on the day of the consumer's admission to PACT by the team leader or the psychiatric prescriber, with participation by designated team members.

#### **B. Comprehensive Assessment**

1. There should be a policy statement stipulating that the comprehensive assessment will be completed by a PACT team member and that the assessment is based upon all available information, including consumer interview/self-report, family members and other significant parties, and written summaries from other agencies, including police, courts, and outpatient/inpatient facilities, where applicable.

2. There should be a policy statement stipulating that the comprehensive assessment will be initiated and completed within one month after a consumer's admission. There will be a procedure outlining the following requirements:

1. In collaboration with the consumer, the treatment team will complete a psychiatric and social functioning history time line.
2. In collaboration with the consumer, the comprehensive assessment shall include a strengths-based evaluation in the following areas:
  - a. Psychiatric History, Mental Status, and Diagnosis
  - b. Physical Health
  - c. Use of Drugs and Alcohol
  - d. Education and Employment
  - e. Social Development and Functioning
  - f. Activities of Daily Living (ADL)
  - g. Family Structure and Relationships
  - h. Strengths and Resources

3. While the assessment process shall involve the input of most, if not all,



team members, the consumer's psychiatric prescriber, service coordinator, and treatment team members will assume responsibility for preparing the written narrative of the results and formulation of the psychiatric and social functioning history time-line and the comprehensive assessment, ensuring that a psychiatric and social functioning history time line and comprehensive assessment are completed within one month of the consumer's admission to the program. The treatment team will work collaboratively with the consumer and will solicit feedback from the consumer in all aspects of the assessment process and obtain their signature indicating their degree of participation.

4. The service coordinator and treatment team members will be assigned by the team leader in collaboration with the psychiatric prescriber by the time of the first treatment planning meeting or thirty days after admission.

### **C. Person-Centered Individualized Treatment Planning**

1. There should be a policy statement reflecting that PACT team members will engage consumers to actively participate in individual treatment planning reflecting recovery and resilience principles and cultural competence.
2. There should be a policy statement stipulating that treatment plans must be updated whenever there is a major decision point in the consumer's course of treatment (e.g., significant change in the consumer's condition or goals) or at least every 180 days.
- 3: There should be a policy and procedure describing how treatment planning will be developed through the following process:
  - a. The treatment plan shall be developed in collaboration with the consumer. Family or guardian, if any, will be included when feasible and appropriate.
  - b. The consumer's participation in the development of the treatment plan shall be documented.
  - c. The PACT team shall evaluate together with each consumer their needs, strengths, and preferences and develop together with each consumer an individualized treatment plan.
- 4: There should be a policy statement stipulating that staff shall meet at regularly scheduled times for treatment planning meetings, specifying that at each treatment planning meeting the following staff should attend:
  - d. the team leader
  - e. the psychiatric prescriber
  - f. the service coordinator
  - g. individual treatment team members
  - h. the peer specialist
  - i. all other PACT team members involved in regular tasks with the consumer.

- 5: There should be a policy statement that it is the responsibility of treatment team members to ensure the consumer is actively involved in the development of treatment (recovery) and service goals and that PACT team staff shall also involve pertinent agencies and members of the consumer's social network in the formulation of treatment plans, with the consumers permission.
- 6: There should be a policy statement specifying that each consumer's treatment plan shall identify issues/problems, strengths/weaknesses, and specific measurable goals that reflect recovery and resilience principles and cultural competence.
- 7: There should be a policy and procedure describing that the treatment plan must clearly specify the approaches and interventions necessary for the consumer to achieve the individual goals (achieve recovery) and identify who will carry out the approaches and interventions. At a minimum, the procedure will specify the following in every consumer's treatment plan (unless they are explored and designated as "not of current interest" by the consumer):
  - a. psychiatric illness or symptom reduction
  - b. housing
  - c. ADL's
  - d. daily structure and employment
  - e. family and social relationships
  - f. the consumer's self-identified goals and aspirations
  - g. The service coordinator and the treatment team, together with the consumer, will be responsible for reviewing and rewriting the treatment goals and plan whenever there is a major decision point in the consumer's course of treatment (e.g., significant change in consumer's condition or goals) or at least every 180 days.
  - h. The service coordinator shall prepare a summary (i.e., treatment plan review) which thoroughly describes in writing the consumer's and the treatment team's evaluation of his or her progress/goal attainment, the effectiveness of the interventions, and the satisfaction with services since the last treatment plan
  - i. The plan and review will be signed or acknowledged by the consumer, the service coordinator, individual treatment team members, the team leader, the psychiatric prescriber, and all PACT team members

