

CHAPTER 37J**PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT****Authority**

N.J.S.A. 30:1-12, 30:9A-1, and 30:9A-10.

Source and Effective Date

R.2008 d.256, effective July 30, 2008.
See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1.c(2), Chapter 37J, Programs of Assertive Community Treatment, expires on January 26, 2016. See: 47 N.J.R. 2037(a).

Chapter Historical Note

Chapter 37J, Programs of Assertive Community Treatment, was adopted as R.2003 d.68, effective February 3, 2003. See: 34 N.J.R. 906(a), 35 N.J.R. 875(a).

Chapter 37J, Programs of Assertive Community Treatment, was readopted as R.2008 d.256, effective July 30, 2008. See: Source and Effective Date. See, also, section annotations.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 37J, Programs of Assertive Community Treatment, was scheduled to expire on July 30, 2015. See: 43 N.J.R. 1203(a).

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SUBCHAPTER 1. GENERAL PROVISIONS**10:37J-1.1 Scope and purpose**

(a) The rules in this chapter shall apply to all Programs of Assertive Community Treatment (PACT).

(b) The purpose of PACT is to provide comprehensive, integrated rehabilitation, treatment and support services to individuals with serious and persistent mental illness, who have had repeated psychiatric hospitalizations, and who are at serious risk for psychiatric hospitalization. PACT, provided

in vivo by a multi-disciplinary service delivery team, is the most intensive program element in the continuum of ambulatory community mental health care. Services to an individual may vary in type and intensity. Treatment has no predetermined end point. These rules provide a description of the consumers for whom the services are targeted, the range of services to be provided, the requirements and responsibilities of the provider agencies and their staff, and the procedures required to provide the services.

(c) PACT teams shall be guided by the following principles:

1. It is possible for adults with a severe and persistent mental illness to achieve wellness, engage in the process of recovery and live successfully in normal community settings when adequate supports and services are provided.
2. PACT services shall be delivered with high regard for the dignity and autonomy of each consumer.
3. PACT services shall be delivered with an attitude of optimism that fully considers each consumer's strengths and abilities.
4. PACT services shall be highly individualized. All facets of PACT service delivery shall be intentionally tailored to the unique needs and choices of individual consumers.
5. PACT shall function as a self-contained clinical program that is the fixed point of responsibility for providing treatment, rehabilitation, and support services. Accordingly, there will be minimal referral of consumers to other program entities for specialized treatment, rehabilitation, and support services.
6. Treatment interventions and rehabilitation services shall be based on the goal of each consumer developing the specific skills that are necessary for achieving consumer-defined recovery outcomes.
7. PACT services shall be delivered in a manner that respects the cultural and language preferences of the consumer.

Amended by R.2008 d.256, effective September 15, 2008.
See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In (b), deleted "those" following "services to" in the first sentence, substituted "who have had repeated psychiatric" for "as evidenced by repeated", and substituted "provider agencies" for "PA's"; in (c)1, deleted "most" preceding "adults" and inserted "achieve wellness,"; added new (c)2 through (c)4; recodified former (c)2 and (c)3 as (c)5; rewrote (c)5; deleted former (c)4; and added (c)6 and (c)7.

10:37J-1.2 Definitions

The words and terms in this chapter shall have the following meanings unless the content clearly indicates otherwise.

"Assessment" means the ongoing process of identifying and reviewing a consumer's strengths, needs, and consumer-

defined goals, based upon input from the consumer, significant others, family members and health professionals. The assessment process continues throughout the entire length of service.

“Boarding home” means a building containing two or more units of dwelling space arranged or intended for single room occupancy, exclusive of any such unit occupied by an owner or operator, offering no financial or personal services other than a room, food service, and laundry to two or more residents unrelated to the operator. Such facilities shall be licensed by the Department of Community Affairs, pursuant to P.L. 1979, c.496 (Rooming House/Boarding House Act of 1979).

“Co-occurring disorder” means the presence of both one or more substance-related disorders, as well as one or more mental illness.

“Crisis assessment and intervention” means in-home or in-community emergency care provided by a PACT team member(s) who has direct access to other PACT team members, including the psychiatrist and PACT director/coach, for consultation and assistance.

“Department” means the Department of Human Services.

“Development and support of recreational and social activities and relationships” means provision of skill training, including supervised teaching activities and experiences, provided individually or in small groups to improve communication and facilitate appropriate interpersonal behavior.

“Direct assistance to ensure that each consumer obtains the basic necessities of life, such as food, clothing, physical health and dental care, shelter and safety,” means that the PACT team will maximally assist consumers in meeting their concrete needs. To the extent possible, the team will assist enrollees in securing and maintaining safe, affordable housing in settings that are clean, attractive and promote stability and well-being.

“Direct assistance with structuring and performing basic daily living activities” means the provision of hands-on assistance with a wide range of independent living tasks.

“Division” means the Division of Mental Health Services within the Department of Human Services.

“Dual disorder services” means specialized, integrated assessment and stage-based treatment of individuals who have co-occurring mental illness and substance abuse disorders.

“In vivo” means assistance is provided in the consumer’s home and other normative community settings. Direct assistance, individualized support, supervision, problem solving and the teaching of independent living skills are provided in the consumer’s natural settings.

“Level I standards” means those standards with which mental health programs must be in full compliance in order to be granted or to continue to receive a full Department license.

Level I standards include those standards that relate most directly to consumer rights, safety, and staffing. With specific reference to the PACT program, Level I standards are: N.J.A.C. 10:37J-2.4, Program intensity; N.J.A.C. 10:37-2.5(a) through (h), (l) and (m), Services to be provided and service coordination; and N.J.A.C. 10:37J-2.8(a) through (d) and (i), Staff requirements.

“Medication prescription, administration, monitoring, and documentation” means psychiatric assessment and the prescription of appropriate medication. PACT staff, under the direction of the team psychiatrist, shall participate in the medication-related education, delivery, administration including observed self-administration, monitoring and documentation of medication. Staff shall assess and document the consumer’s mental illness symptoms and behavior in response to medication and monitor for psychotropic medication side effects. Staff shall report observations to the team psychiatrist.

“Minimizing consumer involvement with the criminal justice system” means that the PACT team collaborates with police, court personnel, and jail and prison officials to ensure appropriate use of legal and mental health services. The team informs and educates the court, corrections and police officials in regard to the consumer’s needs.

“Observed self-administration of medication” means a procedure in which any medication is taken orally, injected, or topically or otherwise administered by a PACT enrollee to himself or herself under the observation of a PACT team member. The complete procedure of self-administration includes removing an individual dose from a previously dispensed (in accordance with the New Jersey State Board of Pharmacy rules, N.J.A.C. 13:39), labeled container (including a unit dose container), verifying it with the directions on the label, and taking orally, injecting, or topically or otherwise administering the medication.

