OKLAHOMA
Mental Health &
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TITLE 450

CHAPTER 55. STANDARDS AND CRITERIA FOR PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT

Effective September 15, 2022

Authority: Oklahoma Board of Mental Health and Substance Abuse Services; 43A O.S. §§ 2-101, 3-306 and 3-319

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SUBCHAPTER 1. GENERAL PROVISIONS

450:55-1-1. Purpose

(a) This Chapter implements 43A O.S. § 3-319, which authorizes the Board of Mental Health and Substance Abuse Services, or the Commissioner upon delegation by the Board, to certify programs of assertive community treatment. Section 3-319 requires the Board to promulgate rules and standards for certification of facilities or organizations that desire to be certified.

(b) The rules regarding the certification procedures including applications, fees and administrative sanctions are found in the Oklahoma Administrative Code, Title 450, Chapter 1, Subchapters 5 and 9.

(c) Rules outlining general certification qualifications applicable to facilities and organizations certified under this Chapter are found in OAC 450:1-9-5 through OAC 450:1-9-5.6.

450:55-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Advance Practice Registered Nurse" means a registered nurse in good standing with the Oklahoma Board of Nursing, and has acquired knowledge and clinical skills through the completion of a formal program of study approved by the Oklahoma Board of Nursing Registration and has obtained professional certification through the appropriate National Board recognized by the Oklahoma Board of Nursing. Advance Practice Registered Nurse services are limited to the scope of their practice as defined in 59 Okla. Stat. § 567.3a and corresponding rules and regulations at OAC 485:10-5-1 through 10-16-9.

"Certified behavioral health case manager" means any person who is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health case management services within the confines of a mental health facility or drug or alcohol treatment facility that is operated by the Department or contracts with the State to provide behavioral health services.

"Certified Peer Recovery Support Specialists" or **"C-PRSS"** means any person who is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health services as provided in this Chapter.

"Community-based Structured Crisis Center" or **"CBSCC"** means a program of non-hospital emergency services for mental health and substance abuse crisis stabilization including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance abuse services. This service is limited to CMHC's who are certified by the Department of Mental Health and Substance Abuse Services or facilities operated by the Department of Mental Health and Substance Abuse Services.

"Consumer" means an individual who has applied for, is receiving, or has received evaluation or treatment services from a facility operated or certified by ODMHSAS or with which ODMHSAS contracts and includes all persons referred to in OAC Title 450 as client(s) or patient(s) or resident(s) or a combination thereof.

"Co-occurring disorder" means any combination of mental health and substance abuse symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

"Credentialed Recovery Support Specialist" is a member of the PACT team who is working as a Recovery Support Specialist and is certified by the Department of Mental Health and Substance Abuse Services to offer behavioral health services in accordance with Chapter 53 of Title 450.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

"Cultural competency" means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

"DSM" means the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"FTE" means an employee, or more than one, who work(s) the time equivalent to the number of hours per week, month or year of one (1) employee working full-time.

"Governing Agency" means the facility or specific community based behavioral health provider under which the PACT program is operated.

"Historical time line" means a method by which a specialized form is used to gather, organize and evaluate historical information about significant events in a consumer's life, experience with mental illness, and treatment history.

"Individual Treatment Team" or **"ITT"** means the primary case manager and a minimum of two other clinical staff on the PACT team who are responsible to keep the consumer's treatment coordinated, monitor their services, coordinate staff activities and provide information and feedback to the whole team.

"Licensed Behavioral Health Professional" or **"LBHP"** means:

(A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;

(B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty;

(C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists;

(D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions;

(E) A practitioner with a license to practice in the state in which services are provided by one of the following licensing boards:

(i) Social Work (clinical specialty only);

(ii) Professional Counselor;

(iii) Marriage and Family Therapist;

(iv) Behavioral Practitioner; or

(v) Alcohol and Drug Counselor.

"Licensed mental health professional" or **"LMHP"** as defined in Title 43A §1-103 (11).

"Licensure candidate" means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

(A) Psychology;

(B) Social Work (clinical specialty only);

(C) Professional Counselor;

(D) Marriage and Family Therapist;

(E) Behavioral Practitioner; or

(F) Alcohol and Drug Counselor.

"Linkage services" means the communication and coordination with other service providers pursuant to a valid release that assure timely appropriate referrals between the PACT program and other providers.

"Licensed Practical Nurse" or **"LPN"** means an individual who is currently licensed by the Oklahoma Board of Nursing to provide a directed scope of nursing practice.

"Medically necessary" means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

"Nurse Care manager" means a Licensed Practical Nurse (LPN) or a Registered Nurse (RN).

"ODMHSAS" means the Oklahoma Department of Mental Health and Substance Abuse Services.

"Oklahoma Administrative Code" or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

"Performance Improvement" or **"PI"** means an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of consumers and others. Synonyms, and near synonyms include continuous performance improvement, continuous improvement, organization-wide performance improvement and total quality management.

"Persons with special needs" means any person with a condition which is considered a disability or impairment under the "American with Disabilities Act of

1990" including, but not limited to the deaf and hearing impaired, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

"PICIS" is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, consumer profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and consumers that provide the ability to monitor the course of consumer services throughout the statewide DMHSAS network. PICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, residential care facilities, prevention programs, and centers for the homeless which are operated or funded in part by DMHSAS.

"**Primary Care Practitioner (PCP)"** means a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) licensed in the State of Oklahoma.