## **Policy & Procedure #6**

### **Core PACT Services**

*(WA PACT Program Standards: pp. 18-24)*

The PACT team will maintain written policies and procedures for all core services outlined in this section. The licensed PACT CMHA must meet all general minimum standards for community support in addition to the following minimum requirements:

#### **A. Service Coordination**

1. There should be a policy and procedure stating that each consumer will be assigned a primary practitioner who will be responsible for overall Service Coordination. The primary practitioner will be responsible for the following:
  - a. Ensuring treatment plan is written and kept current
  - b. Functions as lead provider of individual treatment services
  - c. Functions as lead worker with consumer's family
  - d. Responsible for maintaining consumer's chart, to include completion of treatment plan updates, maintaining consumer service authorization, completion of any required Outcome Data Forms, etc.
2. There should be a policy statement reflecting that the consumer is regarded as the owner of his or her treatment. This ownership shall include:
  - a. Taking a primary role in developing the treatment plan.
  - b. Playing an active and collaborative role in decision making regarding every aspect of his or her treatment.
  - c. The freedom to take risks.
  - d. Being empowered to learn, make mistakes, and rebuild life skills.
  - e. The freedom to make decisions and choices about their treatment and lives.

**B. Crisis Assessment and Intervention**

1. There should be a policy that states the PACT team whenever possible will be the initial crisis responders, face-to-face or by telephone.
2. There should be a policy statement that crisis intervention services will be provided to PACT consumers who are in crisis.
3. There should be a policy statement that crisis intervention services will be provided in the least restrictive setting as possible to individuals within the community in which they reside.
4. There should be a policy and procedure specifying that there be an ongoing, individualized, strengths based, crisis plan for each PACT consumer.
  - a. The consumer will take the lead role in developing the crisis plan.
  - b. There will be a procedure describing how the crisis plans will be shared with crisis service providers.
5. There will be a procedure delineating how crisis services will be staffed during evening, night, weekend and holiday shifts.
6. There will be a procedure delineating how consumers in crisis will contact the PACT team.
7. There will be a procedure describing how and when the PACT staff member will determine when a DMHP or external crisis team will be employed.
8. There will be a clear process for determining when telephone crisis contact does not suffice and PACT team staff will provide face-to-face crisis intervention services within the consumer's community.
9. There should be a policy statement that whenever possible, a PACT team member will be present when a DMHP or external crisis provider is working with a PACT consumer.
10. There will be a description of the process for documenting crisis intervention services and staffing the situation or incident with the PACT team.

- a. This process will include a description of how allied service providers and any external crisis service provider will communicate crisis contacts to the PACT team.
- 11. There will be a procedural description of how the PACT team will be notified and become involved in those instances when a consumer's initial crisis contact is with a service provider not connected to the PACT team. [Example: consumer presents at hospital emergency room.] This procedure will address the following:
  - a. Providing external crisis providers with consumer crisis plans and current roster of PACT consumers.
  - b. How external agency/provider will contact PACT team for crisis outreach.
  - c. Developing Service Affiliation Agreements with ancillary providers and agencies to expedite crisis intervention service coordination for PACT consumers.

### **C. Symptom Management and Psychotherapy**

- 1. There should be a policy and procedure describing how the PACT team will provide ongoing Symptom Assessment and Symptom Management Services to the consumer. This policy should at a minimum address the following:
  - a. Ongoing assessment of symptoms and consumer's response to treatment.
  - b. Modifying treatment to work with consumer within the consumer's contextual environment, i.e., to "meet consumer where consumer is at."
  - c. Educating consumer and family about illness, meds, nature of treatment, etc.
  - d. Training the consumer to identify and recognize individualized symptoms, triggers, etc., for early intervention.
  - e. Early intervention strategy training for symptom management
  - f. Tracking, addressing, and documenting medication side effects.
  - g. Psychoeducation regarding mental illness and the effects and side effects of prescribed medications.
- 2. There should be a policy and procedure describing how the PACT team will provide ongoing psychotherapy to the consumer. This policy should at a minimum address the following:
  - a. How psychotherapy services will be provided, including both individual supportive therapy and cognitive behavioral approaches.
  - b. How psychological support will be provided to consumer on a planned and as-needed basis.
  - c. How psychological support services will be used to help consumers accomplish their personal goals, cope with stressors of day-to-day living and incorporate recovery into their lives.

