



**DEPARTMENT of CHILDREN and FAMILIES**  
*Making a Difference for Children, Families and Communities*



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**PROJECT SAFE PROVIDER BULLETIN**

**REGARDING CHANGES TO PROJECT SAFE, RECOVERY SPECIALIST VOLUNTARY PROGRAM (RSVP), AND RECOVERY CASE MANAGEMENT (RCM)**

This bulletin is to inform Project SAFE providers of important changes to Project SAFE services. Effective December 1, 2018, DCF will introduce a new set of services for DCF-involved caregivers impacted by substance use, called SAFE FAMILY RECOVERY (SAFE-FR).

In an effort to continuously improve upon services to families, and to align state investment with current best practices in substance use services, the Department conducted an extensive Project SAFE program review including; a Request for Information (RFI), two Kaizen "LEAN" processes to analyze system performance, and soliciting feedback from partners, other stakeholders, and persons with lived experience. The results of these efforts identified several opportunities to improve the program:

- system to triage the high volume of referrals for substance use evaluations,
- interventions that increase client motivation to enter and stay in treatment,
- extend care through recovery supports after discharge from formal treatment services,
- expand capacity to serve more families across the entire state, and
- services that specifically address the needs of caregivers with substance use problems and child welfare involvement.

SAFE Family Recovery aims to implement these improvements. The SAFE-FR program is comprised of three evidence-based practices:

- 1) a screening protocol: Screening and Brief Intervention and Referral to Treatment (SBIRT),
- 2) an engagement intervention: Multi-dimensional Family Recovery (MDFR), and
- 3) recovery support: Recovery Management Check-ups (RMC).

On August 24, 2018, DCF issued a Request for Proposals for SAFE-FR, which is available at [https://biznet.ct.gov/SCP\\_Search/BidDetail.aspx?CID=47538](https://biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=47538) . The proposal seeks to fund a SAFE-FR team in each of the six DCF regions to deliver services statewide.

SAFE-FR will replace the services currently known as Project SAFE, Recovery Specialist Voluntary Program (RSVP), and Recovery Case Management (RCM).

During the transition from Project SAFE to SAFE-FR, it is critical that families continue to access needed services. To that end, services will be available without interruption during this transition.

- SAFE-FR provider contracts will commence on December 1, 2018. Between January 1, - January 31, 2019, SAFE-FR providers will launch services. Advanced Behavioral Health, Inc. (ABH) will maintain Project SAFE, RSVP, and RCM through January 31, 2019. During the transition period, ABH and DCF will develop transition care plans with each caregiver receiving RSVP or RCM that

will include the resources of: MDFR/RMC (if available), ABH Recovery Specialists, DMHAS-funded services, and other services available in the community.

Services will transition as outlined below.

- ABH will accept referrals to Project SAFE for evaluation, toxicology, and hair tests through December 31, 2018.
- Effective January 1, 2019: SAFE-FR providers will accept referrals for SBIRT and toxicology.
- Effective January 1, 2019: SAFE-FR providers may accept referrals for MDFR and/or RMC services as they launch in each region. Statewide access to MDFR and RMC will be available no later than January 31, 2019.
- On or before January 31, 2019, all services will transition to SAFE-FR providers.
- January 15, 2019: Last day to submit claims submitted to ABH for Project SAFE services. Providers will have 15 days to submit claims to ABH for payment for Project SAFE services rendered through December 31, 2018. Project SAFE claims will not be accepted by ABH for payment after January 15, 2019.
- For families currently receiving RSVP, DCF will work with the providers, families and their lawyers to ensure there is a smooth transition plan that will be shared with the courts, specifically engaging the contract lawyers both in the case plan transition as well as the launch of the new services.

Additional information regarding these models can be found at:

SBIRT – <https://health.ucon.edu/sbirtinsitute/>

MDFR – <http://www.mdft.org/MDFT-Program/MDFR>

RMC – attached document

For additional information, please see the attached Frequently Asked Questions document.

For additional questions, please contact:

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