"Primary Case Manager" is a certified behavioral health case manager assigned by the team leader to coordinate and monitor activities of the ITT, has primary responsibility to write the treatment plan and make revisions to the treatment plan and weekly schedules.

"Program Assistant" is a member of the PACT team providing duties supportive of the Team and may include organizing, coordinating, and monitoring non-clinical operations of the PACT, providing receptionist activities and coordinating communication between the team and consumers.

"Program of Assertive Community Treatment" or **"PACT"** means a clinical program that provides continuous treatment, rehabilitation and support services to persons with mental illness in settings that are natural to the consumer.

"Progress notes" mean a chronological description of services provided to a consumer, the consumer's progress, or lack of, and documentation of the consumer's response related to the intervention plan.

"Recovery Support Specialist" is a member of the PACT team who is or has been a recipient of mental health services for a serious mental illness and is willing to use and share his or her personal, practical experience, knowledge, and first-hand insight to benefit the team and consumers.

"Service Intensity" means the frequency and quantity of services needed, the extent to which multiple providers or agencies are involved, and the level of care coordination required.

"Team Leader" is the clinical and administrative supervisor of the PACT team who also functions as a practicing clinician. The team leader is responsible for monitoring each consumer’s clinical status and response to treatment as well as supervising all staff and their duties as specified by their job descriptions.

"Trauma informed" means the capacity for a facility and all its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

"Urgent Recovery Clinic" means a facility certified by ODMHSAS pursuant to OAC 450:23 that offers services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and drug abuse, and emotional distress. URCs offer triage crisis response, crisis intervention, crisis assessment, crisis intervention plan development, and linkage and referral to other services.

"Wellness Coach" means an individual who is actively working on personal wellness and who is designated to collaborate with others to identify their personal strengths and goals within the eight dimensions of wellness (spiritual, occupational, intellectual, social, physical, environmental, financial, and emotional).

(A) In order to qualify to be a Wellness Coach, individuals shall:

(i) Have a behavioral health related associates degree or two years of experience in the field and/or have an active certification and/or license within the behavioral health field (e.g. PRSS, Case Management, LBHP, LPN, etc.); and

(ii) Complete the ODMHSAS Wellness Coach Training Program and pass the examination with a score of 80% or better.

(B) Wellness Coach roles and responsibilities include:

(i) Role model wellness behaviors and actively work on personal wellness goals;

(ii) Apply principles and processes of coaching when collaborating with others;

(iii) Facilitate wellness groups;

(iv) Conduct motivational interventions;

(v) Practice motivational interviewing techniques;

(vi) Provide referrals to community resources for nutrition education, weight management, Oklahoma Tobacco Helpline, and other wellness-related services and resources;

(vii) Create partnerships within local community to enhance consumer access to resources that support wellness goals;

(viii) Raise awareness of wellness initiatives through educational in-service and community training;

(ix) Elevate the importance of wellness initiatives within the organization;

(x) Promote a culture of wellness within the organization for both consumers and staff;

(xi) Respect the scope of practice and do not practice outside of it, referring people to appropriate professionals and paraprofessionals as needed.

450:55-1-3. Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to PACT programs as stated in each subchapter.

SUBCHAPTER 3. PROGRAM DESCRIPTION AND PACT SERVICES

450:55-3-1. General program description and target population

A PACT must be a self-contained clinical program that assures the fixed point of responsibility for providing treatment, rehabilitation and support services to consumers with serious mental illnesses. The PACT team shall use an integrated service approach to merge clinical and rehabilitation staff expertise, such as psychiatric, substance abuse, employment, within one service delivery team, supervised by a qualified program director. Accordingly, there shall be a minimal referral of consumers to other program entities for treatment, rehabilitation, and support services. The PACT staff is responsible to ensure services are continuously available in natural settings for the consumer in a manner that is courteous, helpful and respectful.

450:55-3-2. Admission criteria

(a) The PACT program shall maintain written admission policies and procedures that, at a minimum include the following:

(1) First priority shall be given to people designated by the ODMHSAS as needing PACT services. The remaining priority shall be given to people with a primary diagnosis of schizophrenia or other psychotic disorders, such as schizoaffective disorder or bipolar disorder with psychotic features as defined by the current DSM. Individuals without a psychotic disorder shall be evaluated and admitted based on the consumer's need.

(2) At least four psychiatric hospitalizations in the past 24 months or cumulative lengths of stays totaling over 30 days in the past 24 months which can include admissions to Community-Based Structured Crisis Care; or frequent psychiatric ER, Urgent Recovery Clinic (URC), and/or CBSCC encounters, or incarcerated and receiving mental health care and with at least three (3) of the following:

(A) Persistent or recurrent severe affective, psychotic or suicidal symptoms;

(B) Coexisting substance abuse disorder greater than six (6) months;

(C) High risk of or criminal justice involvement in the past 12 months which may include frequent contact with law enforcement personnel, incarcerations, parole or probation;

(D) Homeless, imminent risk of being homeless or residing in substandard or unsafe housing;

(E) Residing in supported housing but clinically assessed to be able to live in a more independent living situation if intensive services are provided; or requiring supported housing if more intensive services are not available;

(F) Inability to participate in traditional office-based services or evidence that they require a more assertive and frequent non-office based services to meet their clinical needs;

(G) Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community.

(3) Individuals with a sole primary diagnosis of substance abuse, brain injury, or Axis II disorders are not appropriate for PACT.