“PACT” means Programs of Assertive Community Treatment.

“PACT director” means a designated manager within the administrative structure of the PA whom, although not a PACT team member, is dedicated to the success of the team(s). The director provides clinical supervision (or ensures that it takes place), leadership, support, guidance, networking, and advocacy efforts on behalf of the team(s) and the consumers that it serves.

“Primary consumer” means, for the purposes of this rule, a person who is most challenged by the need to cope with a serious and persistent mental illness and who meets the eligibility requirements set forth in this subchapter.

“Provider agency” (PA) means a public or private organization, which has a contract or an affiliation agreement with the Division to provide PACT services.

“Provision of support to consumer’s family and other members of the consumer’s social network” means that the

PACT team directly provides support, consultation and education to the consumer's family, for example, spouses, siblings, parents and significant others.

"Recovery" means the process by which an individual, who has a mental illness, develops the skills, attitudes and knowledge base that will permit the individual to live, work, learn and participate fully in the community. Recovery may also include, but is not limited to, the following: the reduction or remission of symptoms; the development of resiliency; recognizing and accepting strengths, limitations, and losses; distinguishing between having and being the illness; re-establishing a sense of integrity and purpose within and beyond the limits of a mental illness.

"Recovery planning" means the process of organizing the outcomes of the assessment in collaboration with the consumer, and, with consent of the consumer, family members, significant others, and other service providers, to formulate a written service plan. The plan addresses the consumer's goals, services/interventions that will be employed to achieve these goals, and strategies/supports that will be utilized to engage and motivate the consumer. The recovery planning process shall continue throughout the consumer's receipt of PACT services.

"Rehabilitation and support to assist consumers to find and maintain employment" means assistance to consumers in choosing, obtaining, and keeping employment.

"Residential health care facility" or "RHCF" means a facility that provides food, shelter, supervised health care and related services to four or more persons 18 years of age or older who are unrelated to the owner or administrator.

"Symptom assessment, management and supportive counseling" means ongoing assessment of the consumer's mental illness symptoms, including the consumer's response to treatment. The concept extends to symptom education to enable the consumer to identify his or her mental illness symptoms, teaching of behavioral symptom management techniques to alleviate and manage symptoms not reduced with medication and assistance to the consumer to adapt and cope with internal and external stresses.

"Training and Technical Assistance (TTA) Initiative" means a Statewide program funded by the Division and operated by an existing PACT PA to provide training and technical assistance for new and existing PACT team members, the PACT team director/coach, and appropriate PA administrators in the various components of the PACT treatment model.

"Treatment, rehabilitation, and support interventions" means the holistic array of highly individualized activities, for example, clinical, direct assistance, educational, rehabilitation, vocational, skill development, mentoring, advocacy, and coordination provided by the team in order to engage, assist, and empower consumers in attaining mutually agreed upon recovery goals.

"USTF" means Uniform Services Transaction Form.

"Wellness" means a conscious, deliberate, active, ongoing process of becoming aware of and making choices toward a more successful existence. Wellness may include, but is not limited to, the following: a balance of self-defined health habits, such as adequate sleep, rest and exercise; participation in meaningful activity; improved nutrition; improved health status; greater productivity; enhanced social relationships; participation in purposeful activity; improved quality of life.

Amended by R.2008 d.256, effective September 15, 2008.
See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In definition "Assessment", substituted "needs, and consumer-defined goals," for "and needs"; deleted definitions "ATOD", "Provision of ATOD services" and "Service planning"; added definitions "Co-occurring disorder", "Department", "Dual disorder services", "Recovery", "Recovery planning", and "Wellness"; in definition "Direct assistance to ensure that each consumer obtains the basic necessities of life, such as food, clothing, physical health and dental care, shelter and safety", substituted "consumers" for "clients"; in definition "In vivo", inserted "normative"; rewrote definitions "Level I standards" and "Provider agency"; in definition "Medication prescription, administration, monitoring, and documentation", inserted "medication-related"; in definition "Observed self-administration of medication", deleted a comma following the first occurrence of "medication", and inserted "under the observation of a PACT team member"; substituted definition "PACT director" for definition "PACT director/coach"; in definition "PACT director", substituted "director provides clinical supervision (or ensures that it takes place)," for "director/coach provides"; and in definition "Treatment, rehabilitation, and support interventions", substituted "recovery" for "service plan".

SUBCHAPTER 2. PROGRAM OPERATION

10:37J-2.1 Policies and procedures

(a) The PA shall develop and implement written policies and procedures to:

1. Ensure that the services provided comply with the rules in this chapter;
2. Support its responsibility to coordinate, participate in and ensure the provision of all services necessary to integrate each consumer into the community on a continuing basis;
3. Assure that consumers have input into all aspects of the program;
4. Describe how PACT services are monitored and how these monitoring activities are integrated with the overall agency continuous quality improvement plan; and
5. Require and delineate clinical supervision of all staff providing treatment, rehabilitation, and support services, consistent with N.J.A.C. 10:37J-2.8(c)1 and conduct employee evaluations; and

(b) The PA shall have a written statement of philosophy and goals governing the organization's operation of the PACT Program.

(c) The PA shall develop written affiliation agreements with primary referral sources (State and county psychiatric hospitals, short-term care facilities, and integrated case management service providers), providers of psychiatric emergency/screening and crisis services, inpatient units, addiction resources and other key entities that serve PACT eligible consumers.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In (a)3, deleted "and" from the end; in (a)4, substituted "continuous quality improvement plan; and" for "quality assurance plan."; and added (a)5.

10:37J-2.2 Licensing

In accordance with Department licensing rules applicable to community mental health programs (N.J.A.C. 10:190), each PA shall obtain a license before implementing a PACT program.

Administrative change.

See: 39 N.J.R. 455(a).

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

Substituted "Department" for "Division".

10:37J-2.3 Eligibility

(a) The PA shall provide PACT services to eligible consumers.

