



Institute for Health and Recovery

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Working Together for Youth and their Families

Cross-Systems Agreements

Institute for Health and Recovery – Central Intake

For youth struggling with problems as a result of their use of alcohol and other drugs, positive outcomes are often the result of clear communication and a strong partnership between the family and youth-serving agencies. A solid partnership includes strong communication between the Department of Children and Families (DCF), the family, the Adolescent Residential Substance Use Treatment Programs funded by the Department of Public Health/Bureau of Substance Abuse Services (DPH/BSAS), and the Institute for Health and Recovery (IHR), which is the statewide Central Intake for Adolescent Residential Treatment Programs. This communication protocol is critical to a family's positive experience in receiving services.

The following document is an agreement between DCF, the family, DPH/BSAS Adolescent Treatment Programs and IHR that outlines the necessary intake procedures and communication expectations regarding DCF-involved youth entering these treatment programs.

Referral

When referring a youth to a DPH/BSAS program, DCF should provide the following information to Central Intake (IHR).

- Clarity around who has custody of the youth
- A comprehensive bio-psycho-social assessment from a DPH/BSAS Licensed Adolescent Outpatient Provider. If the referring party has access to recent, thorough bio-psycho-social assessments with a substance use history, she/he can contact the Central Intake Care Coordinator (CICC) to see if that documentation is adequate
- A release of information that includes federal confidentiality regulations (42 CFR). On the release, IHR should be referred to as "IHR/CICC/DPH-BSAS." Fax the assessment and release to CICC at 617-661-7277

If the parents have custody of the youth, DCF will support the parents' efforts in providing the information needed. The youth should be encouraged to be involved in this process by asking questions and speaking with IHR.

Pre-Admission

If the youth is found appropriate for a DPH/BSAS Program, the following must be brought to the admission to a DPH/BSAS program:

- Physician's Statement Form (necessary for reimbursement for education services)
- Physical, less than one year old
- School Enrollment Form
- Identification (birth certificate and/or social security card)
- Insurance Card

- A 30-day supply of each prescription medication, preferably in blister packs;
- Doctor's order for all prescription medications; (actual orders by the prescribing physician that allows program to give the medication to the youth. Example: medication, dosage, route of admin., time and what it addresses)
- Prescriptions for each medication

If DCF is the legal guardian of the youth, DCF must collect and bring the above information to the admission at the program, with the help of the parent as appropriate. If the parents have custody of the youth, DCF will support the parents in obtaining the above items.

Admission

The youth's legal guardian must be present at admission into the program.

- Only in extenuating circumstances will adjustments be made
- It is recommended that the DCF worker, along with the family contact, be present at the youth's admission to the program
- If the DCF worker is unable to be present at the intake, BSAS program staff must contact DCF within 48 hours
- Intake can take two hours or more
- A Consent to Treat form must be signed by legal guardian
- Releases of Information must be signed by the legal guardian for all communication and updates about the youth while in treatment. This includes family members, DCF worker, Probation Officer, Outpatient Counselor, or other collaterals
- A Medication Release form (consent to provide over-the-counter medications) signed by the legal guardian

If DCF is the legal guardian, the following will be addressed at intake:

- Outstanding medical issues/upcoming medical appointments
- Upcoming mental health appointments
- Copy of the Rogers for any anti-psychotic medications (if applicable)
- Transportation to medical appointments
- Planning and coordination of family visits
- Upcoming court appointments
- DCF clothing vouchers
- Contingency planning in the event of an administrative discharge

Inter-Agency Work During the Treatment Stay

DPH/BSAS Treatment Program should:

- Provide weekly check-ins to DCF about progress;
- Invite the DCF worker to Treatment Reviews, including Continuing Care arrangements at the DPH/BSAS program;
- Provide monthly progress sheets to DCF tracking progress towards treatment goals.

DCF should provide:

- Information about changes in the family structure including new 51A reports, etc;
- Changes in contingency planning;
- Progress towards discharge planning;
- Changes in DCF Social Worker information;
- Notification of any multidisciplinary team planning meetings.

We understand and agree to these guidelines:

Signed

DCF Social Worker

Date

Email Address

Phone

DCF Supervisor Name

Signed

BSAS Program Representative

Date

Email Address

Phone

Signed

Parent

Date