(4) Individuals with a history of violent behaviors may or may not be considered for admission.

(b) Compliance with 450:55-3-2 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

450:55-3-3. Total case load and admission rate

(a) The PACT program shall maintain written policies and procedures that at a minimum assure compliance with the following:

(1) A staff-to-consumer ratio of no more than ten (10) consumers for each staff person. The psychiatrist and program assistant are not included in determining the staff-to-consumer ratio;

(2) A gradual build-up of, on average, no more than 5 consumers admitted per month into the program, or no more than 3 consumers admitted per month for PACT teams with 8 or less FTE, excluding psychiatrist and program assistant; and

(3) A limit of no more than 120 consumers on a PACT team case load at one time.

(b) Compliance with 450:55-3-3 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

450:55-3-4. Discharge criteria

(a) The PACT shall maintain written discharge policies and procedures that at a minimum include the following discharge criteria:

(1) The consumer and program staff mutually agree to the termination of services after all attempts to engage the consumer in the program fail; or

(2) The consumer moves outside the geographic area covered by the team. In such cases, the PACT team shall arrange for transfer of mental health service responsibility to a provider where the consumer is moving. The PACT team shall maintain contact with the consumer until the service transfer is arranged; or

(3) The consumer demonstrates an ability to function in all major role areas, i.e., work, social, self-care, without requiring assistance from the program. Such a determination shall be made by both the consumer and the PACT team; or

(4) The consumer becomes physically unable to benefit from the services.

(b) Compliance with 450:55-3-4 shall be determined by on-site observation and a review of the following: clinical records and the PACT policy and procedures.

450:55-3-5. Hours of operation and staff coverage

(a) The PACT program shall assure adequate coverage to meet consumers' needs including but not limited to:

(1) The PACT team shall be available to provide treatment, rehabilitative and support services seven days per week, including holidays and evenings, according to the following:

(A) For weekdays, Monday through Friday, the PACT team hours of operation for a team size greater than 8 FTEs, excluding the psychiatrist, the APN and program assistant, shall be two overlapping eight-hour-shifts for a total of 10 hours of coverage per day and for a team size of 8 FTE or less, excluding the psychiatrist, the APN and program assistant, shall be a single eight-hour shift; with consumer needs as specified in the treatment plans driving any extended hours of operation.

(B) For weekends and holidays, regardless of the number of FTE's, for all teams, there shall be eight (8) hours of coverage per day with a minimum of one (1) clinical staff. Staff will be available on weekends and holidays as needed OR staff who are regularly scheduled to provide the necessary services on a client-by-client basis on weekends and holidays and evenings.

(2) The PACT team shall operate an after-hours on-call system. PACT shall regularly schedule PACT staff for on-call duty to provide crisis and other services during the assigned on-call hours when staff is not working to personally respond to consumers by telephone or in person on a 24 hour per day, 7 day a week basis.

(3) Psychiatric or APN backup shall also be available and on-call during all after-hours periods. If availability of the PACT team's psychiatrist during all hours is not feasible, alternative psychiatric backup shall be arranged.

(b) Compliance with 450:55-3-5 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

450:55-3-6. Service intensity

(a) The PACT team is the primary provider of services and has the responsibility to meet the consumer's multiple treatment, rehabilitation and supportive needs with minimal referrals to external agencies or programs within the governing agency for services.

(b) The PACT team shall have the capacity to provide multiple contacts per week to consumers experiencing severe symptoms or significant problems in daily living.

(c) The PACT team shall minimally provide an average of three contacts per week for consumers.

(d) Each team shall provide at least 75 percent of service contacts in the community, in non-office or non-facility based settings.

(e) For consumers whose service needs fall below an average of three contacts per week, a review to determine the need for transition out of PACT and continue in the Health Home or other outpatient services should be conducted no less than every six (6) months.

(f) The PACT team shall provide ongoing contact when permitted by consumers who are hospitalized for drug and alcohol, physical, or psychiatric reasons. To ensure continuity of care the PACT team shall:

(1) Assist in the admission process if at all possible;

(2) Have contact with the consumer and inpatient treatment providers within 48 hours of knowing of the inpatient admission to provide information, assessment, assist with the consumer's needs and begin discharge planning;

(3) Maintain a minimum of weekly face-to-face contact with the consumer and treatment team staff. If face-to-face contact is not possible, telephone contact is acceptable;

(4) Transition the consumer from the inpatient setting into the community; and

(5) Maintain at least three (3) face-to-face contacts per week for two weeks, or as often as clinically indicated, for consumers who are discharged from an inpatient facility. The team shall document any failed attempts.

(g) Telephone answering devices will not be used as a primary method to receive phone calls. PACT clients shall have phone access to the PACT office Monday through Friday, 8:00 a.m. to 5:00 p.m. The program assistant or other PACT staff shall be available to personally answer all incoming phone calls.

(h) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; PICIS information; and the PACT policy and procedures.

450:55-3-7. Staffing requirements

(a) The PACT team shall include individuals qualified to provide the required services while closely adhering to job descriptions as defined in the "PACT Start-up Manual, most recent edition as published by the National Alliance for the Mentally Ill."

(b) Each PACT team shall have the following minimum staffing configuration:

(1) One (1) full-time team leader who is the clinical and administrative supervisor of the team and also functions as a practicing clinician in the PACT team. The team leader shall be a Licensed Behavioral Health Professional or licensure candidate.