(b) The PA shall consider as eligible any consumer who meets all of the following criteria:

1. Has a serious and persistent mental illness of at least 12 months duration;

2. Poses a high clinical risk of hospitalization, as evidenced by a recent history of psychiatric hospital admission in the following priority order:

i. Two or more State psychiatric hospital admissions within the past 18 months;

ii. One State psychiatric hospitalization within the past 18 months, in addition to one or more other psychiatric hospital admissions (including voluntary admissions) within the past 18 months;

iii. One State psychiatric hospital admission within the past 18 months, in addition to multiple (two or more) screening center admissions within the past 18 months;

iv. Two short-term care facility (STCF) admissions, or two county psychiatric hospital admissions, or a combined total of two, within the past 18 months;

v. One STCF admission or one county psychiatric hospital admission, in addition to one or more other psychiatric hospital admissions (including voluntary admissions) within the past 18 months;

vi. One STCF admission or one county psychiatric hospital admission, in addition to multiple (two or more)

screening center admissions within the past 18 months; or

vii. Multiple (two or more) involuntary psychiatric hospital admissions to private psychiatric hospitals within the past 18 months;

3. Has at least one of the following primary DSM IV diagnoses on Axis I:

i. Schizophrenia or Other Psychotic Disorders (298.9);

ii. Major Depressive Disorders (296.xx);

iii. Bipolar Disorders (296.xx, 296.89);

iv. Delusional Disorder (297.); or

v. Schizoaffective Disorder (295.7);

4. Has impaired functioning in at least one of the following domains on a continuing or intermittent basis for at least one year:

i. Personal self-care;

ii. Interpersonal relationships;

iii. Work; or

iv. Ability to acquire and maintain safe, affordable housing and at risk of requiring a more restrictive living situation; and

5. Has demonstrated lack of benefit from, or refusal to participate in, ICMS and/or another intensive ambulatory or residential mental health services for a period of at least six months.

(c) The PA shall obtain Division approval for each PACT consumer prior to enrollment, which shall only be denied if it is documented that one or more of the criteria is not met.

(d) The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM), is hereby incorporated by reference into this chapter. Copies of the DSM may be obtained from the American Psychiatric Association, 1400 K Street N.W., Washington, D.C. 20005.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In (b)1, substituted "12" for "twelve"; in (b)2, inserted "psychiatric" throughout; in (b)4iii, inserted "or"; in (c), substituted "enrollment" for "intake"; and added (d).

10:37J-2.4 Program intensity

(a) All of the standards delineated in this section relate to program intensity and shall be considered Level I standards.

(b) The PACT team shall be available to provide treatment, rehabilitation and support services 24 hours a day, seven days a week, 365 days a year.

1. PACT staff work schedules shall be responsive to consumer need, permitting the team to operate on evenings and weekends.

2. During all off-hours periods, PACT staff shall assume on-call coverage on a rotating basis and shall be available to respond immediately to consumers by telephone or in person, as needed. Psychiatric backup/on-call shall be available during all off-hours periods.

(c) The PACT team shall have the capacity to provide as many contacts as needed to consumers experiencing significant problems and/or barriers in the performance of daily living activities.

(d) The PACT team shall have the flexibility to increase service intensity to a consumer in response to a consumer's needs.

(e) The team's highest priority shall be outreach to consumers and provision of services according to individual consumer needs and goals, with the majority of clinical contacts occurring in settings outside the offices of the PACT program.

Amended by R.2008 d.256, effective September 15, 2008.
See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In (b)2, inserted "/on-call"; deleted former (c); recodified former (d) through (f) as (c) through (e); in (c), inserted "and/or barriers", "the performance of" and "activities"; and in (e), substituted "goals" for "desires".

10:37J-2.5 Services to be provided and service coordination

(a) This section delineates the services, which PACT teams must provide to eligible consumers and also sets requirements for service coordination among PACT teams and other service providers.

(b) In order to help the consumer cope with and gain mastery over symptoms, overcome barriers, achieve wellness and recovery in the context of daily living, the PACT team shall be available to provide symptom assessment, management, and supportive counseling. These services shall include, but not necessarily be limited to:

1. Ongoing assessment of the consumer's mental illness symptoms, behaviors, and concerns (that is, the consumer's unique experience with the mental illness), and the consumer's response to treatment;
2. Ongoing assessment of the consumer's response to treatment, including the team's strategies for engaging the consumer in PACT services;
3. Education of the consumer regarding his or her illness and the effects and side effects of prescribed medications;
4. Symptom management efforts directed to helping each consumer identify the symptoms and occurrence patterns of his or her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects;

5. Provision, both on a planned and "as needed" basis, of such psychological support as is necessary to help consumers accomplish their recovery goals and to cope with the stresses of day-to-day living;

6. For any interested consumer, an evidence-based program, such as an Illness Management and Recovery Program, which involves regular sessions between PACT team staff and the consumer, aimed at assisting the consumer to identify and pursue personally meaningful recovery goals and is founded upon a core set of interventions that, at a minimum, include: psycho-education, social skills training, cognitive-behavioral techniques, motivational interviewing, and relapse prevention planning;

7. Education of and, where applicable, assistance to the consumer regarding psychiatric advance directives (in accordance with N.J.A.C. 10:37); and

8. Education of and, where applicable, assistance to the consumer regarding Wellness Recovery Action Plans (WRAP), and/or other crisis planning tools.

(c) The PACT team shall be available to provide crisis assessment and intervention 24 hours per day, seven days per week, including telephone and face-to-face contact. These services may be provided in conjunction with the catchment area's designated screener or emergency services.

1. Response to crisis shall be rapid and flexible.

2. If screening center services, extended crisis evaluation beds, crisis housing, short-term-care and voluntary and involuntary inpatient units are necessary, then PACT staff shall fully collaborate in treatment. PACT shall provide support to the maximum extent possible, including accompanying the consumer to the local screening center or psychiatric emergency service and remaining with the consumer during the assessment process.

(d) The PACT team shall provide services in the areas of medication prescription, administration, monitoring, and documentation.

1. The PACT team psychiatrist shall:

- i. Assess each consumer's stated concerns, mental illness symptoms, and behavior and prescribe appropriate medication;
- ii. Regularly review and document the consumer's stated concerns, mental illness symptoms, as well as his or her response to prescribed medication treatment;
- iii. Monitor, treat, and document any medication side effects; and
- iv. Participate in outreach contacts as needed.

2. In accordance with applicable law, PACT provider agencies shall establish medication policies and procedures, which identify processes to:

- i. Record physician's orders;
 - ii. Order medications;
 - iii. Arrange for all consumer medications to be organized through the team and integrated into staff daily and weekly schedules;
 - iv. Provide security for medications (that is, daily supplies, long-term injectable and longer-term supplies) and set aside a private, designated area for set up of medications; and
 - v. Administer medications to program consumers; train other team members regarding medication education, medication delivery, observation of self-administration of medication, and medication monitoring; and regularly assess other team members' competency in this area.
3. All PACT team staff shall assess and document the consumer's stated concerns, mental illness symptoms, and behavior in response to medication and shall monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts.
4. Regarding PACT enrollees residing in Department of Health and Senior Services' licensed residential health care facilities (RHCFs), pursuant to N.J.A.C. 8:43-10.1(a), the RHCF is responsible for providing resident supervision and/or assistance during self-administration of medications and for documenting any observed instance where medications are not taken.
- i. After obtaining the consumer's consent, PACT team staff shall collaborate with appropriate RHCF staff to ensure that PACT consumers are receiving prescribed medications. This shall include mutual sharing of information regarding PACT consumers' mental illness symptoms and behavior in response to medication and medication side effects. After obtaining the consumer's consent, a PACT team member shall meet in person with the RHCF operator and/or staff at least once per month to discuss the status of each PACT consumer residing in the RHCF and shall document the results of these meetings in the consumer's PACT record.
 - ii. PACT team staff shall also regularly advise the RHCF nurse(s) as to which medications are being prescribed and ordered by the PACT psychiatrist, communicate to the RHCF staff about PACT consumers' treatment plans, for example, goals, objectives, and interventions, and provide medication education for PACT consumers.
 - iii. For those RHCFs which are not "registered generators" under the applicable law (see, for example, N.J.A.C. 7:26-3A.8) and thus are unable to dispose of syringes and cannot administer injectable medications, PACT nurses shall administer injectable psychotropic medications, maintain a record of these injections in the

consumer's PACT record, and communicate to the RHCF that such injections have been given.

