EXHIBIT 5
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HB

PACT Report for 2005 MT Legislature

A **Program of Assertive Community Treatment** (PACT) team is a self-contained clinical team that:

1. Assumes responsibility for **directly providing needed treatment, rehabilitation, and support services** to identified clients with severe and disabling mental illnesses;

2. **Minimally refers clients to outside service providers**;

3. Provides services on a **long-term care basis** with continuity of care givers over time;

4. Delivers **75 percent** or more of PACT team service time **outside program offices**; and

5. Emphasizes **outreach, relationship building, and individualization** of services.

The clients to be served are individuals who have severe symptoms and impairments **not effectively remedied by available treatments** or who, because of reasons related to their mental illnesses, **resist or avoid involvement with mental services**.

PACT Admission Criteria:

1. Clients with severe and disabling mental illnesses with a **DSM IV Axis I principal diagnosis (schizophrenia, schizoaffective disorder or bipolar disorder)** the manifestations of which seriously impair their functioning in community living.

2. Clients with **significant functional impairments as demonstrated by at least one** of the following conditions: (we typically require "a" or "c", "b" is used primarily for folks who are parents)

   a. **Inability to consistently perform the range of practical daily living tasks** required for basic adult functioning in the community (e.g., maintaining personal hygiene; meeting nutritional needs; caring for personal business affairs; obtaining medical, legal and housing services; recognizing and avoiding common dangers or hazards to self and possessions) **or persistent or recurrent failure to perform daily living tasks** except with significant support or assistance from others such as friends, family, or relatives;

b. Inability to be consistently employed at a self-sustaining level or **inability to consistently carry out the homemaker role** (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities); or

c. **Inability to maintain a safe living situation** (e.g., repeated eviction or loss of housing).

3. Clients with **one or more of the following problems**, which are indicators of continuous high service needs:

   a. **High use of acute psychiatric hospitals or crisis stabilization facilities** (e.g., two or more admission per year) or psychiatric emergency services;

   b. **Intractable** (i.e., persistent or very recurrent), severe major **symptoms** (e.g., affective, psychotic, suicidal);

   c. **Coexisting substance use disorder** of significant duration;

   d. High risk or recent history of **criminal justice involvement**;

   e. **Inability to meet basic survival needs** or residing in substandard housing, homeless, or at imminent risk of becoming homeless; or

   f. Residing in an inpatient bed or in a supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or **requiring a residential or institutional placement if more intensive services are not available**.

The PACT team must be available to provide treatment, rehabilitation, and support activities **seven days per week**, over two eight-hour shifts, and operate a minimum of **12 hours per day on weekdays and eight hours each weekend day** and every holiday. Psychiatric backup must also be available during all off-hours periods.

The PACT team must have **the capacity to provide multiple contacts per week to clients experiencing severe symptoms or significant problems in daily living**. These multiple contacts may be as frequent as two to three times per day, seven days per week, depending on client need. Many, if not all, staff shall share responsibility for addressing the needs of all clients requiring frequent contacts.

Reimbursement:

Programs are reimbursed $42.03 per day per client in independent living. They are expected to provide ongoing services to clients who have hospital, crisis stabilization or group home stays, to facilitate their return to independent living.

The Origins PACT - "Hospital without Walls"

The Assertive Community Treatment (ACT) model evolved out of work led by Arnold Marx, M.D., Leonard Stein, M.D., and Mary Ann Test Ph.D. on an inpatient research unit of Mendota State Hospital in Madison, Wisconsin in the late 1960's. Noting that the gains made by clients in the hospital often did not transfer to the community, they moved the treatment staff from a hospital ward into the community in 1972. The multi-disciplinary team began to provide intensive treatment, rehabilitation, and support services to clients in their homes, on the job and in social settings.

PACT in Wisconsin is now in its 32nd year, and has proven to:
(1) decrease the time persons with severe and persistent mental illnesses spend in hospitals, and
(2) facilitate community living and psychosocial rehabilitation of these individuals.

PACT has been in Montana since December 1999. It is a service designed to provide community-based care to those who are most ill or whose functioning is most severely affected by their mental illness.

Goals include:
- Working with the most seriously mentally ill
- Providing care on a long-term basis
- Decreasing admissions to acute psychiatric facilities and to the Montana State Hospital, and
- Increasing compliance with treatment, including medication.

Treatment and Rehabilitation Practices Used in the ACT Model

1. Medications - newer medications have greater effectiveness and fewer side effects.
2. Behaviorally oriented skill teaching to improve social skills, self-care, symptom management and medication adherence.
3. Mobile crisis intervention for persons with schizophrenia and mood disorders.
4. Education and skill training.

5. Supportive therapy to increase medication adherence and social functioning.
6. Individual and group treatment to reduce substance abuse and decrease hospitalizations.
7. Cognitive-Behavioral Therapy to decrease negative symptoms and increase social functioning.
8. Supported employment to increase competitive employment.

Staff Requirements

The PACT team is staffed by individuals qualified to provide:

- case management;
- crisis assessment and intervention;
- symptom assessment and management;
- individual supportive therapy;
- medication prescription, administration, monitoring, and documentation;
- substance abuse treatment;
- work-related services;
- activities of daily living rehabilitation services;
- social, interpersonal relationship and leisure-time skill building services;
- support services or direct assistance to ensure that clients obtain the basic necessities of daily life; and
- education, support, and consultation to clients and families.