### **D. Wellness Management and Recovery Services**

- 1. There should be a policy and procedure specifying both content and methodology for providing recovery management services to the consumer. At a minimum, the following content areas will be addressed:
  - a. Definition and identification of recovery goals within each consumer's frame of reference.
  - b. Strategies for implementing and maintaining recovery goals.

- c. Practical information about mental illness and the consumer's diagnosis and experiences with mental illness.
- d. Skills training and practice in how to develop social supports.
- e. Skills training for the consumer in understanding and implementing the stress vulnerability model.
- f. Skills training and practice in how to build social supports.
- g. Skills training for the effective use of medication.
- h. Skills training for defining relapse, identifying triggers for relapse and strategies for reducing relapses in severity and frequency.
- i. Skills training for the identification of individualized stressors.
- j. Skills training for coping positively with stress.
- k. Skills training for the identification of individualized symptoms.
- l. Skills training for coping with individualized symptoms.
- m. Skills training for getting needs met within the mental health system, to include empowerment and self-advocacy.
- n. Direct assistance with learning and practicing new skills as they are developed.

**E: Medication Prescription, Administration, Monitoring and Documentation**

1. There should be a policy and procedure which stipulates the following practice parameters for the team psychiatric prescriber:
  - a. The prescriber shall have an individual clinical relationship with each PACT consumer.
  - b. In working with the consumer, the prescriber shall assess each consumer's mental illness symptoms and provide verbal and written information about mental illness to the consumer and the consumer's family if so requested.
  - c. The prescriber shall make an accurate diagnosis based in part on the PACT comprehensive assessment. The diagnosis shall also be based on the prescriber's direct observations of the consumer and available collateral information provided by the consumer's family and/or immediate support group.
  - d. In active consultation with the consumer the prescriber will follow an evidence-based clinical pathway in prescribing medications.
  - e. The prescriber shall discuss with the consumer the impact of prescribed medications, including their benefits and risks and obtained informed consent from the consumer for each prescribed medication.
  - f. In collaboration with the consumer, the prescriber will assess, discuss and document the consumer's mental illness symptoms and behaviors in response to psychiatric medications.
  - g. In collaboration with the consumer, the prescriber will assess, monitor, discuss and document side effects the consumer is experiencing from the psychiatric medications.
  - h. In conjunction with the consumer and the treatment team, the prescriber shall provide to psychotherapy to the consumer as is clinically indicated, or requested by the consumer.
2. There should be a policy stating that it is the responsibility of all PACT team members to assess, monitor and document the consumer's symptoms of mental

- illness and behaviors in response to medication and medication side effects. The policy should include procedures for the following:
- a. The PACT team member will staff clinically significant observations with fellow team members, to include at least one medical staff.
  - b. The PACT team member shall discuss/share observations with the consumer and take the consumer's perceptions into consideration in formulating any response to side effects or negative impact of medications.
3. There should be a policy statement addressing medication documentation and administration. At a minimum, there should be procedures for the following:
- a. Documenting physician's orders.
  - b. Documentation of medication orders.
  - c. Organization of consumer medications: self-administration, medisets, observed administration, storage of medications.
  - d. Identification of staff responsible for ensuring that given consumer has been offered/received medication as per the physician's order.
  - e. If medications are stored on-site, provisions for secure storage of medications, to include maintaining inventory of medications and disposal of discontinued medications.
  - f. Statement that all medications will be prescribed and administered as per the laws of the State of Washington.

#### **F. Co-Occurring Disorders Services**

1. There should be a policy statement which stipulates that substance abuse treatment participation, abstaining or promising to abstain from alcohol and drugs and/or participation in 12 step programs will not be a condition for admission or continued treatment with the PACT program.
2. There should be a policy and procedure specifying the administration of the GAIN-SS at the time of intake if the consumer has not completed a verifiable GAIN-SS within last twelve months.
3. There should be a policy statement specifying that a comprehensive chemical dependency assessment will be conducted during the first month after a consumer is admitted to the PACT team. At a minimum the assessment will address:
  - a. Identification of substances used, history of use, quantity of use, age of use, and route of ingestion.
  - b. Brief description of substance use by primary caregivers.
  - c. Effects/impact of consumer's substance use.
  - d. Role played by substances in consumer's life, i.e., a functional assessment.
4. There should be a policy statement stipulating that the integrated dual diagnosis treatment will follow a risk management model, i.e., the goal will be the reduction of negative consequences of the consumer's substance use.
5. There should be a policy statement stipulating that a member or members of the PACT team will provide dual diagnosis treatment to consumers. At a minimum, the policy should include procedures for providing the following:
  - a. Developing motivation for decreasing use.
  - b. Developing coping skills to minimize use, recognition of negative consequences of use, and if consumer chooses, adoption of an abstinence goal.