5. Where a PACT enrollee resides in a boarding home ("BH") licensed by the Department of Community Affairs, the PACT team, after obtaining the consumer's consent, shall collaborate with appropriate BH staff to ensure that the consumer is receiving prescribed medications.

- i. Collaboration shall include mutual sharing of information regarding PACT consumers' mental illness symptoms and behavior in response to medication and medication side-effects as permitted in N.J.A.C. 5:27-10.5.

- ii. The PACT team shall regularly review the BH's records of residents who are PACT consumers as permitted in N.J.A.C. 5:27-8.1(c).

- iii. The PACT team shall also provide regular communication to BH staff about PACT consumers' treatment plans, for example, goals, objectives, and interventions; and provide medication education. A PACT team member shall meet in person at least once per month with the BH staff and/or operator to discuss the status of each resident who is a PACT consumer and shall record the results of these meetings in the consumer's PACT record.

- iv. Where mutually agreed upon between the PACT team and the BH operator, the PACT team may supervise the observed self-administration of medication. A PACT team member shall meet in person at least once per month with the BH staff and/or operator to review medication provision to each PACT consumer resident and shall record the results of these meetings in the consumer's PACT record.

(e) The PACT team shall provide whatever direct assistance is reasonable and necessary to ensure that the consumer obtains the basic necessities of daily life, including, but not limited to:

1. Safe, clean, affordable housing;
 2. Food and clothing;
 3. Medical and dental services;
 4. Appropriate financial support, which may include supplemental security income, social security disability insurance, general relief, and money management services.
- i. The PA shall ensure that PACT team members are able to have on-hand, in their possession, during regular working hours, and when appropriate, during on-call hours, an adequate amount of petty cash with which to make emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items and services as needed for PACT consumers.
 - ii. The PA shall ensure that PACT team members have efficient, rapid access to larger sums of client as-

sistance funds for security deposits, purchases of furniture, and other items needed by PACT consumers.

iii. The team or another party may serve as “representative payee” for some consumers’ SSI/SSD benefits, provided that the consumer’s case record includes written justification for such an arrangement and the approval of an administrator outside of the PACT team.

iv. PACT may utilize client assistance funds to assist consumers with short-term loans or grants, as necessary.

v. Provider agencies are obligated to attempt to procure entitlement benefits on behalf of consumers, including, but not limited to, Medicaid/NJ FamilyCare, housing and other public assistance;

5. Social services;

6. Transportation; and

7. Legal advocacy and representation.

(f) The PACT team shall provide training and instruction, including individual support, problem-solving, skill development, modeling, and supervision, in home and community settings to teach the consumer to:

1. Carry out personal hygiene tasks;

2. Perform household chores, including housekeeping, cooking, laundry, and shopping;

3. Develop or improve money management skills;

4. Use community transportation; and

5. Locate, finance, and maintain safe, clean, affordable housing.

(g) The PACT team shall develop and support the consumer’s participation in recreational and social activities and relationships. The highest priority shall be given to supporting and helping individual consumers establish positive social relationships and activities in normative community settings. Such services shall include, but not be limited to, assisting consumers in:

1. Developing social skills, and where needed, the skills to develop meaningful personal relationships;

2. Planning appropriate and productive use of leisure time including familiarizing consumers with available social and recreational opportunities and increasing their use of these activities;

3. Interacting with landlords, neighbors, and others effectively and appropriately;

4. Developing assertiveness and self-esteem; and

5. Use of existing self-help centers, self-help groups and other social, church and recreational clubs to combat

the isolation and withdrawal experienced by many persons coping with severe and persistent mental illness.

(h) The PACT team shall provide highly individualized dual disorder services for enrollees who have co-occurring mental health and substance abuse disorders. Interventions may be offered via individual and group modalities. Enrollees who do not benefit from (for example, do not or cannot attend) group treatments must be offered individual services. Interventions must take into account each consumer’s stage of treatment and will assist consumers in:

1. Identifying substance use effects and patterns;

2. Recognizing the interactive effects of substance use, psychiatric symptoms, and psychotropic medications;

3. Developing motivation for decreasing substance use;

4. Developing coping skills and alternatives to minimize substance use;

5. Relapse prevention planning;

6. Attending appropriate recovery or self-help meetings; and

7. Acquiring information about the use of alcohol, tobacco, prescribed medications, and other drugs of abuse, and the impact that chemicals have on the ability to function in major life areas.

(i) The PACT team shall provide information about eating disorders, gambling, overspending, and sexual and other addictions, as appropriate.

(j) The PACT team shall make appropriate referrals and linkages to addiction services that are beyond the scope of PACT services to individuals with co-occurring mental health and substance abuse disorders.

(k) The PACT team shall act to minimize consumer involvement with the criminal justice system, with services to include, but not limited to:

1. Helping the consumer identify precipitants to the consumer’s criminal involvement;

2. Providing necessary treatment, support, and education to help eliminate any unlawful activities or criminal involvement that may be a consequence of the consumer’s mental illness; and

3. Collaborating with police, court personnel, and jail/prison officials to ensure appropriate use of legal and mental health services.

