INTENSIVE RESIDENTIAL TREATMENT – ENHANCED

A. The Contractor shall provide Intensive Residential – Enhanced treatment services to individuals age eighteen (18) or older who are medically indigent and who have co-occurring psychiatric and substance use disorders for which Intensive Residential - Enhanced treatment is clinically appropriate. 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. Individuals referred from the Court Support Services Division (CSSD) of the State of Connecticut Judicial Department, or from the Department of Correction (DOC) do not have to be medically indigent. Intensive Residential Treatment – Enhanced is defined as medically necessary, residential behavioral health services delivered in 24 hour facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining to Intensive Residential Treatment. The Contractor shall provide enhanced co-occurring substance use disorder services in accordance with requirements designated by the Department to individuals with substance use disorders who require an integrated intensive rehabilitation services. The anticipated length of stay for individuals utilizing Intensive Residential Treatment – Enhanced shall not exceed thirty (30) days.

B. Specifically, the Contractor shall:

1. Maintain an agency mission statement or policy that is inclusive of individuals with co-occurring psychiatric and substance use disorders;
2. Maintain state licensure necessary to provide both mental health and addiction treatment services;
3. Not discharge an individual from services solely on the basis of relapse or non-adherence to medication;
4. Provide services to individuals who:
    a. Have severe psychiatric and severe substance use disorders, including individuals with schizophrenia-spectrum disorders, severe mood disorders with psychotic features or severe anxiety or personality disorders;
    b. Have moderate to severe impairments, including those who may be on chemical maintenance or psychotropic medication. Individuals admitted shall have significant functional impairment in several areas including capacity to manage finances, employment, relationships and social interactions as a result of substance use and a psychiatric disorder, with a significant history of substance use relapse, and evidence of continued impairment; and
    c. May be actively using substances, and/or have a history of suicidality.
5. Ensure staffing includes:
    a. At least one staff member, in addition to a prescriber, who holds a professional license in the mental health services field;
    b. At least one staff member who holds a professional license in the addiction services field;
    c. A clinical supervisor who is licensed or certified in either the addictions or mental health fields; and
    d. A licensed clinical director who has at least a master's degree in either the addiction or mental health fields.
6. Complete the Department approved mental health and substance use screening instruments for each individual admitted;
7. Complete integrated and comprehensive assessments, that include at a minimum, psychiatric, substance use and trauma history, the interaction between the individual's psychiatric symptoms and substance use, the individual's stage of change for both disorders, strengths, and current symptoms;
8. Document both psychiatric and substance use diagnoses for each individual;
9. Develop, with the individual, a recovery plan that focuses on the recovery potential of the individual as well as the co-occurring disorders, any medical conditions and the individual's stage of change;
10. Provide concurrent treatment that is stage of change and diagnoses specific including the prescription and administration of appropriate psychotropic medications even when individuals are actively using substances;
11. Provide treatment that includes at a minimum, cognitive behavioral therapy, relapse prevention planning, motivational interventions, education about the symptoms, course, and treatments for specific psychiatric and substance use disorders, information about the interactive nature of co-occurring psychiatric and substance use conditions;
12. Provide services that are trauma specific;

