

Program of Assertive Community Treatment (PACT)

PACT is for people with severe mental health disorders, who frequently need care in a psychiatric hospital or other crisis service, have challenges with traditional services, and may have a higher risk or history of arrest and/or incarceration.

Overview

PACT is an evidence-based practice, adopted nationally as best practice for individuals who meet admission criteria. When performed to fidelity, PACT provides a cost-effective method of service delivery to reduce hospitalizations, emergency services, and jail utilization. PACT teams come in different sizes, but every PACT team is multidisciplinary and provides care and crisis response on a 24/7 basis. Teams consist of:

- A psychiatric prescriber
- A team leader
- Registered nurses
- Master's level mental health professionals
- Substance use disorder professional
- Vocational and housing support
- Peer specialists

PACT teams bring their support to the client where they are. This includes bringing medication to the client and transporting them to support their recovery and promote independence. The teams work with eligible participants to build skills and work to graduate to a lower level of care. PACT supports people to remain in their community which reduces the need for crisis, hospital, and criminal justice interventions.

Full PACT teams support up to 100 people and half teams support up to 50. Specific fidelity standards are supported by annual fidelity reviews, technical assistance, and ongoing training for the teams through a contract with the University of Washington. Teams are limited in the number of new clients they may accept each month, allowing teams to establish rapport and provide stability for each new client.

There are currently 23 PACT teams in Washington: 17 full teams and 6 half teams.

Eligibility requirements

- Individuals diagnosed with a severe and persistent mental illness such as schizophrenia, schizoaffective disorder, and bipolar disorder with psychotic features; and
- Have difficulty performing daily life activities because of the symptoms of their mental health condition; and,
- Have had multiple encounters with crisis response systems; and,
- Have not had their needs met in standard outpatient care; and,
- May have tried other intensive programs.

Identified gaps and barriers

- Challenges with coordination of referrals from Western and Eastern State Hospitals and Long-Term Civil Commitment (LTCCs) providers.
- Low rate of individuals discharged from State Hospitals engaging in PACT services.
- Cyclical challenge related to operating a team-based model e.g. workforce shortage impact ability to maintain full census, which leads to lower revenue, which then prevents hiring workforce needed to increase census.
- Rate structure and funding methodology.
- Service area gaps and insufficient available capacity.

Strategies to address gaps and barriers

- To improve coordination between PACT providers and State Hospital and LTCCs, a Peer Liaison position was funded by the Legislature. This role will be staffed by the University of Washington SPIRIT lab and support engagement with individuals at Western State Hospital, facilitating coordination of PACT referrals to a PACT team where the individual is discharging.
- The legislature approved one time ramp up funds for PACT providers to increase and maintain average monthly caseloads, as well as retain and recruit staff. HCA is working with PACT providers to approve

their plans and to get needed funding to providers.

- Increased funding was provided by the Legislature for the University of Washington SPIRIT Lab to provide ongoing technical assistance and fidelity monitoring, new positions to provide targeted technical assistance, training, and program support.
- The Legislature funded rate increases of 4% and 22% for full teams and half teams, respectively.
- Two new PACT teams were added for FY25 as part of ESSB 5950. One team is in Clark County and the second is in the Thurston-Mason service region. Both are areas with need for additional PACT services.
- There are ongoing efforts to coordinate with our partners at ALTSA and to improve communication between operators of ALTSA housing, State Hospitals, LTCCs, and PACT providers to temporarily expand access to PACT while other programs expand e.g. Intensive Behavioral Health Treatment Facilities, Permanent Supported Housing, Intensive Residential Treatment etc.
- A team capacity metric change was funded by the legislature which increases the annual funding per member per year.
- Implemented State Directed Payments (SDP) beginning in 2025. SDP support efforts to maintain or increase access to PACT services by shoring up the viability of the provider network.

For more information

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Budget for SFY 25

GFS: FY25 24,187,000

GFF: FY25 \$28,598,000

Partners

The Health Care Authority (HCA) contracts with the University of Washington Spirit Lab who provides training, technical assistance, program monitoring and conducts on-site fidelity reviews. The reviews ensure publicly funded PACT providers meet standards consistent with the evidence-based model.