(l) The PACT team shall provide rehabilitation and support to assist consumers to find and maintain employment. Services to be provided shall include, but not be limited to:

1. Assessment of job-related interests and abilities based on a complete education and work history.

i. This assessment shall include a thorough evaluation of the consumer's strengths.

ii. This assessment shall consider the effect of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to address such behaviors.

iii. Assessment of consumer's employment needs is on-going during the course of the consumer's enrollment with PACT;

2. Assistance with each consumer's individual needs with regard to job-seeking skills, on-the-job assessment, and support, so that consumers will acquire and maintain appropriate job and social skills necessary to get and keep employment;

3. Job development;

4. Individual supportive counseling to assist the consumer to identify and cope with the symptoms of mental illness that may interfere with his or her work performance;

5. On-the-job or work-related crisis intervention; and

6. Work-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, and transportation.

(m) The PACT team shall provide support to the consumer's family and other members of the consumer's social network to help them manage the symptoms and related consequences of the consumer's illness, reduce the level of family and social stress associated with the illness, and achieve wellness. PACT shall assist them and the consumer to relate in a positive and supportive manner through such means as:

1. Education about the consumer's illness and the role of the family in the therapeutic process;

2. Education about wellness and recovery principles, advance directives for mental health care (N.J.A.C. 10:32), and Wellness and Recovery Action Plans (WRAPs);

3. Supportive counseling;

4. Intervention to resolve conflict;

5. Referral, as appropriate, of the family to therapy, self-help and other family support services;

6. Provision, as appropriate, of the consumer's other support systems with education and information about serious mental illnesses and PACT treatment;

7. Education about co-morbidity and the importance of maintaining primary health care and healthy lifestyle habits; and

8. Where necessary, and in accordance with N.J.A.C. 10:37J-2.6(b)6 the PACT team shall engage in ongoing ef-

forts to obtain the consumer's consent to disclose to family members confidential information related to a consumer's mental health treatment.

(n) The PA shall coordinate services with other community mental health and non-mental health providers, as well as other medical professionals, and shall provide the following functions for all consumers served:

1. Development of formal and informal affiliations with appropriate mental health, health care, addictions, and other human service providers, and inpatient units;

2. Involvement of other pertinent agencies, the consumer's family, and members of the consumer's social network in the coordination of the assessment, and in the development, implementation and revision of recovery plans;

3. Advocacy for and assistance to consumers to obtain needed benefits and services such as supplemental security income, housing subsidies, food stamps, medical assistance, and legal services;

4. Coordination of meetings of the consumer's service providers in the community;

5. Maintenance of ongoing communication with all other agencies serving the consumer including hospitals, rehabilitation services and housing providers;

6. Maintenance of working relationships with other community services, such as education, law enforcement and social services;

7. Coordination with existing community agencies to develop needed community support resources including housing, employment options and income assistance; and

8. Maintenance of a clinical treatment relationship with the consumer on a continuing basis whether the consumer is in the hospital, in the community, involved with other agencies or the criminal justice system.

(o) Methods for service coordination and communication between PA's and other service providers serving the same consumers shall be developed and implemented consistent with confidentiality rules in N.J.A.C. 10:37-6.79.

(p) In the event that the PACT team determines that a PACT consumer requires referral to more specialized services to any DMHS-funded program other than PACT, the PACT team shall first request and obtain approval from the appropriate DMHS Regional Office. Referrals to extra-PACT services for Medicaid-eligible consumers shall be subject to the reimbursement conditions delineated in the State Medicaid PACT regulations (N.J.A.C. 10:76-2.4).

(q) The following are among the mechanisms that may be utilized to monitor provision of the services in this section:

1. A review of documentation in the clinical file of program consumers;

2. A review of documentation in agency/program records;
3. Observation of PACT team staff members performing the functions of their roles;
4. Observation of the PACT team during daily meetings;
5. An interview with PACT program staff;
6. An interview with program consumers; or
7. An interview with family members of consumers.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In (a), inserted a comma following "services" and deleted the last sentence; rewrote (b), (d), (h), (i) and (m); in the introductory paragraph of (e)4, deleted a comma following "management"; in (e)4iv, substituted a period for a semicolon at the end; added (e)4v; in (j), substituted "co-occurring mental health and substance abuse disorders" for "coexisting ATOD abuse and other addictive symptoms"; in the introductory paragraph of (l)1, substituted a period for a semicolon at the end; added new (l)1i; recodified former (l)1i as (l)1ii; in (l)1ii, substituted "address such behaviors." for "reduce or eliminate the behaviors; and"; added (l)1iii; rewrote (l)2; added (l)3; recodified former (l)2i through (l)2iii as (l)4 through (l)6; in (n)2, substituted "recovery" for "service"; and added (q).

10:37J-2.6 Assessment; recovery planning; progress notes

(a) Each clinical record shall document the initial and comprehensive assessment.

1. The initial assessment shall be conducted at the time of the consumer's admission (also the date of the first face-to-face contact documented on the USTF) to the PACT program. The initial assessment shall include:

- i. The referral source;
- ii. The reason for referral to PACT; and
- iii. The rationale for admission to PACT.

2. A comprehensive assessment shall be completed prior to the development of the comprehensive recovery plan. The results of the comprehensive assessment shall be documented and include:

- i. The clinical necessity for entry into or continued provision of PACT services;
- ii. An identification of the strengths, abilities, needs and preferences of the consumer;
- iii. Evidence of the consumer's involvement in the assessment process through direct and current input of the consumer's expectations and desired outcomes. Where the consumer has been referred by an inpatient facility, for example, a State or county psychiatric hospital or a short-term care facility, the PACT team shall attempt to solicit this input prior to the consumer being discharged into the community. Where possible, the comprehensive assessment shall include direct quotes of

desired outcomes from the consumer and (where appropriate) family members or significant others;

iv. The outcomes anticipated by the assessors;

v. Evidence that the comprehensive assessment was completed after consultation with the consumer, family members and significant others, as appropriate and upon consent of the consumer;

vi. Current psychiatric symptoms and mental status;

vii. Psychiatric history, including pattern of hospitalization and compliance with and response to prescribed medical/psychiatric treatment;

viii. Medical history, including information regarding a complete and current physical examination (if the consumer consents), which may be provided directly by the PACT team, for example, the psychiatrist, or through referral to a medical professional in the community.

(1) Where a complete medical history cannot be ascertained at the time of the consumer's admission to the PACT program, only such medical history as is known is sufficient.

(2) During the first 30 days of a consumer's enrollment in the PACT program, a complete RN assessment shall be completed and, upon the consumer's consent, referral made to a medical doctor for a physical examination, which shall be performed by the time of the first treatment plan revision (within three months);

ix. Medical, dental, and other health needs, for example, nutritional;

x. Extent and effect of substance use;

xi. Housing situation and conditions of daily living;

xii. Vocational and educational functioning including job-related interests and abilities, as well as on-the-job assessments; and assessment of the effect of the consumer's mental illness on employment. Specific behaviors that interfere with the consumer's work performance shall be identified and interventions to reduce or eliminate these behaviors shall be developed;

xiii. Extent and effect of criminal justice involvement;

xiv. Current social functioning;

xv. Recent life events;

xvi. Self-care and independent living capacity;

xvii. Relationship with consumer's family; significant others; family needs and supports;

xviii. Other specified problems and needs; and

xix. Treatment recommendations.

3. The ongoing assessment process shall be conducted with active participation of the consumer, the consumer's family and significant others, when appropriate and in accordance with the legal requirements for consumer consent to such involvement. Such participation shall be clearly documented in the clinical record.