(2) A Board Certified or Board Eligible psychiatrist providing a minimum of 16 hours per week of direct care to minimally include: initial and psychiatric assessments, daily organizational staff meetings, treatment planning, home visits, pharmacological management, collaboration with nurses, crisis intervention, and liaison with inpatient facilities. In the initial build-up phase, a minimum of 8 hours per week shall be provided until the team is serving ten or more clients. For teams serving over 50 consumers, the Psychiatrist shall provide an additional three (3) hours per week for every fifteen (15) additional consumers admitted to the program. On-call time is not included; or An Advanced Practice Nurse (APN) currently certified in a psychiatric mental health specialty with current certification of recognition of prescriptive authority issued by the Oklahoma Board of Nursing, and who practices under the supervision of a licensed psychiatrist may perform the duties of the

psychiatrist as allowed by State Law. The APN must provide a minimum of 16 hours per week of direct care to minimally include: initial and psychiatric assessments, daily organizational staff meetings, treatment planning, home visits, pharmacological management, collaboration with nurses, crisis intervention, and liaison with inpatient facilities. In the initial build-up phase, a minimum of 8 hours per week shall be provided until the team is serving ten or more clients. For teams serving over 50 consumers, the APN shall provide an additional three (3) hours per week for every fifteen (15) additional consumers admitted to the program. On-call time is not included.

(3) At least two (2) full-time licensed practical nurses or registered nurses. Each nurse shall have at least one (1) year of mental health experience or work a total of forty (40) hours at a psychiatric medication clinic within the first three (3) months of employment.

(4) At least one (1) full-time Licensed Behavioral Health Professional or licensure candidate.

(5) At least two (2) full-time certified behavioral health case managers.

(6) At least one (1) staff member on the team, excluding the psychiatrist or APN, team leader and program assistant shall be qualified as a substance abuse treatment specialist, and at least one (1) staff member on the team, excluding the psychiatrist or APN, team leader and program assistant, shall be qualified as an employment specialist.

(7) A minimum of one (1) full-time or two (2) half-time (0.5 FTE) Recovery Support Specialist(s) or Credentialed Recovery Support Specialist(s). The Recovery Support Specialist(s) is/are to complete all qualifications to become a Credentialed Recovery Support Specialist within one (1) year of employment to the PACT team.

(8) A minimum of one (1) program assistant.

(c) Teams serving greater than 65 consumers shall include the following additional staff:

(1) A full-time assistant team leader who is the back-up clinical and administrative supervisor of the team and also functions as a practicing clinician in the PACT team.

(2) One (1) additional full-time nurse.

(3) One (1) additional full-time Licensed Behavioral Health Professional, licensure candidate or Case Manager II.

(4) One (1) additional full-time certified behavioral health case manager, when serving greater than 85 consumers on the team.

(d) The PACT program shall have policies and procedures addressing the use of students, medical residents, osteopathic residents, psychiatric residents and volunteers on the team.

(1) Psychiatric residents shall not replace the clinical work of the PACT psychiatrist or APN such as on-call coverage, pharmacological management, treatment planning or crisis intervention.

(2) The hours a psychiatric resident works on a PACT team shall not be counted towards the standard hours of the PACT psychiatrist or APN.

(e) Compliance with 450:55-3-6 shall be determined by on-site observation; and a review of the following: clinical records; PICIS information; and the PACT policy and procedures.

450:55-3-8. Staff communication and planning

(a) The PACT team shall have daily organizational staff meetings at regularly scheduled times as prescribed by the team leader. Daily organizational staff meetings shall be conducted in accordance with the following procedures:

(1) A review of the daily log, to update staff on the treatment contacts which occurred the day before and to provide a systematic means for the team to assess the day-to-day progress and status of all consumers;

(2) A review by the shift manager of all the work to be done that day as recorded on the daily staff assignment schedule. During the meeting, the shift manager shall assign and supervise staff to carry out the treatment and service activities scheduled to occur that day, and the shift manager shall be responsible for assuring that all tasks are completed; and

(3) Revise treatment plans as needed, plan for emergency and crisis situations, and add service contacts to the daily staff assignment schedule per the revised treatment plans.

(b) The PACT team shall maintain a written daily log, using a computer, notebook or cardex. The daily log shall document:

(1) A roster of the consumers served in the program; and,

(2) For each consumer, brief documentation of their status and any treatment or service contacts which have occurred since the last daily organizational staff meeting.

(c) The PACT team, under the direction of the team leader, shall maintain a weekly schedule for each consumer. The weekly consumer schedule is a written schedule of all treatment and service contacts which staff must carry out to fulfill the goals and objectives in the consumer's treatment plan. The team shall maintain a central file of all weekly consumer schedules.

(d) The PACT team, under the direction of the team leader, shall develop a daily staff assignment schedule from the central file of all weekly consumer schedules. The daily staff assignment schedule is a written timetable for all consumer treatment and service contacts, to be divided and shared by the staff working on that day.

(e) Compliance with 450:55-3-8 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

450:55-3-9. Clinical supervision

(a) Each PACT team shall have a written policy for clinical supervision of all staff providing treatment, rehabilitation, and support services. A component of the supervision shall include assisting all staff to have basic core competency in working with clients who have co-occurring substance abuse disorders. The team leader or a clinical staff designee shall assume responsibility for

supervising and directing all PACT team staff activities. This supervision and direction shall minimally consist of:

(1) Periodic observation, in which the supervisor accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess the staff member's performance, give feedback, and model alternative treatment approaches; and

(2) Participation with team members in daily organizational staff meetings and regularly scheduled treatment planning meetings to review and assess staff performance and provide staff direction regarding individual cases.