6. There should be a policy statement that consumer choice will play a key role in the provision of dual diagnosis treatment services to PACT consumers.
  - a. The consumer will determine his or her level of participation and treatment goals.
7. There should be a policy statement that integrated dual diagnosis treatment will adhere to a stage-based motivational interviewing non-confrontational model. This model will include at a minimum:
  - b. Engagement.
  - c. Assessment.
  - d. Motivational enhancement.
  - e. Active treatment, to include cognitive skills training and community reinforcement.
  - f. Relapse prevention/intervention treatment.
8. There should be a policy statement specifying that, at a minimum, the following treatment activities shall be provided and/or facilitated by the PACT Team, as is determined to be clinically appropriate in both setting and content:
  - a. Individual treatment.
  - b. Stage-wise groups.
  - c. Persuasion groups.
  - d. Family intervention.
  - e. Self-help groups.
  - f. Community reinforcement activities.

#### **G. Education Services**

1. There should be a policy statement stipulating that the PACT team endorses and supports the recovery aspects of supportive education. This should include at a minimum:
  - a. An endorsement that education adds value and meaning to life.
  - b. Supported education services are for consumers whose high school, college or vocational education could not start or was interrupted by their mental illness.
  - c. The object of supported education services is to assist and provide support to consumers in enrolling and participating in educational activities.
2. Supportive education activities will include the following.:
  - a. Conducting a strengths-based assessment of the consumer's educational interests, abilities and history.
  - b. Pre-admission counseling to determine which school and/or type of educational opportunities may be available.
  - c. As indicated, referral to GED classes and testing. Coaching the consumer through the GED process as needed.
  - d. Assistance with completion of applications and financial aid forms.
  - e. Help with registration.
  - f. Orientation to campus buildings and school services.
  - g. Assessment of consumer learning style and study skills.
  - h. Early identification and intervention with academic difficulties.
  - i. Linking with academic supports such as tutoring and learning resources.
  - j. Assistance with time management and schoolwork deadlines.

- k. Supportive counseling.
- l. Information regarding disclosing mental illness.
- m. Advocating with faculty for reasonable accommodations.

## **H. Vocational Services**

1. There should be a policy statement stipulating that the PACT team endorses and supports the recovery aspects of employment. This should include at a minimum:
  - a. An endorsement that employment adds value and meaning to life.
  - b. All consumers who want to work can work.
  - c. The PACT team will encourage and facilitate meaningful employment in community-based job sites.
2. There should be a policy statement that the PACT team will have at least one designated vocational worker with specialty training and experience working in employment, vocational/psychiatric rehabilitation. This worker will be responsible for:
  - a. Job finding.
  - b. Job development and coordination.
  - c. On-the-job support and training.
3. The PACT team's vocational component shall include an assessment of job-related interests and abilities. The assessment will be conducted collaboratively with the consumer. It will include:
  - a. An assessment of educational history, including consumer's preferred learning style.
  - b. An assessment of the consumer's work history assessment, and for each job cited, the consumer's perception as to what elements constituted a positive employment experience and what elements constituted a negative employment experience.
  - c. The assessment shall identify and clarify the consumer's attitudes and values regarding work.
  - d. The assessment will identify the consumer's aspirations regarding work.
  - e. The assessment will identify the impact of consumer's mental illness on employment history, as identified by the consumer.
4. There should be a policy and procedure stating that when a consumer is employed, the PACT team will provide on-the-job assessments of the consumer's work performance, addressing strengths and potential areas for improvement.
5. There should be a policy stating that each consumer will have an ongoing employment rehabilitation plan which will include at a minimum:
  - a. An identification of specific behaviors which have historically and can potentially interfere with the consumer's work.
  - b. Strategies and techniques for the consumer to identify early warning signs of deleterious behaviors resulting from his or her symptoms.
  - c. Strategies and techniques for the consumer to request intervention or independently reduce or eliminate potential job-interfering behaviors.
  - d. The consumer's stated employment goals/aspirations.
6. There should be a policy statement that the PACT team will provide on the job crisis intervention for PACT consumers.



