

“Service planning” means the process of organizing the outcomes of the assessment in collaboration with the consumer, family members and significant others, and other service providers, to formulate a written service plan. The plan addresses the consumer’s needs, services/ interventions that will be employed to address these needs, and strategies/ supports that will be utilized to engage and motivate the consumer. The service planning process shall continue throughout the consumer’s receipt of PACT services.

“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 service plan goals.

“USTF” means Uniform Services Transaction Form.

## 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; and

4. Describe how PACT services are monitored and how these monitoring activities are integrated with the overall agency quality assurance plan.

(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.

### 10:37J-2.2 Licensing

In accordance with Division licensing rules applicable to community mental health programs (N.J.A.C. 10:37-10), each PA shall obtain a license before implementing a PACT program.

### 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 twelve months duration;
2. Poses a high clinical risk of hospitalization, as evidenced by a recent history of hospital admission in the following priority order:
  - i. Two or more State psychiatric hospital admissions within the past 18 months;
  - ii. One State 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 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 hospital admissions, or a combined total of two, within the past 18 months;
  - v. One STCF admission or one county 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 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;
- 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 intake, which shall only be denied if it is documented that one or more of the criteria is not met.

#### 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 shall be available during all off-hours periods.

(c) 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 and life support needs.

(d) The PACT team shall have the capacity to provide as many contacts as needed to consumers experiencing significant problems in daily living.

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

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

#### 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. All of these standards shall be considered Level I standards.

(b) In order to help the consumer cope with and gain mastery over symptoms and disabilities 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 and the consumer's response to treatment;
2. Education of the consumer regarding his or her illness and the effects and side effects of prescribed medications;
3. 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; and
4. Provision, both on a planned and "as needed" basis, of such psychological support as is necessary to help consumers accomplish their personal goals and to cope with the stresses of day-to-day living.

(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.