(b) Compliance with 450:55-3-9 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

(c) Failure to comply with 450:55-3-9 will result in the initiation of procedures to deny, suspend and/or revoke certification.

450:55-3-10. Required services

(a) The PACT program shall minimally provide the following comprehensive treatment, rehabilitation, and support services as a self-contained service unit on a continuous basis. The PACT program shall provide or make arrangements for treatment services, which shall minimally include:

(1) **Crisis intervention.** Crisis intervention shall be provided to individuals who are in crisis as a result of a mental health and/or substance abuse related problem.

(A) Crisis intervention services shall be provided in the least restrictive setting possible, and be accessible to individuals within the community in which they reside.

(B) Crisis assessment and intervention shall be provided 24 hours per day, seven days per week by the PACT team. These services will include telephone and face-to-face contact and will include mechanisms by which the PACT crisis services can be coordinated with the local mental health system's emergency services program as appropriate.

(C) Crisis intervention services shall include, but not be limited to, the following service components and each shall have written policy and procedures:

(i) Psychiatric crisis intervention; and

(ii) Drug and alcohol crisis intervention.

(2) **Symptom assessment, management and individual supportive therapy.** The PACT shall provide ongoing symptom assessment, management, and individual supportive therapy to help consumers cope with and gain mastery over symptoms and impairments in the context of adult role functioning. This therapy shall include but not necessarily be limited to the following:

(A) Ongoing assessment of the consumer's mental illness symptoms and the consumer's response to treatment;

(B) Education of the consumer regarding his or her illness and the effects and side effects of prescribed medications, where appropriate;

(C) Symptom-management efforts directed to help 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

(D) Psychological support to consumers, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

(3) **Medication prescription, administration, monitoring and documentation.** The PACT shall have medication policies and procedures that are specific to the PACT program and meet the unique needs of the consumers served. All policies and procedures shall comply with local, state and federal pharmacy and nursing laws.

(A) Medication related policies and procedures shall identify processes to:

(i) Record physician orders;

(ii) Order medication;

(iii) Arrange for all consumer medications to be organized by the team and integrated into consumers' weekly schedules and daily staff assignment schedules;

(iv) Provide security for medications and set aside a private designated area for set up of medications by the team's nursing staff; and

(v) Administer delivery of and provide assistance with medications to program consumers.

(B) The PACT team psychiatrist shall minimally:

(i) Assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication;

(ii) Regularly review and document the consumer's symptoms of mental illness as well as his or her response to prescribed medication treatment;

(iii) Educate the consumer regarding his or her mental illness and the effects and side effects of medication prescribed to regulate it; and

(iv) Monitor, treat, and document any medication side effects.

(C) All qualified PACT team members shall assess and document the consumer's mental illness symptoms and behavior in response to medication and shall monitor for medication side effects.

(4) **Rehabilitation.** The PACT shall provide or make arrangements for rehabilitation services. The PACT shall provide work-related services as needed to help consumers find and maintain employment in community-based job sites. These services shall include but not be limited to:

(A) Assessment of job-related interests and abilities, through a complete education and work history assessment as well as on-the-job assessments in community-based jobs;

(B) Assessment of 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 reduce or eliminate those behaviors;

(C) Development of an ongoing employment rehabilitation plan to help each consumer establish the skills necessary to find and maintain a job;

(D) Individual supportive therapy to assist consumers to identify and cope with the symptoms of mental illness that may interfere with their work performance;

(E) On-the-job or work-related crisis intervention; and

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

(5) **Substance abuse services.** The PACT shall provide substance abuse services as clinically indicated by consumers. These shall include but not be limited to individual and group interventions to assist consumers to:

(A) Identify substance use, effects and patterns;

(B) Recognize the relationship between substance use and mental illness and psychotropic medications;

(C) Develop motivation for decreasing substance use; and

(D) Develop coping skills and alternatives to minimize substance use and achieve periods of abstinence and stability.

(6) **Services to support activities of daily living.** The PACT shall provide as needed services to support activities of daily living in community-based settings. These shall include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision, e.g. prompts, assignments, monitoring, encouragement, and environmental adaptations to assist consumers to gain or use the skills required to:

(A) Carry out personal hygiene and grooming tasks;

(B) Perform household activities, including house cleaning, cooking, grocery shopping, and laundry;

(C) Find housing that is safe and affordable (e.g., apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities, such as telephone, furnishings, linens, etc.;

(D) Develop or improve money-management skills;

(E) Use available transportation; and

(F) Have and effectively use a personal physician and dentist.

(7) **Social, interpersonal relationship and leisure-time skill training.** The PACT shall provide as needed services to support social, interpersonal relationship, and leisure-time skill training to include supportive individual therapy, e.g., problem solving, role-playing, modeling, and support, etc.; social-skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure consumers' time, increase their social experiences, and provide them with opportunities to practice social skills and receive feedback and support required to:

(A) Improve communication skills, develop assertiveness and increase self-esteem as necessary;

(B) Develop social skills, increase social experiences, and where appropriate, develop meaningful personal relationships;
(C) Plan appropriate and productive use of leisure time;
(D) Relate to landlords, neighbors, and others effectively; and
(E) Familiarize themselves with available social and recreational opportunities and increase their use of such opportunities.

