



# Working Together for the Family

## DCF, Family Residential and Sober Living Programs, IHR Central Intake

A solid partnership, including strong communication between the Department of Children and Families (DCF), the family, and Family Residential/Sober Living Programs is critical to a family's positive experience receiving services. Another key partner is the Institute for Health & Recovery (IHR), statewide Central Intake coordinator for Family Residential/Sober Living Programs.

This document outlines an agreement between DCF, the Family Programs and the family that delineates the necessary intake procedures and communication expectations for families entering these programs.

**Please Note:** Having a plan to reunify the child(ren) with the parent(s) within 30 days after the parent's admission, is a condition of acceptance into a Family Program. This reunification plan must be verified in writing by DCF.

### Intake Procedures

When a parent enters a Family Program, DCF should provide the following information to the Central Intake (IHR) prior to or at the time of her/his entry into the program:

- A Release of Information signed by the parent that permits DCF and IHR to give and receive information regarding the child(ren) and the parent(s), for the purpose of intake into the program.
- A plan for reunifying the child(ren) with the parent(s) within 30 days after admission.
- The plan should address parent/child visitation while the parent(s) are residing in the program, including whether overnights will be permitted, how the child(ren) will be transported to and from the visits, and the date/time/details of the first parent/child visit following admission.
- A current DCF Action Plan, that specifies observable changes, services, tasks, and supports, for family members who will be entering the program.

As there are often waiting lists for families entering these programs, IHR will contact DCF staff prior to referring a family to a program to verify that the family is still appropriate for this program model.

When there are child(ren)/youth in DCF care or custody that will be reunified with her/his parent(s) in a Family Program, DCF provides the following information:

- A Release of Information signed by the parent that permits DCF and the program to give and receive information regarding the child(ren) and parent(s), including but not limited to:
  - Mental health records, and
  - Current and pertinent medical records, including any medications and allergies
  - Any behavioral concerns or treatment recommendations from third parties.

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- A copy of the mittimus (i.e., the court document that shows the child’s legal custody status). If the child(ren)/youth’s legal status(es) changes during the family’s stay, DCF will supply updated custody information on agency letterhead.
  - A copy of health insurance coverage
  - A copy of child(ren)/youth’s birth certificate(s) if DCF has one or can arrange for the parent to provide a copy of the birth certificate.

### **Ongoing Communication**

After any family member has entered the program, the Family Treatment Program completes the following tasks:

Schedules a meeting to occur within 2 weeks after admission. (This may be a telephone conference if necessary.) This meeting will include the family members (including the child(ren)/youth when appropriate), supports chosen by the family, program staff, DCF staff and collaterals working with the family (e.g., school personnel, therapists, community supports, anticipated discharge date and plans.)

- The agenda for this team meeting will be set by the program staff, family and DCF. This meeting should include a discussion of the reunification plan, parent/child visitation, transportation, and other details related to reunification.
  - A discussion of discharge procedures should be included in this agenda.
  - A contingency plan for actions that will be carried out in the event of discharge should be discussed. The specifics of the contingency plan will be developed with the family, DCF Social Worker and program and will take into account the child(ren)/youth’s legal status. The contingency plan should be updated regularly, and ongoing communication with the DCF Social Worker is important. The program should always contact DCF prior to any contingency plan being implemented.
- Schedules regular ongoing meetings and communication with DCF (Social worker and/or Supervisor; include Substance Abuse Coordinator if needed), preferably in collaboration with the client, which should become more frequent when a client is struggling to maintain compliance with the program.
- Communicates the anticipated discharge date and plans to DCF at case review meetings (to which the DCF Social Worker will be invited) or by means of telephone calls to the DCF Social Worker or Supervisor). Should an administrative discharge be warranted, the program will notify the DCF immediately. In the situation where the DCF social worker is unavailable, the program staff will speak with the DCF supervisor, or Area Program Manager as needed.

While a family is enrolled in the program, DCF carries out the following tasks:

- Provides a list of suggested items to accompany a child/youth upon reunification, e.g., prescribed medication, inhaler, child schedule and daily routine, etc.
- Meets with the program’s case manager/designee during visits with the family, for the purpose of sharing information and coordinating activities on behalf of the family.



- Contacts providers of services for families to coordinate care as needed.

We understand and agree to adhere to these guidelines.

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### DCF Social Worker

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of DCF Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Name of DCF APM \_\_\_\_\_ Telephone \_\_\_\_\_

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### Treatment Program Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Telephone \_\_\_\_\_

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### Client

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Telephone \_\_\_\_\_