7. There should be a policy and procedure describing how the team will provide work related assistance in the following areas:
  - a. Job application support.
  - b. Resume/work history development support.
  - c. Interview support.
  - d. Securing appropriate assists such as clothing, hygiene coaching, wake-up calls and transportation.
  - e. Assist the consumer with financial planning if benefits change as result of securing employment.

#### **I. Activities of Daily Living Services**

1. There should be a policy statement stipulating that each consumer will be provided with support in activities of daily living. Supports in activities of daily living will include:
  - a. Assessment.
  - b. Problem solving.
  - c. Side-by-side assistance.
  - d. Skill training.
  - e. Ongoing supervision, encouragement and feedback
2. There should be a policy statement reflecting specific activity areas which will be considered as activities of daily living. The identified areas of focus should include at a minimum:
  - a. Household activities, including cleaning, cooking, grocery shopping and laundry.
  - b. Personal hygiene and grooming tasks.
  - c. Money management skills.
  - d. Accessing transportation services.
  - e. Accessing personal physicians and dentists for health care.
3. There should be a policy statement stipulating that the determination of the type and degree of support to activities of daily living will be reflected in the consumer's treatment plan.
  - a. This determination will be arrived at collaboratively with the consumer, based on an assessment and identification of activities of daily living which need enhancement and consumer-identified needs and goals.
  - b. The assessment and planning sessions will be conducted in a respectful and manner.

#### **J. Social and Community Integration Skills Training**

1. There should be a policy statement which states that the PACT team will provide services to support the consumer's development of social and interpersonal relationships and ability to engage in constructive [getting high can be a leisure time activity] leisure time activities. Supportive services shall include:
  - a. Individual therapy.
  - b. Problem-solving.
  - c. Role-playing and modeling.
  - d. Social-skills training and practice.

- e. Assertiveness training and practice.
  - f. Daily planning and structuring.
  - g. Prompting for social and leisure time activities.
  - h. Side-by-side support and coaching.
  - i. Organizing individual and group socialization and recreational activities to structure consumer's time.
  - j. Increase consumer social experiences.
  - k. Afford consumers with opportunities to practice and receive feedback on their social skills.
2. There should be a policy statement that the PACT team will assist the consumer in the following areas:
    - a. Improving communication skills and increase self-esteem.
    - b. Developing relationships.
    - c. Relating to landlords and others effectively.
    - d. Planning the appropriate use of leisure time.
    - e. Familiarizing self with available social activities and resources.
  3. There should be a policy statement that these service activities will be driven by and reflected in the consumer's treatment plan
    - a. The need for the activities will be assessed by a team member and the consumer.
    - b. The goals and areas of work will be identified agreed upon by the consumer.

**K. Peer Support Services**

1. There should be a policy statement stipulating that the PACT team's Peer Specialist will be a fully integrated team member and offer an array of services which can range from clinical services to peer support, depending on the qualifications and experience of the peer.
2. There should be a policy statement acknowledging that Peer Specialist Services can be delivered simultaneously with other types of care, including case management services, as long as the peer continues to relate to the consumer as a peer.
3. There should be a procedural statement describing how the following discrete peer services will be provided:
  - a. Promoting self-determination.
  - b. Encouraging, reinforcing choice and decision making.
  - c. Sharing the journey.
  - d. Introduction to advocacy organizations and recovery-promoting self help organizations
4. There should be a policy statement acknowledging that the Peer Specialist shall function as consultant to the PACT team to promote a culture of recovery in which each consumer's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation and community activities.

**L. Support Services**

1. There should be a policy and procedure stating that the PACT team member will facilitate and assist consumers in obtaining the following services as needed:
  - a. Medical and dental care.
  - b. Safe, clean, affordable housing.

- c. Financial support and/or benefits counseling.
  - d. Social services.
  - e. Transportation.
  - f. Legal advocacy and representation, to include representation at Mental Health Court when available.
  - g. Coordination of care with Department of Corrections for those consumers who are under DOC supervision.
2. There should be a policy and procedure specifying that the PACT team shall encourage empowerment and autonomy for the consumer in coordinating services with ancillary agencies and institutions. Empowerment will minimally be encouraged through the following:
- a. Offering advice on how to independently access supports.
  - b. Demonstrating how to independently access supports.
  - c. Conducting training/role playing activities to teach consumers how to independently access supports.
  - d. Modeling how to access supports.
  - e. Practicing with the consumer how to access supports.

