



Central Intake to Family Treatment

The Massachusetts Department of Public Health, Bureau of Substance Addiction Services supports IHR to coordinate access to residential treatment programs for families in need of substance use treatment. Families can include pregnant women, single men and women with children, or couples. The director of family access and housing, the bilingual access coordinator, and the pregnant women's access coordinator, respond to over 600 calls every month from families and staff seeking to place families. IHR staff coordinates the intake process to eight family residential treatment programs and three family sober living programs throughout Massachusetts.

IHR staff conducts an intensive telephone screening for substance use history, current family situation, and program eligibility. Staff is guided by the ASAM (American Society of Addiction Medicine) criteria in assessing families' need for treatment. IHR staff work closely with the Department of Children and Families to facilitate reunification of families at the treatment programs when possible. When the client has been determined eligible, current openings within the statewide system are identified in order to refer eligible families to open slots at treatment programs. Programs provide support for family recovery, including individual and group counseling, therapeutic groups and children's services. Family residential treatment provides intensive clinical service while family sober living provides recovery support and community-based services.

Pregnant women have priority access to treatment services. All pregnant women who contact IHR are immediately connected with IHR's pregnant women's specialist or another access coordinator. The pregnant women's specialist assesses the woman's current status and need for treatment. The pregnant women's specialist works closely with the BSAS-funded family treatment system, with all pregnancy-enhanced treatment programs, Medication-Assisted Treatment programs

statewide and with all programs for high risk pregnant women. IHR works with the women and providers to facilitate a treatment placement as quickly as possible, also providing interim services including telephone counseling as frequently as needed for pregnant women if the woman must wait for treatment. The access coordinators provide support to the client in determining what documentation is needed to verify pregnancy, custody arrangements, or other relevant issues.

For more information, please contact:

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Program Intake & Enrollment Process

1. Client or provider contacts IHR regarding referral.
2. IHR Central Access staff determines client eligibility.
3. If client appears eligible, IHR staff schedules an over-the-phone intake appointment.
4. During scheduled intake appointment, IHR's Central Access staff completes IHR Intake form
5. Client is added to wait-list.
6. Client is requested to check in weekly
7. Once a bed is identified, IHR refers client to FRT program.
8. FRT program staff completes interview with client.
9. Client enters FRT program.

Program Entry Requirements

FAMILY RESIDENTIAL TREATMENT

- Need for Residential Substance Abuse Treatment Services
- Physical and/or legal custody of at least one child or pregnant (meets eligibility criteria) and can reunify within 30 days of admittance

SOBER LIVING PROGRAM

- Proof of negative drug tests for the last 4-6 months
- Letters from therapist, SA counselor, probation officer and any other provider
- Statement from client identifying personal goals for the program
- Completion letter with date of completion or tentative date

Referrals

CLIENT REFERRING SELF

- Access Coordinator clarifies legal/physical custody of children with client.
- If client has custody, intake may be completed.
- Client is placed on waiting list and required to check in on a weekly basis to remain on the waiting list.
- Access Coordinator will identify a program for the family and will contact the client immediately.

DCF REFERRING CLIENT

- IHR Access Coordinator requests a letter of agreement to reunify within 30 days, the DCF Action Plan and the Working Together for the Family document.
- DCF must reunify children within 30 days of parent's admission to program.
- Client contacts IHR to complete a phone screening and intake.
- At end of intake, client is asked to provide any missing documents.
- Client is placed on waiting list and required to check in on a weekly basis to remain on the waiting list.
- Access Coordinator will identify a program for the family and will contact the client immediately. All other collaterals are contacted, with parent's permission.