

**FORENSIC CASE MANAGEMENT SERVICES**

a. The Contractor shall provide Forensic Case Management services to individuals who have a substance use disorder, a psychiatric disorder or a co-occurring substance use and psychiatric disorder who are transitioning from Department of Correction (DOC) facilities. Services shall be defined as a group of activities to engage individuals in community reintegration and decrease criminal recidivism through access to behavioral health treatment, medical, social, educational, employment, housing and other recovery support services essential to meeting basic human needs and achieving optimal quality of life.

b. Specifically, the Contractor shall:

1. Conduct a face to face pre-release screening with referred individuals to determine eligibility;
2. Conduct a comprehensive clinical assessment to determine the individual’s strengths, needs, preferences and risk factors for individuals who have been determined eligible for Forensics Case Management Services;
3. Develop, with each individual, a comprehensive community reintegration plan that addresses identified needs in all aspects of the individual’s life. Such plans shall contain goals identified by the individual and shall provide detailed information on goals, objectives, tasks, and interventions, and shall identify the individual responsible and time frames for accomplishment;
4. Facilitate access to community resources and supports;
5. Link individuals to entitlements, medical care, vocational and educational programming, as appropriate;
6. Continually evaluate, with each individual, their progress on their community reintegration plan and review ongoing appropriateness of services;
7. Provide crisis prevention, and intervention when necessary, including identifying triggers for and symptoms of a psychiatric or substance use disorder relapse, in order to stabilize an individual’s recovery;
8. Conduct pro-active community outreach as needed;
9. Ensure that staff spend at least 60% of their time providing direct services to eligible individuals. Direct services are defined as crisis intervention, home visits, screening/assessment, phone conversations with individuals, meetings with individuals in community settings, including treatment settings, transportation and case conferences;
10. Use dedicated program funds to provide temporary community housing and recovery supports as appropriate and available;
11. Provide psychiatric and clinical outpatient services after release from DOC for individuals referred by the DMHAS Connecticut Offender Re-Entry Program to maintain continuity of care;
12. Provide outpatient substance use disorder treatment for individuals referred by the DMHAS Transitional Case Management program; for individuals requiring more intensive treatment, the Contractor shall facilitate access to Intensive Outpatient (IOP), or a residential or inpatient level of care as needed;
13. Participate in program evaluation activities as required;
14. Educate probation and parole officers, and other members of the criminal justice system, on Forensic Case Management services and the program’s goals and procedures; and
15. Serve as a liaison to involved criminal justice personnel; provide reports and required communication.

c. The services shall be provided at the following location, with the capacity and hours of operation as described below:

Location	Hours of Operation	Capacity

d. The Contractor shall provide services that meet the required utilization rate for those services. Forensics Case Management services utilization rate shall be measured by the number of services provided and the number of individuals in treatment as reported to the Department's information system and in any required monthly service reports. Such information shall be verified by the Department. The minimum acceptable utilization rate for Forensics Case Management programs is 100% of the total program capacity as indicated in section c. above, and 100% of the number of counseling sessions and other activities proposed per the approved funding application. Utilization of all funded treatment services shall be computed based on total program capacity.

e. The Contractor shall implement the programs and services described herein to result in the following outcomes on behalf of individuals served. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the Department through data reported by the Contractor to the Department's information systems, in observations through site visits and/or in any other required reports. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

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FORENSICS CASE MANAGEMENT

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 <sup>th</sup> day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Contractor will meet the expected services or contacts volume for this level of care.	At least 90% of projected services or contacts will be achieved.
4. Individuals will report satisfaction with their services.	At least 80% of respondents to the DMHAS consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services.
5a. Individuals referred by the Department's Transitional Case Management program will successfully complete treatment.	At least 75% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
5b. Individuals referred by the Department's Connecticut Offender Re-Entry program will successfully complete treatment.	At least 60% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
6. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.
7a. Individuals referred by the Department's Transitional Case Management program will improve or maintain their living situation.	At least 80% of individuals served annually will improve or maintain their living situation.
7b. Individuals referred by the Department's Connecticut Offender Re-Entry program will	At least 60% of individuals served annually will improve or maintain their living situation.

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8. Individuals will improve or maintain their social supports.	At least 60% of individuals served annually will have increased or maintained the number of social supports.
9. Individuals will not be involved in new arrests.	At least 75% of individuals served annually will have had no new arrests.