**M. Family and Natural Supports’ Psychoeducation and Support**

There should be policies and procedures specifying how the PACT team will provide education, support and consultation services to consumers and their families/supports.

These procedures should minimally address the following:

- 1. Individualized psycho-education about consumer’s mental illness and role of family and other supports in recovery process.
- 2. Family intervention to restore family contact, resolve conflict, and maintain relationships with family and other significant supports.
- 3. On going communication and collaboration, face-to-face between PACT team and family/support group.
- 4. Introduction and referral to family self-help programs and advocacy organizations that support recovery.
- 5. Assistance to consumers with their children, including individual supportive counseling, parenting training, and service coordination. These services are not limited to:
  - a. Services to help consumers throughout pregnancy and birth of child.
  - b. Services to fulfill parenting responsibilities and coordinating services for the child.
  - c. Services to restore relationships with children who are not in the client’s custody.

**Policy & Procedure #7**

**Consumer Medical Record**

*(WA PACT Program Standards: p. 24)*

The PACT team will maintain written medical records management policies and procedures. The licensed PACT CMHA must meet all general minimum standards for community support in addition to the following minimum requirements:

- A. There should be a policy stipulating that PACT consumer medical records be kept on-site with PACT team.
- B. There should be a policy stipulating that the PACT team and provider agency comply with WAC 388-865-0430, WAC 388-865-0435, WAC 388-865-0436, WAC 388-865-0440 as pertaining to maintaining medical records.

**Policy & Procedure #8**  
**Consumer Rights and Grievance Procedures**

*(WA PACT Program Standards: p. 25)*

The PACT team will maintain written consumer rights policies and procedures that are adequately documented. The licensed PACT CMHA must meet all general minimum standards for community support [WAC 388-865-0400] in addition to the following minimum requirements:

**1. Consumer Rights**

- A. There should be a policy statement stipulating that is a fundamental responsibility to protect and promote the rights of the persons served and to promote basic human rights, dignity, health and safety in a culturally, linguistically, and age-appropriate manner.
- B. There should be a policy and procedure which stipulates that PACT teams shall be knowledgeable about, and familiar with, consumer rights including the rights to:
  - 1. Confidentiality
  - 2. Informed consent to medication and treatment
  - 3. Treatment with respect and dignity
  - 4. Prompt, adequate, and appropriate treatment
  - 5. Treatment which is under the least restrictive conditions
  - 6. Nondiscrimination
  - 7. Control of own money
  - 8. Voice or file grievances or complaints
- C. There should be a policy and procedure which stipulates that PACT teams shall be knowledgeable about, and familiar with, the mechanisms to implement and enforce consumer rights to include, at minimum:

Grievance or complaint procedures under:

- 1. WAC and RCW
- 2. Medicaid
- 3. Americans with Disabilities Act
- 4. Protection and Advocacy for Mentally Ill Individuals

- D. There should be a policy and procedure which stipulates that PACT teams shall be prepared and provide consumers appropriate information and referral to the Protection and Advocacy agency and other advocacy groups.
- E. There should be a policy statement that information on rights and responsibilities of persons served shall be consistent with WAC 388-865-0410.
- F. There should be a policy statement stipulating that all persons served shall be made aware of their rights and responsibilities and that information shall be presented in an understandable manner and that such notification shall be documented.

## **2. Grievance Procedures**

- A. There should be a policy and procedure that stipulates persons served shall be encouraged to be actively involved in services and treatment which includes voicing opinions or disagreements about said services and treatment and having these addressed in an expedient and professional manner.
- B. There should be a policy and procedure describing how complaints shall be handled in a manner that best serves the interest of the persons served and the agency.
- C. There will be a procedure describing how persons served shall be encouraged to discuss concerns with the assigned PACT team member or the service coordinator's supervisor for earliest resolution
- D. There should be a policy and procedure outlining the mechanisms for reporting grievances and how the grievance process shall be communicated in a manner that is clearly understandable to the person served.
- E. There should be a policy and procedure outlining how all grievances will be treated as confidential administrative files.

