



**STATE OF CONNECTICUT**  
**Department of Mental Health & Addiction Services**

**Commissioner's Policy Statement and Implementing Procedures**

<b>SUBJECT:</b>	Family and Significant Other Participation
<b>P &amp; P NUMBER:</b>	Chapter 6.12
<b>APPROVED:</b>	Miriam Delphin-Rittmon, Commissioner      Date: 10/15/2015
<b>EFFECTIVE DATE:</b>	October 15, 2015 <i>Miriam Delphin-Rittmon</i>
<b>REVISED:</b>	7/13/2010, Policy replaced Commissioner's Policy Statement No. 71 01/1995
<b>REFERENCES:</b>	Family Psychoeducation: An Evidence-Based Practice. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2009.
<b>FORMS AND ATTACHMENTS:</b>	

**STATEMENT OF PURPOSE:** The purpose of the policy is to outline the expectations of the Department of Mental Health and Addiction Services (DMHAS) and its facilities regarding their responsibilities to encourage the involvement of family and significant others in all aspects of service delivery. The DMHAS staff shall at all times afford families and significant others respect and dignity in their interactions with them and provide opportunities to be heard and respond to as appropriate regarding their interests or concerns, within agency guidelines. Assisting individuals to build meaningful lives in the community with the support of family and significant others further advances the DMHAS operated and funded service system recovery model philosophy.

**POLICY:** The DMHAS believes the recovery process can be promoted by drawing upon an individual's natural support system which can include an individual's family members, friends, and others. Family involvement can be a positive recovery support and contributor to improved treatment outcomes, successful employment, continued education, and stable housing. While the DMHAS strongly encourages family involvement, the Department recognizes that some individuals may not wish to directly include families at different points in their recovery process. It is expected that the needs and wishes of individuals and those involved in their lives will change over time and that the interest and extent of involving family and significant others in their care should be continually revisited.

Nonetheless, the family may be struggling with the effects of having a family member experiencing mental illness and/or substance use problems and could benefit from supportive

services that are provided independent of their family member or when the individual in recovery does not wish to have family directly involved in their care. Families must be informed of education and other supportive services available to them.

The Department will actively seek to promote an individual's recovery by encouraging the positive involvement of family and significant others in all aspects of service delivery on an on-going basis. The DMHAS will strive to provide a range of educational, clinical, and support services to family members and significant others and/or assist them in accessing appropriate support services in their communities. The DMHAS is committed to ensuring that its programs, services, facilities, and activities are responsive and supportive of family members. The DMHAS supports the active involvement of family members and significant others in program planning, implementation, and evaluation.

**PROCEDURE: Notification and Informed Consent, Involvement in Service Planning:** The DMHAS recognizes that individuals in recovery have the right to choose those individuals they would like to participate in planning their recovery process. In many instances, family members are primary caregivers and in other cases they may be minimally involved with the individual. DMHAS and its facilities will inform all individuals in recovery of their right to involve family members and significant others in their recovery process. During the admission process, the agency staff will stress the importance of family involvement for positive outcomes. Staff will actively request consent to contact family members and significant others in order to evaluate how they can be involved in the person's recovery. An individual's interest and perceptions of involving family and significant others will be revisited on an on-going basis and documented in the medical record no less than quarterly as part of the recovery plan review.

When family/significant others are involved in the service planning process all efforts will be taken to maximize communication through scheduling of meetings at times and locations conducive to family involvement, ample notification of meetings, and alternative methods of involvement and communication (teleconference, e-mail, and individual meetings).

All family members and significant others, regardless of their degree of involvement in service planning shall be advised of and encouraged to participate in local opportunities for education and support to address their unique interests and needs. Staff will be particularly mindful of the unique needs of persons served who are raising children or are caregivers to other family members. In this regard, agencies providing services to individuals in recovery who are parenting children should endeavor to create "child friendly" environments, help parents address child care needs in terms of treatment participation, and coordinate additional community resources to address specific concerns raised by individuals in recovery who are raising children.

**Family Support Opportunities:** When the individual in recovery chooses to involve family members in the recovery process, the DMHAS staff will contact the family members and inquire as to their particular needs and interests within the context of available resources. Efforts will be made to engage family members in a supportive role. Families will be informed about services and supports that they can access within the agency structure or in the local community. During the assessment process, families will be offered information about access to mental illness and substance abuse education and will be provided assistance to link with other support services that



are available to them, such as those provided by the National Alliance on Mental Illness Connecticut (NAMI-CT) and the Connecticut Community for Addiction Recovery (CCAR), Al-Anon and others.

**Information and Education:** The DMHAS and its facilities will maintain basic information about wellness, mental illness, mental health and substance abuse. This would include pamphlets and fact sheets that are readily accessible to family members in the prominent languages of the area. Information will include the features available on the state website, Network of Care. DMHAS facilities shall strive to make available Resource Handbooks that inform individuals and families as to policies regarding their rights, how information is managed, ways to be involved in the facility at various levels, the availability of resources and/or supports in their communities, and other salient policies or information that would enhance the effective involvement of individuals in recovery and their families.

**Psychoeducation and Support Groups:** The DMHAS will strive to conduct and/or sponsor family psychoeducation and support groups. These services will be offered throughout the state and will be available to any family member or concerned individual. The DMHAS will also maintain a catalogue of supportive services and educational opportunities that are available across the state, such as the Family to Family program provided by NAMI-CT and Family Nights sponsored by the CCAR Recovery Centers, and other similar outlets. The DMHAS recognizes that family psychoeducation is an evidence-based practice that has been acknowledged to be a cost effective intervention that has the potential to significantly improve individual outcomes, reduce distress for individuals and families involved in The DMHAS services, and reduce costs to the system.

Families may also benefit from counseling support. When possible, the DMHAS and its facilities will make family counseling available to interested family members. When agencies do not have these resources available, the agency will link family members to appropriate community services.

**Planning and Evaluation:** The DMHAS and its facilities will promote and support the recruitment of families and significant others to serve on department or agency committees that are focused on program planning and evaluation. The DMHAS is committed to gathering and developing additional tools, publications, and ideas on ways to increase family involvement, including the possibility of Family Support Coordinators and Family Support Centers.

The DMHAS will continue to offer education and training on topics pertinent to effective family involvement and support. The DMHAS Education & Training Division will strive to integrate the family perspective and workforce competencies, while addressing family strengths, inclusion and support needs in all relevant training efforts the Division sponsors.