(8) The PACT will assign each consumer a primary case manager who coordinates and monitors the activities of the individual treatment team and has primary responsibility to write the treatment plan, to provide individual supportive therapy, to ensure immediate changes are made in treatment plans as consumer's needs change and to advocate for consumer rights and preferences.

(9) The PACT shall provide support and direct assistance to ensure that consumers obtain the basic necessities of daily life that includes but is not necessarily limited to:
(A) Medical and dental services;
(B) Safe, clean, affordable housing;
(C) Financial support;
(D) Social services;
(E) Transportation; and
(F) Legal advocacy and representation.

(10) The PACT shall provide services as needed on behalf of identified consumers to their families and other major supports, with consumer's written consent, which includes the following:
(A) Education about the consumer's illness and the role of the family in the therapeutic process;
(B) Intervention to resolve conflict; or
(C) Ongoing communication and collaboration, face-to-face and by telephone, between the PACT team and the family.

(b) Compliance with 450:55-3-10 shall be determined by on-site observation, a review of the clinical records, ICIS information and the PACT policy and procedures.

SUBCHAPTER 5. PACT CLINICAL DOCUMENTATION

450:55-5-1. Clinical record keeping system

(a) Each PACT shall maintain an organized clinical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized with easily retrievable, usable clinical records stored under confidential conditions and with planned retention and disposition. For each consumer, the PACT team shall maintain a treatment record that is confidential, complete, accurate, and contains up-to-date information relevant to the consumer's care and treatment.

(b) The team leader and the program assistant shall be responsible for the maintenance and security of the consumer clinical records.

(c) The consumer's clinical records shall be located at the PACT team's main office and, for confidentiality and security, are to be kept in a locked file.
(d) Compliance with 450:55-5-1 shall be determined by on-site observation, a review of PACT policy, procedures or operational methods, clinical records and other PACT provided documentation.

450:55-5-2. Basic requirements [REVOKED]

450:55-5-3. Documentation of individual treatment team members
(a) The clinical record shall document the team leader has assigned the consumer a psychiatrist or APN, primary case manager, and individual treatment team (ITT) members within one (1) week of admission.
(b) Compliance with 450:55-5-3 shall be determined by on-site observation and a review of the following: clinical records and the PACT policy and procedures.

450:55-5-4. Initial assessment and treatment plan
(a) The initial assessment data shall be collected and evaluated by PACT team leader or appropriate staff designated by the team leader. Such assessments shall be based upon all available information, including self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police, courts, and outpatient and inpatient facilities, where applicable, culminating in a comprehensive initial assessment. Consumer assessment information for admitted consumers shall be completed on the day of admission to the PACT.
(b) The initial treatment plan is completed on the day of admission and guides team services until the comprehensive assessment and comprehensive treatment plan is completed. Interventions from the initial treatment plan should be reported on the consumer weekly schedule card. The initial treatment plan shall include individualized goals and objectives and actively involve the consumer.
(c) Compliance with 450:55-5-4 shall be determined by a review of the following: intake assessment instruments and other intake documents of the PACT program, clinical records and other agency documentation of admission materials or requirements.

450-55-5-5. Comprehensive assessment
(a) The consumer's psychiatrist or APN, primary PACT case manager, and individual treatment team members shall prepare the written comprehensive assessment(s) within six (6) weeks of admission.
(b) The comprehensive assessments shall include a written narrative report on ODMHSAS approved forms for each of the following areas:
(1) Psychiatric and substance abuse history, mental status, and a current DSM diagnosis, to be completed by the PACT psychiatrist or APN;
(2) Medical, dental, and other health needs to be completed by a PACT registered nurse;

(3) Extent and effect of any violence within the consumer's living situation(s) or personal relationships;
(4) The current version of the Alcohol Severity Index (ASI) within the first 6 weeks of admission and as clinically indicated thereafter;
(5) Education and employment;
(6) Social development and functioning by a team professional as approved by the team leader;
(7) Activities of daily living, to be completed by the team professional or Recovery Support specialist under the supervision of the team leader;
(8) Family structure and relationships by a team professional as approved by the team leader; and
(9) Historical timeline by all team members under the supervision of the team leader.

(c) The historical timeline shall contain, but not be limited to, the following information:

(1) Psychiatric Inpatient/Outpatient Services history:
(A) Timeline dates;
(B) Admission/Discharge dates;
(C) Institution/provider;
(D) Presenting problem/legal status;
(E) Diagnosis, symptoms, and significant events;
(F) Medications
(G) Services received; and
(H) Reasons for discharge.

(2) Psychosocial History of:
(A) Living situation(s);
(B) Employment; and
(C) Other (Alcohol/drug info, family, significant others, medical info, other info).

(d) Compliance with 450:55-5-5 shall be determined by on-site observation and a review of the clinical records, PICIS information and the PACT policy and procedures.

450-55-5-6. Treatment team meeting

(a) The PACT team shall conduct treatment planning meetings under the supervision of the team leader, or designee. These treatment planning meetings shall minimally:

(1) Convene at regularly scheduled times per a written schedule maintained by the team leader; and
(2) Occur with sufficient frequency and duration to develop written individual consumer treatment plans and to review the individual treatment plans to discuss the consumer's progress and make any recommended changes or updates every six months and rewrite the treatment plans every 12 months.

