

Care/Case Management Model Cover Sheet

Program Name: Program of Assertive Community Treatment (PACT)

Population Focus:

Adults 18+ years old who meet eligibility criteria for Severe, Disabling Mental Illness and who have not benefited from traditional outpatient services. PACT serves members who struggle with severe disabling mental illnesses that are complex, have devastating effects on the functioning, and, because of the limitations of traditional mental health services, may have gone without appropriate services. Consequently, this population is often over-represented in the homeless population and in jails and prison, and have been unfairly thought to resist or avoid treatment. Services are tailored to the needs of the individual.

Services are provided by licensed Mental Health Centers enrolled in Medicaid. As of October 30, 2018, the following mental health centers have approved teams in the following communities:

1. AWARE team
 - Helena
2. The Center for Mental Health teams
 - Helena
 - Great Falls
3. Western Montana Mental Health Center teams
 - Butte
 - Hamilton
 - Kalispell
 - Missoula
4. South Central Montana Regional Mental Health Center team
 - Billings

Program Objectives:

PACT is an evidence-based, member-centered, recovery oriented, mental health services delivery model for facilitating community living, psychosocial rehabilitation, and recovery. Treatment focus is to keep members in the community, out of higher levels of care, and out of the emergency rooms through an integrative team approach. Interventions focus on achieving maximum reduction of physical and mental disability and restoration of the member to their best possible functional level. PACT is considered to be one of the most effective evidence-based programs designed to support community living for individuals with the most severe functional impairments associated with SDMI. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care).

Program Description:

PACT is a multi-disciplinary, self-contained clinical team approach, providing long-term intensive outpatient care and rehabilitation, and all mental health services in the person's home and natural community settings. It is a 24-hours a day, 7 days a week, 365 days a year service in all settings except jails, detention centers, and inpatient hospital settings. There are six basic elements in the PACT Model:

1. Multiservice teams
2. 24-hour service availability
3. Small caseloads that do not vary in composition
4. Ongoing and continuous services
5. Assertive outreach
6. In vivo rehabilitation

The PACT team must have a maximum staff to member ratio of 1:10 positions dedicated to the PACT team. Following is the required staff in the PACT team model:

1. Team Lead (psychiatrist, APRN, LCSW, or LCPC)
2. Psychiatrist/APRN (16 hours a week up to 50 members or 20 hours per week for 51+ members)
3. Intensive Care Coordination – Master’s Level Professional
4. 2 nurses (at least 1 bachelor level RN)
 - Symptom monitoring
 - Medication administration, monitoring; and distribution
5. Peer Support Specialist
6. Vocational Specialist
7. Substance Use Specialist
8. Administrative Assistant
9. Other Team Members

The team provides the individual mental health and substance use disorder treatment needs of the member that may include the following:

1. Initial assessment and reassessment
2. Client-centered treatment plan and periodic reviews
3. Medication management, monitoring, administration, and distribution
4. Symptom assessment and management
5. Individual and group psychotherapy
6. Individual supportive therapy
7. Illness management education
8. Crisis assessment, intervention, and response
9. Skills training
10. Substance use services
11. Work-related services
12. Peer support services
13. Social and interpersonal relationship activities.

This is a daily per diem rate of \$46.36 per day with a contact requirement of at least three contacts per week. A team program requirement includes five daily staff meetings per week where all PACT members treatment is discussed.

Program Demographics

Monthly member count: 7 teams with 400 clients

Average monthly program cost per member: \$1,390

Average monthly total benefit cost per population member: \$1,390

Monthly provider count:

- AWARE = 6 members
- Billings = 80 members

- Butte = 64 members
- Great Falls = 64 members
- Hamilton = 63 members
- Helena = 66 members
- Kalispell = 57 members

Average # of members per provider: 57

Average monthly provider program revenue:

- AWARE = \$4,682
- Billings = \$109,873
- Butte = \$80,342
- Great Falls = \$83,170
- Hamilton = \$77,236
- Helena = \$83,819
- Kalispell = \$75,335

Program Measurements

PACT is an evidenced based service delivery model that requires a fidelity review to ensure the teams are practicing to the fidelity of the model. The SAMHSA fidelity model requires a minimum of two days onsite review consisting of staff interviews, member interviews, review of a daily staff meeting, review of a treatment team meeting, and a thorough records review. This can be done annually or once every two or three years.

Following are the elements measured as provided by SAMHSA:

1. Readiness Assessment:
 - Part 1 – this is completed by the team leader. It identifies areas in which the team feels they do not completely understand regarding the PACT model.
 - Part 2 – this is completed by the team leader before the review. It identifies what the team has already put in place and what the next steps are for the team.
2. ACT Fidelity Scale
3. ACT Fidelity Score Sheet
4. ACT Fidelity Scale Protocol
5. General Organizational Index (GOI)
6. GOI Score Sheet