

2007 Innovations Awards Program

APPLICATION

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ID # (assigned by CSG): 07- S-410K PACT

Please provide the following information, adding space as necessary:

State: Oklahoma

Assign Program Category (applicant): Health and Human Services (Use list at end of application)

1. Program Name: Program of Assertive Community Treatment (PACT)
2. Administering Agency: The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
3. Contact Person (Name and Title): Tania Rubio-Rosas, LCSW; PACT field representative
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7. E-mail Address: trubiorosas@odmhsas.org
8. Web site Address: www.odmhsas.org
9. Please provide a two-sentence description of the program. PACT is a community-based, multidisciplinary, intensive, consumer-driven recovery program for adults with mental illnesses and co-occurring disorders. The program's primary goals are to provide state-of-the-art treatment, rehabilitation, and support services to persons with a severe mental illness so they may live successfully in the community and sustain a quality life.
10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on April 2, 2007, to be considered. May 2001

11. Why was the program created? What problem[s] or issue[s] was it designed to address? The PACT program was targeted to improve options for recovery and reduce the amount of time adults with severe mental illnesses were spending away from the communities of their choice rather than in psychiatric hospitals or criminal justice settings. The PACT program's goals are to: lessen or eliminate the debilitating symptoms each service participant experiences; to prevent recurrent acute episodes of the illness; to meet basic needs of the service participant; to enhance one's quality of life; to improve functioning in social and employment roles and activities; to increase community tenure; and to lessen the family's burden of providing care.

12. Describe the specific activities and operations of the program in chronological order. The team receives a referral. The team leader then visits face-to-face with the service participant for an initial screening. If the service participant is admitted, there will be an admission meeting where an initial assessment and treatment plan are completed. The service participant meets the members of the PACT team. The team begins completing comprehensive and ongoing assessment with the service participant. From these assessments, individual treatment plans are formulated with the service participant and drives service delivery. All decisions are based on collaboration with and driven by the preference of the service participant.

13. Why is the program a new and creative approach or method? PACT derives its effectiveness from its strengths-based, client-driven service approach to mental health treatment. More than 75% of PACT services are provided in the consumer's home or in the community, and are highly individualized services. PACT encourages an assertive "Can Do" approach with clients and provides continuous long-term services. PACT teams are available and on-call 24 hours a day, seven days a week; and the teams have a low 10:1 client-to-staff ratio in order to individualize care and focus on the consumer's needs.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.) Depending on the size of the team the start up cost can be from \$450,000 to \$1 million. The initial start up funding provides the new team a standing capacity to implement the program in full fidelity with national and state standards. Initial funding targets staff recruitment, training and set-up, including an office location and furnishing this office space with computers, land-line phones and cell phones.

15. What are the program's annual operational costs? From \$450,000 for a seven-staff team to \$1 million for a 12-staff team.

16. How is the program funded? State funds through Legislative appropriations and third party payments including Medicaid.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number. Yes, ODMHSAS regulations

are in place to assure fidelity to the model. Although the PACT program did not require executive order, it did require legislative funding

18. What equipment, technology and software are used to operate and administer this program? The teams use PCs or laptops, cell phones, standard office software such as Word and Excel, and have internet access. Most of the teams have moved to paperless charts as well as using web-based data reporting.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address. No, the program originated in Madison, Wisconsin. The founders and developers of the PACT model include Leonard Stein, M.D.; Mary Ann Test, Ph.D.; William Knoedler, M.D.; and Deborah Allness, MSSW. Oklahoma's innovations centered around statewide implementation, strengths-based and consumer-directed philosophies, and the use of data and outcomes to assure compliance with fidelity standards.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ? Yes, more than 40 states in the nation have PACT teams, most of which are not in full fidelity. Compared to the national Assertive Community Treatment (ACT) standards, Oklahoma further refined standards to ensure that teams are in full fidelity to the ACT manual and outcomes driven.

21. Has the program been fully implemented? If NO, what actions remain to be taken? Yes, there are 14 fully implemented teams in Oklahoma. Five of these teams are in urban areas and nine of the teams are in rural areas. One urban team, CO-PACT, specializes in co-occurring and homeless populations while another urban team, IMPACT, specializes in the homeless population.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples. A four year study shows that in the first year PACT was operating in Oklahoma there was an 80.3% reduction in inpatient hospitalization among PACT consumers. The reductions in inpatient hospitalization continued with year two showing -77.7, year three showing -71.1%, and year four showed -86.8%. See chart below:

Long-term inpatient hospitalization outcomes among 66¹ clients who admitted to PACT prior to 7/1/02 and did not discharge for at least four years

	PRE		POST							
	Year 1	Year 1	Year 2		Year 3		Year 4			
	Count	Count	%Change	Count	%Change	Count	%Change	Count	%Change	
Days	4220	832	-80.3	939	-77.7	1218	-71.1	558	-86.8	
Distinct Clients	66	27	-59.1	25	-62.1	26	-60.6	20	-69.7	
Episodes	93	37	-60.2	63	-32.3	68	-26.9	50	-46.2	
Avg. Days per Episode	45.4	22.5		14.9		17.9		11.2		

¹73 clients met this criteria but 7 had no reported pre PACT inpatient hospitalization so were not included in the cohort.

46 clients had at least one post-admission inpatient episode. Of these, eight clients had an inpatient episode in each of the four post-admission years. These eight clients accounted for 42% of all post-admission days.

23. How has the program grown and/or changed since its inception?

Note: Partial teams refer to teams smaller in staff size and service participant case load. All teams are full fidelity. A partial team has 8.5 fulltime staff vs. a full team with 12 staff.

- May 2001
 - North Care Center- Oklahoma County
 - Red Rock BHS- Tulsa County
- July 2002 started 4 partial teams
 - Bill Willis CMHC- Tahlequah
 - Central Oklahoma CMHC- Norman
 - Jim Taliaferro CMHC- Lawton
 - Carl Albert CMHC- McAlester
- January 2004
 - Red Rock BHS- Oklahoma County
 - University of Oklahoma/Tulsa- Tulsa County
- 2005
 - Carl Albert CMHC- Ada
 - Family and Children's services- Tulsa
 - North Care Center- Stillwater
- 2006
 - Edwin Fair MHC- Ponca City
 - MHSACSO- Ardmore
 - Red Rock BHS- Shawnee

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program? It would be important for other states to focus on PACT teams becoming full fidelity. Ensuring that new teams have the support, education, monitoring and training to fully understand the PACT model. Other obstacles would be

hiring staff in a timely manner to fill the positions within PACT and implementing PACT in rural areas.