

**INTERMEDIATE/LONG TERM RESIDENTIAL TREATMENT/- PREGNANT AND PARENTING WOMEN**

A. The Contractor shall provide intermediate/long term residential treatment services to medically indigent women with children and pregnant women who have a substance use disorder for which long-term residential 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 Corrections do not have to be medically indigent. Such services shall be defined as a 24 hour residential program that provides counseling and other rehabilitative services in a structured environment for pregnant women with significant levels of dysfunction due to a substance use disorder. Pregnant and parenting women must be granted priority access within 48 hours of their request for treatment or provided interim services that include, at a minimum, HIV and TB Education, the risk of needle sharing, if applicable, counseling on the effects of alcohol and drug use on the fetus, referral for prenatal care and referral to a treatment provider offering PHP or IOP services.

B. Specifically, the Contractor shall:

1. Provide an initial intake evaluation, including screening for a co-occurring psychiatric disability;
2. Conduct a bio-psychosocial assessment;
3. Develop, with each individual, a recovery plan;
4. Provide a minimum of twenty (20) hours of substance use disorders services per week;
5. Provide an orientation and referrals to self-help programs;
6. Perform adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations.
7. Develop linkages to coordinate and integrate support services with substance abuse services and prenatal services;
8. Provide non-emergency transportation to medical and social services for pregnancy related services;
9. Provide child care and child development services which facilitate mother/child bonding, teach and enhance parenting skills;
10. Identify and provide services for children with prenatal exposure to drugs and alcohol;
11. Provide random urine or breathalyzer testing;
12. Develop discharge plans and make confirmed referrals to appropriate aftercare services and supports;
13. Facilitate access to the following services: Vocational rehabilitation, family planning, rape crisis services, incest survivor services, domestic violence shelters, school based health clinics, parent aid, birth to three programs, life skills training, nutrition and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) programs through written cooperative agreements with other agencies;
14. Provide the following for all individuals referred from CSSD:
  - 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

15. Provide directly or arrange for the following:

- i. Access to voluntary Human Immunodeficiency Virus (HIV) and tuberculosis (TB) testing and counseling;
- ii. Primary healthcare and prenatal care;
- iii. Primary pediatric care including immunizations for children with women in treatment;
- iv. Mental health services including evaluation, treatment and medication prescribing and monitoring;

C. The services shall be provided at the following location and with the capacity as described below:

Location	Capacity

D. The Contractor shall provide services which meet the required utilization rate for intermediate/long term residential treatment services. The Contractor's service utilization rate shall be measured by the number of bed days utilized as reported to the Department's information system. The minimum acceptable utilization rate for an intermediate/long-term treatment program funded by the Department is 90% of the maximum attainable number of bed days as determined by multiplying the capacity for each funded program as stated in section C above by 365. Utilization for 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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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. 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.
4. Individuals will improve or maintain their overall functioning.	At least 95% 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 70% 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.
9. Pregnant women in addiction treatment will experience healthy birth outcomes.	At least 80% of the pregnant women admitted to substance abuse treatment have a confirmed prenatal visit within 45 days of admission.
10. Infants born to individuals served will receive pediatric care.	At least 70% of postpartum women in treatment for more than 60 days will have a confirmed pediatric visit for their newborns.