4. The comprehensive assessment shall include consideration of all available information including self-reports, input of family members and other significant parties and written summaries from other agencies including police, courts, and inpatient facilities, where applicable.

(b) Each clinical record shall contain an initial and comprehensive recovery plan and recovery plan revision.

1. An initial written recovery plan shall be developed on the date of the client's admission to the PACT program. The initial recovery plan shall include:

- i. The interventions which address the consumer's immediate needs for food, clothing, shelter and medication;
- ii. Reason for referral/rationale for admission; and
- iii. Time framed, measurable objectives relating to the goals.

2. A comprehensive recovery plan shall be completed within 30 days of the consumer's admission to the program. The comprehensive recovery plan shall be based on the comprehensive assessment and shall include:

- i. Goals and specific objectives that are written in behavioral, measurable terms and include target dates;
- ii. Specific treatment, rehabilitation and support interventions (including staff responsible) that demonstrate consumer involvement and choice, and their frequency and duration;
- iii. Key areas including symptom stability, symptom education and management, medication monitoring, substance abuse, medical and dental needs, housing, employment, and family and social relationships; and
- iv. The signatures of all participants involved in the development of the plan including the psychiatrist, and the consumer, family members and significant others.

3. The comprehensive recovery plan shall document collaboration of the PACT team, representatives from other agencies and facilities, for example, RHCs, BHs, and other medical service providers, the consumer, members of the consumer's social network, and when indicated, the consumer's family.

4. The comprehensive recovery plan shall be reviewed and revised via treatment planning meetings every three months during the consumer's first year of PACT enrollment, or sooner if there is a significant change in the consumer's condition or course of treatment. After the con-

sumer's first year in the program, recovery plan revisions may be done every six months, so long as the consumer's mental status is stable and the level of functioning shows continuing improvement. If not, recovery plans shall be revised no less than every three months until stability and improvement of functioning are documented.

5. Recovery plan revisions shall be based on:

- i. Assessment of current functioning;
- ii. Consideration of the consumer's progress or lack of progress since the last plan development or review; and
- iii. The consumer's goals for treatment and/or changes the consumer would like to make in the recovery plan.

6. To assure family participation in developing the comprehensive recovery plan and revisions, the PACT team shall seek the input of family members or close personal friends at the development and revision of the comprehensive recovery plan; however, the PA may not disclose protected health information to family members or close personal friends except, in accordance with the Health Information Portability and Accessibility Act, 45 CFR 160.103 and N.J.S.A. 30:4-24.3 and as follows:

- i. Protected health information may be disclosed to the extent permitted by a valid written authorization;
- ii. If the consumer is present at the service planning milestone, or otherwise available prior to, protected health information may be disclosed at that meeting if it is directly relevant to the family member's or close personal friend's involvement with the consumer's care and one of the following conditions is present:

(1) The consumer agrees to disclosure of the information at the time of service planning milestone;

(2) The consumer is provided with an opportunity to object to the disclosure at the service planning milestone and does not express an objection; or

(3) Based on the exercise of professional judgment, the PA reasonably infers from the circumstances at the service planning milestone that the consumer does not object to the disclosure. Absent countervailing circumstances, the consumer's agreement to participate in the service planning milestone with the family member or close personal friend present indicates that the consumer does not object to disclosure of protected health information that is directly relevant to the family member's or close personal friend's involvement with his or her care; or

iii. If the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the PA may, in the exercise of professional judgment,

determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care.

(c) Where protected health information is disclosed pursuant to (b)4ii or iii above, the PA shall document the basis for the disclosure. Disclosure in accordance with (b)4ii or iii above shall not authorize or otherwise provide a basis for future disclosures not in compliance with this section.

(d) Information resulting from the ongoing assessment process may be documented in any of the following: daily progress notes, annual discipline-specific assessments, recovery plans, annual psychiatric assessments, or any other component of the clinical file.

(e) Each clinical record shall contain progress notes.

1. Progress notes shall be completed for each individual face-to-face contact and shall be included in the clinical record within 72-hours. Documentation of face-to-face contacts that occur after the team's regular working hours may be recorded the next working day. On weekends and holidays, there should be a documented exchange of information between on-call staff.

2. Progress notes shall, at a minimum, address the following:

- i. The date, time, and location where the service was provided, the duration of the contact, and the names of staff who rendered the services;
- ii. The type of visit and the services provided;
- iii. The consumer's condition at the time of contact including appearance, mood and affect, and mental illness symptoms;
- iv. Interventions and their relationship to the treatment plan goals and objectives;
- v. A description of the consumer's response to treatment interventions;
- vi. Ongoing monitoring of administration of medications and the detection of adverse drug reactions; and
- vii. Ongoing communication with other service providers, including health care providers, as appropriate.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

Section was "Assessment; service planning; progress notes". Rewrote (a) and (b); added new (c) and (d); recodified former (c) as (e); and in (e)1, substituted "72" for "24".

10:37J-2.7 Terminations and discharges

(a) All of the standards in this section shall be considered Level II standards.

(b) The PA shall submit a written request to the appropriate Division Regional Office to terminate or discharge a PACT consumer from the PACT program.

(c) The PA may terminate consumers from the PACT program based on the following criteria:

1. Hospitalization in a State or county psychiatric hospital in New Jersey for six continuous months with no discharge date projected by the treatment team;
2. Incarceration in a jail or prison for six continuous months;
3. Placement in a nursing home or similar institution with no projected discharge date; or
4. Death.

(d) Discharge from the PACT program may occur when the enrollee and PACT team staff mutually agree to discontinue services. One or more of the following conditions shall be present prior to reaching a discharge decision:

1. The PACT consumer moves outside the PA's area of geographic responsibility. In such cases, the PACT team shall arrange, where possible, for transfer of mental health responsibilities to another PACT team in New Jersey, or in another state, or to another mental health provider wherever the client is moving;
2. The PACT consumer demonstrates an ability as determined collaboratively to function in areas of self-care, socialization, and work, without requiring assistance from the PACT program for up to six months. This determination shall be made collaboratively by the consumer and the PACT team;
3. The PACT consumer requests discharge despite the team's documented but unsuccessful efforts to engage him or her and/or to develop a mutually agreed upon treatment plan; or
4. The PA petitions and receives permission from the Division Regional Office to terminate the delivery of PACT services to a particular consumer because the consumer's medical needs exceed the PACT team's ability to coordinate treatment.

(e) Along with a request to terminate PACT services or to discharge a consumer under (c), (d) and (d)4 above, the PA shall submit to the Division Regional Office and shall include in the consumer's case record a transition plan for that consumer. The transition plan shall include:

1. The reasons for the discharge;
2. Identification of any continuing needs for treatment, rehabilitation or support;
3. A list of other providers and resources in the community to which the consumer has been referred; and

4. A description of what efforts have been made to ensure that the consumer receives these community services and resources after discharge.

