

## **RECOVERY PATHWAYS**

A. The Contractor shall provide Recovery Pathways (RP) services to individuals age eighteen (18) or older who have psychiatric disorders, or co-occurring psychiatric and substance use disorders, who are determined by a Department approved assessment tool to be appropriate to receive such services and who are medically indigent. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage.

RP services are a set of services that provides support to individuals with routine or intermittent low-intensity support needs, including health issues. RP services shall be recovery focused, and include engagement, skill building, and community support. RP services shall include rehabilitation and psychosocial services and will assist individuals in cultivating self management and problem solving skills, enhance self sufficiency and improve affiliations with community resources and recovery supports. The Contractor shall maintain compliance with the Department's fidelity standards ([www.ct.gov/dmhas/-----/RPfidelitystandards.pdf](http://www.ct.gov/dmhas/-----/RPfidelitystandards.pdf)).

B. Specifically, the Contractor shall:

1. Cultivate and maintain positive and productive relationships that assist individuals to attend and participate in services and activities that support their recovery;
2. Conduct assessments at least annually or more frequently as warranted by changes in the individual's clinical presentation or life situation. The provider shall conduct, at minimum, a Level of Care Utilization System (LOCUS) Assessment and a functional assessment. An individual should have a LOCUS score between ten (10) and sixteen (16) to be considered for RP services. Providers may use any Department-approved functional assessment tool that includes the following domains:
  - a. Independent Living Skills,
  - b. Personal Care,
  - c. Safety,
  - d. Money Management,
  - e. Transportation,
  - f. Interpersonal Communication Skills,
  - g. Health Awareness,
  - h. Coping, Stress & Impulse Control Skills,
  - i. Cognitive Functioning,
  - j. Employment & Education,
  - k. Leisure, and
  - l. Rights;
3. Assist individuals to identify and use personal strengths to develop skills, and identify recovery resources and supports needed for independence and successful community living;
4. Develop, with each individual, a recovery plan that addresses identified needs in areas such as employment, education, self management skills, relapse prevention, and social skills training. 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;
5. Provide skill development activities as identified in the Recovery Plan to:
  - a. Enhance independent participation in social, interpersonal, family, or community activities,
  - b. Increase self-management skills, coping strategies, and relaxation skills,
  - c. Develop recovery skills to recognize substance use triggers and psychiatric symptoms, and
  - d. Support development of self-advocacy skills for the purpose of accessing natural supports, self-help, and other advocacy resources;
6. Provide assistance to increase the individual's independence in accordance with their recovery plans, and assist with access to needed recovery supports. Such activities shall include, but are not limited to, the following:
  - a. Access to and use of community resources to support successful community living, including at minimum use of transportation, management of financial resources, use of leisure time, and development of interpersonal relationships,
  - b. Access to and use of community and recovery supports including mentor, and self help and advocacy groups,

- c. Access to and use of medical services, entitlement benefits, or other services necessary for living successfully in the community through service coordination activities,
  - d. Supportive counseling directed at resolving problems related to community living and interpersonal relationships, and
  - e. Coordination, monitoring, and linking with mental health, addiction treatment and recovery support services and rehabilitation services, including transitions to more intensive levels of care;
7. Assist individuals to gain successful competitive employment or enroll in educational programs;
  8. Facilitate the individual's involvement in community networks in areas related to faith, recreation, civic activities and facilitate productive relationships with others;
  9. Assist individuals to maintain or improve their lives in these domains:
    - a. Living,
    - b. Working,
    - c. Learning,
    - d. Social/Familial,
    - e. Cultural,
    - f. Spiritual, and
    - g. Leisure;
  10. Involve family members, significant others, and advocates authorized by the individual receiving services in the development of the recovery plan and the delivery of services, as desired by the individual and appropriate;
  11. Provide education, support and consultation to family members of individuals enrolled in RP;
  12. Monitor the individual's recovery plan on an on-going basis;
  13. Complete a review of the recovery plan and determine the appropriateness of the placement every ninety (90) days; and
  14. Provide supervision to all RP staff through weekly meetings with a master's level clinician and document such supervision in the personnel record.

C. RP services shall be provided in person and telephonically in offices and community settings, including the individuals' home. The Contractor shall ensure that RP services are:

1. Provided by professionals and paraprofessional staff including peer Recovery Support Specialists, which have been trained to provide RP services. Recovery Support Specialists must be certified through a Department approved process;
2. Delivered by RP staff that maintain a staffing ratio of not less than 1 staff to 30 individuals;
3. Scheduled ten (10) hours a day, Monday through Fridays including evenings as needed. The Contractor shall have RP staff available to respond to urgent needs of individuals twenty-four (24) hours, seven (7) days a week when staff are not scheduled;
4. Provided in office and community settings at times and locations that reasonably accommodate the individual's needs, and that do not interfere with the individual's work, education and other scheduled activities;
5. Delivered by staff through staff in face to face contacts a minimum of 35% of their time;
6. Delivered face to face, individually or in groups, a minimum of one (1) time per month. Each contact shall be a minimum of fifteen (15) minutes, and shall be documented in the individual's record; and
7. Available to address intermittent needs for assistance with practical matters such as applying for energy assistance, addressing a tenant landlord dispute, or coping with an unexpected loss for any individual receiving Department services in the area noted in Section D below. These activities may be documented as an encounter note.

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

Location	Capacity	Hours of Operation

E. The Contractor shall implement the services described herein to result in the following outcomes. 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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RECOVERY PATHWAYS

Outcomes	Measures
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Department's 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 Department 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.
6. Individuals will improve or maintain their living situation.	At least 80% of individuals served annually will improve or maintain their living situation.
7. Individuals will maintain or improve their employment status.	At least 20% of individuals served annually will maintain or increase their amount of competitive employment.
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 successfully complete treatment.	At least 65% of individuals discharged will have substantially completed the objectives identified on their recovery plans.