(b) Prior to writing the treatment plan, the team shall meet to develop the treatment plan by discussing and documenting:

(1) The specifics of all information learned from the comprehensive assessments or course of treatment; and

(2) Recommendations made to the treatment plan from the consumer, family members and PACT staff.

(c) Treatment planning meetings shall be scheduled in advance of the meeting and the schedule shall be posted. The team shall assure that consumers and others designated by the consumers may have the opportunity to attend treatment planning meetings, if desired by the consumer. At each treatment planning meeting to rewrite the treatment plan the following staff should attend: team leader, psychiatrist or APN, primary case manager, individual treatment team members, and all other PACT team members involved in regular tasks with the consumer. For the treatment plan review, the following staff should attend: team leader, primary case manager and individual treatment team members.

(d) Compliance with 450:55-5-6 shall be determined by on-site observation and a review of the following: clinical records, PICIS information and the PACT policy and procedures.

450:55-5-7. Treatment planning

(a) The PACT team shall evaluate each consumer and develop an individualized comprehensive treatment plan within eight (8) weeks of admission, which shall identify individual needs and problems and specific measurable goals along with the specific services and activities necessary for the consumer to meet those goals and improve his or her capacity to function in the community. The treatment plan shall be developed in collaboration with the consumer or guardian when feasible. The consumer's participation in the development of the treatment plan shall be documented.

(b) Individual treatment team members shall ensure the consumer is actively involved in the development of treatment and service goals.

(c) The treatment plan shall clearly specify the services and activities necessary to meet the consumer's needs and who will be providing those services and activities.

(d) The following key areas shall be addressed in every consumer's treatment plan: symptom management, physical health issues, substance abuse, education and employment, social development and functioning, activities of daily living, and family structure and relationships.

(e) The primary case manager and the individual treatment team shall be responsible for reviewing and revising the treatment goals and plan whenever there are major decision points in the consumer's course of treatment, e.g., significant change in consumer's condition, etc., at least every twelve (12) months a new comprehensive treatment plan will be developed. The revised treatment plan shall be based on the results of a treatment planning meeting. The plan and review will be signed by the consumer, the primary case manager, individual treatment team members, the team leader, the psychiatrist, and all other PACT team members.

(f) The PACT team shall maintain written assessment and treatment planning policies and procedures to assure that appropriate, comprehensive, and on-going assessment and treatment planning occur.
(g) Compliance with 450:55-5-7 shall be determined by review of the clinical records.

450:55-5-8. Discharge
(a) Documentation of consumer discharge shall be completed within 15 days of discharge and shall include all of the following elements:
(1) The reasons for discharge;
(2) The consumer's status and condition at discharge;
(3) A written final evaluation summary of the consumer's progress toward each of the treatment plan goals;
(4) If applicable, a plan developed in conjunction with the consumer for step-down/transition services within the facility's Health Home or referral to a different Health Home after discharge;
(5) Referral and transfer, preferably to another PACT team if available or to other mental health services; and
(6) The signature of the PACT consumer, if available or an explanation regarding the absence of the consumer's signature, and the team leader.
(b) Compliance with 450:55-5-8 shall be determined by review of the clinical records.

450:55-5-9. PACT progress note
(a) The PACT shall have a policy and procedure mandating the chronological documentation of progress notes. Every service that relates to the consumer's treatment shall be documented.
(b) Progress notes shall chronologically describe the services provided by date and, for timed treatment sessions, time of service, and the consumer's progress in treatment.
(c) Progress notes must include the consumer's name, be signed by the service provider, and include the service provider's credentials.
(d) Compliance with 450:55-5-9 shall be determined by a review of clinical records.

450:55-5-10. Medication record
(a) The PACT shall maintain a medication record on all consumers who receive medications or prescriptions in order to provide a concise and accurate record of the medications the consumer is receiving or having prescribed.
(b) The consumer record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:
(1) Name of medication;
(2) Dosage;
(3) Frequency of administration or prescribed change;
(4) Route of administration;

(5) Staff member who administered or dispensed each dose, or prescribing physician; and

(6) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in and on the outside of the chart.

(c) Compliance with 450:55-5-10 shall be determined by a review of medication records in clinical records and a review of clinical records.

450:55-5-11. Other records content

(a) The consumer record shall contain copies of all consultation reports concerning the consumer.

(b) When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.

(c) The consumer record shall contain any additional information relating to the consumer that has been secured from sources outside the PACT program.

(d) Before any person can be admitted for treatment on a voluntary basis, a signed consent for treatment shall be obtained.

(e) In the case where a PACT consumer is re-admitted back into the same PACT program, the PACT team will adhere to all PACT standards for admission except comprehensive assessments shall only be updated for the time-frame the consumer did not participate in PACT.

(f) In the case where a consumer transfers from one PACT program to another, the receiving PACT program shall adhere to all PACT standards for admission except comprehensive assessments shall only be updated for the time-frame the consumer did not participate in PACT unless the receiving PACT program is not able to access prior PACT records. Prior PACT records may be accessed with the consent of the consumer.

(g) Compliance with 450:55-5-11 shall be determined by a review of clinical records.

SUBCHAPTER 7. CONFIDENTIALITY [REVOKED]

450:55-7-1. Confidentiality, mental health consumer information and records [REVOKED]

SUBCHAPTER 9. CONSUMER RIGHTS

450:55-9-1. Consumer rights

The PACT Program shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:55-9-2. Consumers' grievance policy

The PACT Program shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

450:55-9-3. ODMHSAS Office of Consumer Advocacy

The ODMHSAS Office of Consumer Advocacy, in any investigation regarding consumer rights shall have access to consumers, PACT Program records and PACT staff as set forth in Oklahoma Administrative Code Title 450, Chapter 15.