Amended by R.2008 d.256, effective September 15, 2008.
See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In (a), substituted "Level II" for "Level I"; in (d)2, deleted "or" from the end; in (d)3, substituted "; or" for a period at the end; added (d)4; and in the introductory paragraph of (e), inserted ", (d) and (d)4".

10:37J-2.8 Staff requirements

(a) The PA shall employ sufficient numbers of qualified staff to provide required services as set forth in this chapter.

(b) The staff to consumer ratio on each team shall be no less than one full-time equivalent (FTE) to seven to nine consumers, excluding clerical and psychiatric staff.

(c) The PA shall assign an administrator who shall function as PACT director, devoting a minimum of 10 hours per week per team. The PACT director does not function as a member of the team, but is responsive to the team's needs in order to:

1. Provide or ensure that the team and team leader receive regular clinical supervision, which shall include, but not be limited to:

i. Conducting, on a monthly basis, individual, side-by-side sessions in which the supervisor accompanies an individual staff member to meet with persons served, family/significant others, and/or other service providers in regularly scheduled or crisis meetings. The purpose of these sessions is to assess the staff member's skill level, give feedback, model evidence-based recovery-oriented interventions, and/or have the staff person practice clinical interventions; and

ii. Holding, on a monthly basis, structured meetings with staff as a group to address issues that cannot be addressed during the daily, clinical, or treatment planning meetings or during the side-by-side sessions, to develop performance and training goals, and the teaching of specific interventions/skills;

2. Support the dynamic interaction and smooth functioning of the team;

3. Promote efficient and effective utilization of staff functions;

4. Coach team members in addressing conflicts that the team itself has been unable to resolve;

5. Interact with outside agencies, organizations, and systems around development and coordination of affiliation agreements and mutual service provision for consumers;

6. Advocate on behalf of the team for resources and support to enable the team to carry out its daily operations;

7. Attend a minimum of one triage meeting per team per week; and

8. On an ongoing basis, educate provider agency executive leadership or management about programmatic needs specific to the PACT model.

(d) Each PACT team shall, at a minimum, consist of the following staff. All staff shall be full time, unless otherwise noted below:

1. A licensed psychiatrist, who shall provide a minimum of 10 hours of psychiatric time, face-to-face with consumers and/or team members, each week for a caseload of 56 consumers, increased on a pro-rated basis for larger caseloads;

2. Two registered nurses who hold valid licenses in New Jersey and have a minimum of one year of experience working with individuals with serious and persistent mental illness;

3. Two clinicians who shall minimally hold a master's degree in a behavioral health science or counseling specialty from an accredited institution and have two years of post-bachelor's experience working with individuals with serious and persistent mental illness;

4. At least one dual disorder specialist who shall hold a bachelor's degree in a behavioral health field and have a minimum of two years of experience providing dual disorder services to individuals with co-occurring serious and persistent mental illness and substance abuse.

i. A dual disorder specialist shall hold the professional credentials required by the Alcohol and Drug Licensing and Certification Act, N.J.S.A. 45:2D-1 et seq.

ii. Dual disorder specialists (formerly called substance abuse specialists) who are currently employed by the PA on September 15, 2008 and who have the experience requirements specified in (d)4 above, but who do not hold a bachelor's degree, are exempt from the bachelor's degree requirement;

5. At least one rehabilitation, occupational, or vocational specialist who shall hold a bachelor's degree in a behavioral science from an accredited institution. This specialist shall have two years of experience in vocational assessment, job preparation, or individualized job placement and/or job coaching with individuals with serious and persistent mental illness;

6. At least two additional mental health specialists. The PA may determine the exact job titles for these specialists. At least one of the mental health specialists shall be a primary consumer.

i. Qualifications for the mental health specialist: These specialists shall meet, at a minimum, one of the following requirements:

(1) A master's degree and one year of experience in the provision of mental health services;

(2) A bachelor's degree in a behavioral health science from an accredited institution and two years experience in the provision of mental health services, except that:

(A) The primary consumer may substitute demonstrated volunteer or paid experience working with individuals with serious and persistent mental illness in lieu of a bachelor's degree;

(B) A primary consumer, who does not possess a bachelor's degree as required in this section for the mental health specialist position, shall be regarded as a full, professional member of the clinical team, function under the same job description as other mental health specialists, and receive salary parity;

(C) Two or more individuals may share the mental health specialist position, in which, as defined in this section, a consumer is employed; and

(D) Decisions regarding disclosure to consumer recipients of PACT services, their families, and significant others that a staff person is himself or herself a consumer shall respect the individual preference of that staff person, be clinically driven, and made in consultation with the PACT team; or

(3) An associate's degree in psychiatric rehabilitation and two years experience in the provision of mental health services; and

7. A full time secretary who functions as an integral member of the team. Duties shall include, but may not be limited to, managing consumer records/charts, operating and coordinating the management information system, maintaining accounting and budget records for consumers, performing receptionist activities, such as triaging calls and coordinating communication between the team and consumers.

(e) The PA shall designate one team member as team leader. The team leader may assume necessary supervisory and administrative responsibilities inherent in that role. The team leader shall:

1. Maintain constant communications with the PACT director around team functioning and service delivery;

2. Empower the team by modeling strong leadership and conveying the philosophy and principles of PACT;

3. Create a climate that supports the dynamic interaction and participatory process of the team and encourages the establishment of team identity;

4. Ensure an equal distribution of team responsibilities;

5. Keep the team focused to complete daily organizational meetings efficiently and effectively;

6. Coordinate data collection and review the completion of all documentation, including clinical assessments;

7. Assure proper utilization of equipment/resources;

8. Promote cross-training/education among various disciplines on the team;

9. Facilitate a productive decision-making process around consumer needs and the recovery planning process; and

10. Provide leadership to assure that monthly team issues meetings are conducted to discuss how the team is working collaboratively to better serve consumers (for example, conflict resolution, team cohesiveness and dynamic interaction).

(f) The team shall value the assessments and opinions of each team member and shall utilize this information in the team decision-making process.

(g) Clinical supervision shall be provided within the team by a master's level mental health professional.

(h) A critical feature of the PACT team's service delivery shall be the unified team approach, whereby multiple staff members with a diversity of skills comprehensively address each consumer's mental health, recovery, and life support needs.

(i) The PACT team shall conduct daily triage meetings, held at regularly scheduled times, which shall include a review of the treatments, services, recovery goals, and activities to be carried out on that day. The purpose of these meetings shall be to share information, plan work for the day, and plan a response to any immediate consumer(s) crises.