13. Provide psychopharmacologic and substance use pharmacotherapy on-site, except for methadone or buprenorphine, which require specific federal approvals;
14. Ensure a psychiatrist or advanced practice registered nurse, with experience in prescribing for individuals with co-occurring disorders is available to provide psychiatric evaluation, psychopharmacologic and substance use pharmacotherapy and medication monitoring;
15. Ensure the on-site prescriber is available for consultation, to participate in clinical team meetings, and to provide in-services, as needed;
16. Decide on a case-by-case basis, after careful consideration of alternative medications, the adjunctive use of benzodiazepines, addictive pain medications, or non-specific sedatives/hypnotics for individuals with known substance dependence. Medications with substance abuse potential should not be withheld from carefully selected individuals who demonstrate specific beneficial responses to them without signs of misuse;
17. Provide for peer support on-site or through collaborations, including at a minimum, alumni groups, recovery groups at recovery centers, or linkage to 12-step groups welcoming to people with co-occurring disorders;
18. Incorporate families and friends into the assessment and treatment processes including at a minimum, family psycho-education, multi-family groups, and family therapy that focuses on co-occurring disorders;
19. Display, distribute and utilize educational materials addressing both psychiatric and substance use disorders;
20. Address co-occurring disorders in the discharge planning process and aftercare planning;
21. Connect individuals with recovery support services at discharge;
22. Incorporate the Department's approved staff competencies for providing services to individuals with co-occurring disorders into human resource policies and staff training plans;
23. Ensure the attainment of these staff competencies, and maintain documentation in the personnel files that includes, at a minimum, one of the following: recognized credentials from the Connecticut Certification Board, National Association Of Social Workers, American Psychological Association's College Of Professional Psychology, American Society Of Addiction Medicine, or American Academy Of Addiction Psychiatry for providing services to individuals with co-occurring disorders or the equivalent in training and experience. Documentation must also include copies of staff evaluations, training certificates, related credentials, verified employment history, and clinical supervision that documents development and maintenance of competencies to serve individuals with co-occurring disorders;
24. Maintain a written training plan and schedule used to assist staff in maintaining and enhancing their competencies to provide services to individuals with co-occurring disorders. The plan shall include training in specialized treatment approaches and pharmacotherapies;
25. Conduct on-site, documented face-to-face clinical supervision that includes a focus on co-occurring disorders a minimum of two (2) hours every four (4) weeks worked for staff without a professional license. One of these hours may be in a group supervision format. Licensed (non-medical, non-prescribing) direct care staff shall receive at least one hour of face-to-face clinical supervision for every four weeks worked in either a group or individual format;
26. Maintain a written quality assurance procedure, and evidence of its use, to identify the percentage of individuals with co-occurring disorders and outcome indicators including, at a minimum, critical incidents, level of functioning, treatment completion, and improvements since admission; and
27. Maintain a written procedure for monitoring adherence to the aforementioned co-occurring enhanced requirements.
28. Conduct discharge planning and make confirmed referrals to appropriate aftercare services and supports
29. Provide the following for all individuals referred from CSSD or DOC:
    i. Evaluations for referrals at sites that may include courts, probation offices and correctional facilities within two (2) weeks of the date of the referral.
    ii. Letters to the referral source within two (2) business days of the evaluation informing them of the individual's appropriateness or inappropriateness for individual substance abuse treatment services and, when possible, a date a bed will be available.
    iii. Transportation for individuals to and from court appearances, off-site evaluations and community programs.

iv. Use of security procedures that include regular and random searches of individuals served and their personal possessions, as well as visitation policies that require screening of visitors and searches of any packages they may attempt to bring into the individual facility.
v. Random urinalysis testing on participants at least once per week; immediately notify the referral source of any positive results.
vi. Intervention plans and sanctions in consultation with the referral source.
vii. Access to medical services including access to emergency medical care on a 24-hour basis.
viii. Discharge planning and confirmed referrals to appropriate aftercare services in collaboration with the referral agent based on individual's needs.
ix. Immediate telephone notification to the referral source when an individual leaves services against medical advice and written notice within 24 hours.
x. Reports, including but not limited to, monthly reports and letters to the appropriate referral sources and the court regarding an individual's status and progress; and routine statistical reports regarding admissions, discharges, services provided, utilization management and wait list management information.
xi. At the request of the referral source, appearances at court proceedings.

C. The services shall be provided at the following location(s) with capacities by funding sources as described below:

Funding Source	Location	Bed Capacity
DMHAS		
CSSD		
Total	[redacted]	

D. The Contractor shall provide services which meet the required utilization rate for intensive residential substance abuse treatment services. The Contractor's service utilization rate shall be measured by the number of days utilized as reported to the Department's information system and in the required monthly service reports. Such information shall be verified by the Department. The minimum acceptable utilization rate for residential programs is 90%of the maximum attainable number of service days as determined by multiplying the capacity for each funded program as stated above in by three hundred sixty-five (365). Utilization for all funded treatment services shall be computed based on total capacity.

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

INTENSIVE RESIDENTIAL TREATMENT – CSSD/DMHAS COLLABORATIVE

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 15th 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. Individuals will report satisfaction with their services.	At least 80% of respondents to the Department's 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.
4. Individuals will improve or maintain their overall functioning.	At least 75% of individuals served annually will maintain or increase their level of functioning as measured by the Global Assessment of Functioning Scale (GAF), or Modified Global Assessment of Functioning Scale (MGAF).
5. Individuals will successfully complete treatment.	At least 50% 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.
7. Individuals will avoid readmission to the same or higher level of care.	No more than 15% of individuals who have been discharged will be readmitted to the same or higher level of care within thirty (30) days.
8. Individuals will reduce or eliminate substance use.	At least 70% of individuals served annually will have reduced or eliminated substance use.