The program employs a minimum of **8 FTE clinical staff persons**, in addition to a psychiatrist and a full-time Program Assistant and meets the following staffing requirements:

1. New programs shall have no more than **6 clients to one staff member during the first year** and 8 clients to one staff member during the second year.

2. There may be no more than 7 clients per staff member in a program with 49 or fewer clients, 8 clients per staff member in a program with 50 to 64 clients; and 9 clients per staff member in a program with 65 to 80 clients, not including the psychiatrist or the program assistant.

3. Programs will have a minimum of **20 hours of psychiatric time per week for every 70 clients** on the team.

The following minimum staff configuration must be met in each PACT team:

A. A full-time **team leader/supervisor** who is the clinical and administrative supervisor of the team and also functions as a practicing clinician on the

PACT team. The team leader has at least a master's degree in nursing, social work, psychiatric rehabilitation, or psychology, or is a psychiatrist;

B. A **psychiatrist (APRN allowed in Montana with Department approval)** on a full-time or part-time basis for a minimum of 20 hours per week for every 70 clients. The psychiatrist provides clinical services to all PACT clients, works with the team leader to monitor each client's clinical status and response to treatment, supervises staff delivery of services, and directs psychopharmacologic and medical treatment; and

C. A minimum of three FTE **mental health professionals** (including the team leader). These mental health professionals will have professional degrees, clinical training including internships and other supervised practical experiences in a clinical or rehabilitation setting, and clinical work experience with persons with severe and persistent mental illnesses. They must be licensed or registered in the state of Montana in one of the following categories: Licensed Clinical Professional Counselor (LCPC); Licensed Clinical Social Worker (LCSW); Psychologist; Registered Nurse (RN); Certified Rehabilitation Counselor (CRC); Licensed Addiction Counselor (LAC); or Registered Occupational Therapist (OTR). Individuals who meet the definition of In-training Practitioners (46.12.1471 (9), ARM) may serve as Mental Health Professionals but may not serve in the role of team leader/supervisor, and no more than one (1) in-training practitioner may serve as a Mental Health Professional on any PACT team.

   Required among the mental health professionals are:

   1. At least **two FTE registered nurses** (a team leader with a nursing degree cannot replace one of these FTE nurses); and

   2. One or more staff mental health professional designated for the role of **vocational specialist**, preferably with a master's degree in rehabilitation counseling;

   3. Required, either as a mental health professional or as a clinical staff member, is **at least one individual with experience in the treatment of substance abuse/addiction**.

D. Remaining clinical staff may be bachelor's level and paraprofessional **mental health workers** who carry out rehabilitation and support functions. A bachelor's level mental health worker has a bachelor's degree in a behavioral science and work experience with adults with severe and persistent mental illnesses. A paraprofessional mental health worker may have a bachelor's degree in a field other than behavioral sciences or have a high school degree and work experience with adults with severe and

persistent mental illnesses or with individuals with similar human-services needs. These paraprofessionals may have related training (e.g., certified occupational therapy assistant, home health care aide) or work experience (e.g., teaching) and life experience.

E. A **peer specialist** (optional) who is or has been a recipient of mental health services for severe and persistent mental illness holds the position. Because of their life experience with mental illness and mental health services, the peer specialists provide expertise that professional training cannot replicate. Peer specialists are fully integrated team members who provide highly individualized services in the community and promote client self-determination and decision-making. Peer specialists also provide essential expertise and consultation to the entire team to promote a culture in which each client's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.

F. A **program assistant** (one FTE) who is responsible for organizing, coordinating, and monitoring all non-clinical operations of PACT including managing medical records; operating and coordinating the management information system; maintaining accounting and budget records for client and program expenditures; and providing receptionist activities including triaging calls and coordinating communication between the team and clients.

Montana PACT Status Report

Helena & Billings

These PACT teams began taking clients in December 1999. Many mistakes were made during the early months of PACT, which we chose not to repeat in 2004. Examples include: requiring that the first 12 clients come directly from MSH within the first month, taking on new clients at a rate such that all slots would be filled in 5 months, attempting to find housing for people with no income, and taking clients who did not meet admission criteria, such as individuals with personality disorders.

Despite these factors, 43 of the Helena/Billings clients have been with PACT since the first 6 months of operation. Of the current 138 Helena/Billings clients, 121 have been in PACT for more than one year.

These 43 clients had at least 53 admissions to Montana State Hospital in the decade prior to PACT, and have had 16 total admissions over the past 5 years.

Please see the attached charts of outcome measures for these PACT clients.

New Teams - Kalispell, Missoula, & Gt. Falls

As of November 30, 2004 these three programs had a total of 90 clients. All admissions to these 3 new programs were approved by AMDD staff.

- 74 are Medicaid eligible and 16 are MHSP eligible
- 41 are female and 49 are male
- 63 have a form of schizophrenia
- 16 have a form of bipolar disorder
- 58% have a co-occurring substance use disorder

These 90 clients have (in addition to unknown or unreported admissions):

- 97 known state hospital admissions,
- 196 known acute hospital admissions, and
- 169 known crisis stabilization admissions.

Number of Clients by Age Group:

18-20	21-29	30-39	40-49	50-59	60+
9	25	18	24	13	5

These three programs currently have slots available for Medicaid eligible clients who meet admission criteria. The team leaders from all five PACT teams report that MHSP clients represent 20-25% of their referrals. New teams would be able to fill their remaining slots if additional MHSP funds were available.