(j) Cases requiring more in-depth analysis and discussion among PACT team members shall be reviewed at clinical case review meetings, to be held at least once per month.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

Deleted (a); recodified (b) through (h) as (a) through (g); in the introductory paragraph of (c), deleted "/coach" following "director" two times; rewrote (c)1; in (c)5, deleted "and" from the end; in (c)6; substituted a semicolon for a period at the end; added (c)7 and (c)8; in (d)1, deleted "or board certified" following "licensed"; in (d)2, substituted "a minimum of one year" for "two years"; in (d)3, substituted "Two clinicians" for "At least one clinician"; rewrote (d)4; in (d)5, deleted "post-bachelor's" preceding "experience"; rewrote (d)6; in (d)7, substituted "consumer" for "client" and "consumers" for "clients", and inserted a comma following "activities"; rewrote the introductory paragraph of (e); in (e)1, deleted "/coach" following "director"; in (e)9, substituted "consumer" for "client" and "recovery" for "treatment"; in (f), deleted the former first, third and fourth sentences; in (g), deleted the second and third sentences; added new (h); deleted (i); recodified (j) and (k) as (i) and (j); in (i), substituted "triage" for "organizational (triage)" and inserted ", recovery goals,"; and deleted (l).

10:37J-2.9 Staff training

(a) The PA shall develop and implement an individualized training plan for each PACT staff member. The training plan

shall include attendance at established training programs, presentations by guest speakers or the development of programs in-house, based on the needs of individual staff members.

1. The training plan shall include initial training and ongoing training programs.

2. The training plan shall include, but not be limited to, programs on the following topics:

- i. Components and principles of Assertive Community Treatment;
- ii. Team process and team building;
- iii. Recovery planning and recordkeeping;
- iv. Consumer consent;
- v. Case management;
- vi. Wellness and recovery principles;
- vii. PACT-specific safety and risk management;
- viii. Medications;
- ix. Psychiatric rehabilitation;
- x. Supported employment;
- xi. Mental illness and co-occurring substance abuse disorders;
- xii. Family support;
- xiii. Entitlements, housing and other public assistance;
- xiv. Leadership and coaching skills for the PACT director and other appropriate PA administrators;
- xv. Cultural competency;
- xvi. Trauma-informed care; and
- xvii. Medical effects of drugs, alcohol, obesity, diet, exercise, diabetes mellitus, and heart disease.

3. The PA shall develop an affiliation agreement with the PACT Training and Technical Assistance Initiative defining their respective roles in the development and implementation of the PACT team(s)' training plan, as well as other areas of training and technical assistance. The affiliation agreement will be modified based on a provider's communicated need.

4. All PACT team staff and, when appropriate, PA administration shall be required to participate in any training, conferences, and technical assistance activities mandated by the Division.

(b) The PA shall adhere to all workforce development specifications delineated by the Division in the annual contracting process.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In (a)2iii, substituted "Recovery" for "Treatment"; rewrote (a)2vi; in (a)2xi, inserted "co-occurring" and "disorders"; added (a)2xv through (a)2xvii; in (a)3, inserted the last sentence; and added (b).

10:37J-2.10 PACT team office space

(a) The configuration and size of office space for PACT teams are critical elements in supporting the PACT team model as described in this chapter. The PA shall provide adequate office space for each PACT team to promote the intensive, multidisciplinary, shared task approach described in this chapter. The PACT team office shall be configured to include the following:

1. An adequate reception/waiting area;
2. Large, comfortable room(s) with adequate open space for multiple team members. The secretary shall be located in the PACT reception area or in the same space as the team. No office or enclosed cubicle space shall be designated for the sole, private use of any team member;
3. A separate room with adequate space designated for team meetings and where the confidentiality of client information kept on white boards can be maintained. A large conference table shall be included in this space;
4. Private space shall be available for use by team members to complete paperwork, interview consumers and their families, or meet privately with other staff;
5. A separate lockable medication room with cabinets for the secure storage of medications, medical equipment and supplies, a sink and medication refrigerator where PACT nurses can set up medications and provide injections and treatment; and
6. Adequate, accessible space that does not reduce or interfere with space requirements listed in this section for temporary storage of consumer possessions as well as for purchased and donated clothing, furniture, household supplies, and other consumer items.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In the introductory paragraph of (a), deleted "egalitarian" preceding "shared"; and in (a)2, inserted "office or enclosed cubicle".

10:37J-2.11 Records

(a) The PA shall maintain individual records in an up-to-date organized manner and in accordance with Federal and State law governing the disclosure of information and records of persons who are receiving and who have received State-funded mental health services (N.J.S.A. 30:4-24.3, N.J.A.C. 10:37-6.79 and P.L. 104-191). The records shall contain all relevant consumer information and shall be maintained to preserve confidentiality. The records shall contain documentation described in this chapter.

(b) A termination summary shall be completed for all consumers within 30 days of termination from PACT services and shall be included in the consumer's record.

1. The termination summary shall include the following:

- i. The date of admission;
- ii. The reason for admission;
- iii. A summary of PACT services provided;
- iv. The date of discharge;
- v. The consumer's status and condition at discharge;
- vi. A written final evaluation summary of the consumer's progress toward the goals set forth in the service plan; and
- vii. A plan developed with the consumer regarding the consumer's continuing or future service needs.

(c) Records shall be released in accordance with the provisions at N.J.A.C. 10:37-6.79 and 10:37J-2.6(b)6.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

In (a), inserted "Federal and" and "and P.L. 104-191", and substituted a comma for "and" following the N.J.S.A. reference; and rewrote (c).

10:37J-2.12 Continuous quality improvement activities

(a) In addition to meeting the continuous quality improvement requirements contained in N.J.A.C. 10:37-9, the PA shall monitor, for each team's caseload, the following areas:

1. Consumer quality of life;
2. Consumer satisfaction;
3. Family satisfaction;
4. Rates of hospitalization and hospital days in State, county, and other psychiatric inpatient units; and
5. Other indicators related to consumer-identified, program-identified and Division-identified goals.

(b) The PA shall also:

1. Maintain a list of individuals referred and deemed appropriate for PACT, but who were held in pending status or deferred when the team was operating at capacity;
2. Submit initial and follow-up community incident reports for unusual incidents involving PACT consumers within required time frames pursuant to N.J.A.C. 10:37-6, 10:37-9.9, and the DMHS Community Incident Reporting Procedures pursuant to N.J.A.C. 10:37-6.108;
3. As part of risk management activities, establish PACT-specific policies and procedures for management of staff safety and debriefing of staff exposed to unusual and traumatic incidents; and
4. Compile and submit information as requested by the Division.

Amended by R.2008 d.256, effective September 15, 2008.

See: 40 N.J.R. 974(a), 40 N.J.R. 5227(b).

Section was "Quality assurance activities". In the introductory paragraph of (a), inserted "continuous", and substituted "improvement" for "assurance".