## **Policy & Procedure #9**

### **Culturally and Linguistically Appropriate Services (CLAS)**

*(WA PACT Program Standards: pp. 25-26)*

The PACT team will maintain written Culturally and Linguistically Appropriate Services (CLAS) policies and procedures that are adequately documented. The licensed PACT service provider must meet all general minimum standards for community support in addition to the following minimum requirements:

- A. There should be a policy statement specifying the plan and process to promote the development and maintenance of cultural and linguistic competency towards PACT consumers, families, and natural supports. The procedures, at a minimum, will specify that the PACT team(s) follow the WA PACT Program Standards

- CLAS criteria as outlined in section XI [A-N].
- B. There should be a policy statement that reflects the following procedures for ensuring culturally appropriate and respectful services for Native American consumers. [Please note: the following procedures will require the consumer's permission and authorization.]
1. Contact the consumer's Tribal Entity.
  2. Working in conjunction with the consumer and the Tribal Entity, identify available resources for the consumer.
  3. Provide treatment services in conjunction with the appropriate Tribal Mental Health Center or FQHC.
  4. Encourage participation of family, Tribal representatives, etc., in the treatment planning process and as members of the treatment team.

## **Policy & Procedure #10**

### **Performance Improvement and Program Evaluation**

*(WA PACT Program Standards: p. 26)*

The PACT team will maintain written performance improvement and program evaluation policies and procedures that are adequately documented. The licensed PACT service provider must meet all general minimum standards for community support in addition to the following minimum requirements:

- A. Development and implementation of a Performance Improvement and Evaluation Plan which will include:
1. A statement of the PACT program's objectives.
  2. Criteria by which the degree of implementation of program objectives will be measured.
  3. Description of how achievements relating to meeting program objectives will be documented.
  4. Identification of methods for assessing effective use of staff and resources toward the attainment of the objective.
  5. Description of a review process and documenting that process which evaluates the appropriateness of:
    - a. Program admissions.
    - b. Treatment plans.
    - c. Discharge planning and discharge plans.
    - d. Progress documentation.
    - e. Medication administration.
- B. The PACT team will have a policy statement which addresses complying with MHD data requirements for conducting outcome, fidelity and process evaluations.
- C. The PACT team will have a policy and procedure describing the process by which performance improvement data, utilization data, critical incident data and encounter data will be used to improve service delivery.
- D. The PACT team *may* have additional policies and procedures which address the following content areas:
1. Patterns of service utilization.

2. Alignment of treatment goals and service delivery documentation.
3. Measuring consumer satisfaction.
4. Critical incident tracking, review and analysis of patterns.

## **Policy & Procedure #11 Stakeholder Advisory Groups**

(WA PACT Program Standards: p. 27)

The RSN or PACT team will maintain written stakeholder advisory group policies and procedures incorporating the requirements outlined in this section. If the Stakeholder Advisory Group is managed at the provider level, the licensed PACT CMHA must meet all general minimum standards for community support. The Stakeholder Advisory Group policies and procedures shall address the following minimum requirements:

### **A. Membership**

1. There should be a policy statement stipulating the maximum and minimum size of the Advisory Group.
2. There should be a policy statement reflecting that at least 51% of the group membership shall be made up of consumers and/or family members of consumers.

### **B. Advisory Group Charter/Scope**

1. There should be a policy statement specifying that one of the roles of the Stakeholder Advisory Group is to promote quality PACT model programs
2. There should be a policy statement that the Advisory Group will monitor fidelity to the *Washington State Pact Program Standards*.
3. There should be a policy statement articulating the role of the Advisory Group to guide and assist with the administering agency's oversight of the PACT program.
4. There should be a policy statement that it is within the purview of the Advisory Group to problem-solve and advocate to reduce system barriers to PACT implementation.
5. There should be a policy statement that it is the role of the Advisory Group to monitor, review and mediate client and family grievances or complaints.
6. There should be a policy statement that the Advisory Group will promote and ensure client's empowerment and recovery values in the PACT program.

### **C. Meetings**

1. There should be a policy and procedure describing the meeting format.
2. There should be a policy statement specifying the minimum meeting frequency.
3. There should be a policy and procedure describing how Advisory Group meetings will be conducted. At a minimum, the procedure will specify the following:
  - a. Who chairs the meeting?
  - b. How are meetings conducted?
  - c. How is meeting content documented?

- d. Who will maintain the meeting documentation?
- e. How will meeting agenda be set and announced?
- f. How will decisions/positions of Advisory Group be communicated?