

TRANSITIONAL CARE / HALFWAY HOUSE RESIDENTIAL TREATMENT

a. The Contractor shall provide Transitional Care/Halfway House Residential Treatment services to individuals eighteen (18) and older who are medically indigent and who have a substance use disorder for which transitional care / halfway house residential treatment is clinically appropriate. Individuals referred from the Court Support Services Division (CSSD) of the State of Connecticut Judicial Department, or from the Department of Corrections (DOC) do not have to be 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. Transitional Care/Halfway House Residential Treatment is defined as a medically necessary, residential behavioral health service delivered in a facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining Transitional Care/Halfway house Residential Treatment. Transitional Care/Halfway house residential treatment shall be delivered in a 24-hour setting to treat individuals needing a supportive environment during the transition from a residential setting to the community, where they will be assisted with various aspects of re-entry including employment support and re-socialization. Transitional Care/Halfway House Residential Treatment shall be delivered within a period not to exceed ninety (90) days and shall include a minimum of four (4) hours of substance use disorder services per week.

b. Specifically, the Contractor shall:

1. Perform 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 four (4) hours of substance use disorders services per week;
5. Conduct discharge planning and make confirmed referrals to appropriate aftercare services and supports;
6. Perform adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations.
7. 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 locations and with the capacity as described below:

Funding Source	Location	Bed Capacity
DMHAS		
CSSD		
DOC		
Total		

d. The Contractor shall provide services which meet the required utilization rate for Transitional Care/Halfway House Residential Treatment. The Contractor’s residential 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 Transitional Care/Halfway House Residential Treatment programs 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 and in observations through site visits. 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 th 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 75% of individuals served annually will maintain or increase their level of functioning as measured by the Global Assessment of Functioning Scale (GAF), Modified Global Assessment of Functioning Scale (MGAF).

OUTCOMES	MEASURES
5. Individuals will reduce or eliminate substance use.	At least 65% of individuals served annually will have reduced or eliminated substance use.
6. Individuals will improve or maintain their living situation.	At least 60% of individuals served annually will improve or maintain their living situation.
7. Individuals will maintain or improve their employment status.	At least 60% 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 85% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
10. 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.
11. 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.