SUBCHAPTER 11. ORGANIZATIONAL MANAGEMENT

450:55-11-1. Organizational description [REVOKED]

450:55-11-2. Program organization [REVOKED]

450:55-11-3. Information analysis and planning

(a) The PACT or parent organization shall have a plan for conducting an organizational needs assessment related to PACT which specifies the methods and data to be collected, including but not limited to information from:

(1) Consumers;
(2) Governing Authority;
(3) Staff;
(4) Stakeholders;
(5) Outcomes management processes; and
(6) Quality record review.

(b) The PACT or parent organization shall have a defined system to collect data and information on a quarterly basis to manage the organization.

(c) Information collected shall be analyzed to improve consumer services and organizational performance.

(d) The PACT or parent organization shall prepare an end of year management report to include information on PACT and the following:

(1) An analysis of the needs assessment process; and
(2) Performance improvement program findings.

(e) The management report shall be communicated and made available to, among others:

(1) The governing authority,
(2) PACT staff, and
(3) ODMHSAS, as requested.

(f) The PACT shall assure that a local advisory committee is established, with input of local advocates and other stakeholders.

(1) The committee shall be constituted of representative stakeholders including at least 51% consumers and family members. The remaining members shall be advocates, other professionals and community leaders.

(2) The team leader shall convene the advisory committee and work with the committee to establish a structure for meetings and committee procedures.

(3) The primary role of the advisory committee is to assist with implementation, policy development, advocate for program needs, and monitor outcomes of the program.
(4) The Advisory Committee shall meet at least once each quarter.
(5) Written minutes of committee meetings shall be maintained.

(g) Compliance with 450:55-11-3 shall be determined by a review of the written program evaluation plan(s), written annual program evaluation(s), special or interim program evaluations, program goals and objectives and other supporting documentation provided.

SUBCHAPTER 13. PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT [REVOKED]

450:55-13-1. Performance improvement program [REVOKED]

450:55-13-2. Incident reporting [REVOKED]

SUBCHAPTER 15. PERSONNEL [REVOKED]

450:55-15-1. Personnel policies and procedures [REVOKED]

450:55-15-2. Job descriptions [REVOKED]

SUBCHAPTER 17. STAFF DEVELOPMENT AND TRAINING [REVOKED]

450: 55-17-1. Orientation and training [REVOKED]

450: 55-17-2. Staff development [REVOKED]

450:55-17-3. In-service [REVOKED]

SUBCHAPTER 19. FACILITY ENVIRONMENT

450:55-19-1. Facility environment

In addition to the requirements set forth in OAC 450:1-9-5.5(a), the PACT program shall:

(1) Have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment; and
(2) Have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety

Data Sheets, personal protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.

450:55-19-2. Medication storage

(a) Medication administration, storage and control, and consumer reactions shall be continually monitored.

(b) PACT Programs shall have written policy and procedures to address the following:

(1) proper storage and control of medications;

(2) facility response to medication administration emergency;

(3) facility response to medical emergency; and

(4) emergency supplies for medication administration as directed by PACT physician.

(c) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.

(d) All medications shall be kept in locked, non-consumer accessible areas. Conditions which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(e) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

(f) Compliance with 450:55-19-2 shall be determined by on-site observation and a review of written policy and procedures, clinical records and PI records.

SUBCHAPTER 21. GOVERNING AUTHORITY [REVOKED]

450:55-21-1. Documents of authority [REVOKED]

SUBCHAPTER 23. SPECIAL POPULATIONS [REVOKED]

450:55-23-1. Americans with Disabilities Act of 1990 [REVOKED]

450:55-23-2. Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) [REVOKED]

SUBCHAPTER 25. BEHAVIORAL HEALTH HOME [REVOKED]

450:55-25-1. Program description and purpose [REVOKED]

450:55-25-2. Target population [REVOKED]

450:55-25-3. Outreach and engagement [REVOKED]

450:55-25-4. Structure of Behavioral Health Home and administrative staff [REVOKED]

450:55-25-5. Treatment team; general requirements [REVOKED]

450:55-25-6. Treatment team composition [REVOKED]

450:55-25-7. Required services [REVOKED]

450:55-25-8. Access to specialists [REVOKED]

450:55-25-9. Admission [REVOKED]

450:55-25-10. Integrated screening, intake, and assessment services [REVOKED]

450:55-25-11. Initial assessment [REVOKED]

450:55-25-12. Comprehensive assessment [REVOKED]

450:55-25-13. Integrated care plan [REVOKED]

450:55-25-14. Integrated care plan; content [REVOKED]

450:55-25-15. Review of plan [REVOKED]

450:55-25-16. Behavioral Health Home medication monitoring [REVOKED]

450:55-25-17. Behavioral Health Home pharmacy services [REVOKED]

450:55-25-18. Health promotion and wellness; consumer self-management [REVOKED]

450:55-25-19. Discharge or transfer from Behavioral Health Home [REVOKED]

450:55-25-20. Linkage and transitional care [REVOKED]

450:55-25-21. Consumer (patient care) registries and population health management [REVOKED]

450:55-25-22. Electronic health records and data sharing [REVOKED]

450:55-25-23. Performance measurement and quality improvement [REVOKED]