

Recovery Specialist Voluntary Program (RSVP) Frequently Asked Questions

The Recovery Specialist Voluntary Program (RSVP) is a pilot program for parents who have had their child(ren) removed by an Order of Temporary Custody (OTC), and substance abuse is the primary factor in the removal. If the parent agrees to participate with the RSVP a Recovery Specialist is assigned to the parent (s) at the OTC Hearing to support them in their treatment and recovery.

RSVP is currently offered in six of the DCF Area Offices: **Bridgeport, New Britain, Willimantic, Hartford, Norwich and Manchester, and the associated court locations: Bridgeport, New Britain, Willimantic, Hartford, Waterford and Rockville.**

The following are frequently asked questions about RSVP:

Introducing RSVP

Q. Who introduces RSVP to the parent at the OTC Hearing?

A. Dependent on the court, the Court Service Officer (CSO) may suggest the RSVP to the parent's attorney in qualifying cases. If the attorney agrees he/she will introduce the parent to the Recovery Specialist, who then introduces the program to the parent. Currently RSVP is introduced by the Recovery Specialist in all six Courts. However, sometimes there is discussion outside the courtroom between, the parent attorney and the CSO, in which it is agreed to use RSVP. Also, the DCF Social Worker can tell a client who appears eligible that they may be introduced to the program at court and/or can ask their attorney about it.

Q. How should DCF staff highlight RSVP to their clients and the limits of their role given previous experiences and best practice?

A. DCF staff may choose to highlight their experience working with the program after the parent has agreed to participate, and the Recovery Specialist has introduced the program.

RSVP Court Paperwork

Q. Who gets a copy of the Parent Agreement once it is signed?

A. The Court, attorneys of record, DCF, RSVP and the client.

ABH Referral for RSVP

Q. How is a referral made to ABH for RSVP? Who is responsible to for initiating the referral?

A. There must be a Project SAFE referral called into the ABH referral line in order to activate RSVP involvement with the client. Once the client has agreed to participate with RSVP, the DCF Social Worker and Recovery Specialist should check the status of the Project SAFE referral by calling the referral line at ABH. If there is already an active PS referral, the DCF Social Worker can request that RSVP services be added. If there is not an active Project SAFE referral, the DCF Social Worker will call the ABH-Project SAFE Referral Line to initiate the referral. The DCF Social Worker should remember to bring as much information to the 10 day hearing as possible. If the client is in or has been referred to a level of care not covered by Project SAFE (ex. residential treatment), the DCF Social Worker can make a referral for “treatment only” to a non-Project SAFE provider.

Contested OTCs

Q. When is the last possible point that a client can ask for and receive RSVP? Can it be done at a neglect plea hearing?

A. A client can accept RSVP up to and until a final decision is made sustaining the OTC. The client cannot request participation in RSVP at a neglect plea hearing. If, however, the client is incarcerated when the OTC is sustained and will be released within 30 days of that date, he/she may agree to participate in RSVP upon their release.

Q. The attorneys in my court don't seem to fully understand and/or embrace the idea of RSVP.

A. We recognize that work may still needs to be done in some courts. Quarterly court collaborative meetings are scheduled to facilitate ongoing discussion about-RSVP. It may take additional time for the attorneys to be fully comfortable with the program.

Case Status Conferences (CSC)

Q. What are the goals of the case status conferences for clients in RSVP? Should the client still attend the CSC if the client is not making progress or has relapsed? How should the parent's attorney advise their client if the parent relapses?

A. Client participation in the Case Status Conference (CSC) is important. The meeting should emphasize positive feedback and enhance the client's motivation for recovery and participation in RSVP. When a client is struggling, it is still important for the client to attend the meeting for communication and planning purposes, and to enhance their motivation. Recovery is not a straight line process, there are ups and downs.

Q. What is the best way to schedule court case status conferences(CSC)?

A. At the initial OTC hearing, the first two case status conferences should be scheduled by the Court Services Officer. Scheduling of subsequent case conferences occurs at the end of the previous CSC.

Q. How can the court staff and attorneys use the time after a RSVP case status conference to discuss other issues?

A. Court staff and attorneys are free to use time after the RSVP CSC to discuss other issues. However, the RSVP staff should be asked to leave the meeting.

Q. Is reunification affected when a client, who has agreed to RSVP, becomes non-compliant but continues to work with their treatment provider to meet all other DCF expectations/specific steps? If not, how does that client end their involvement with RSVP?

A. No, reunification should not be impacted just because a client is non-compliant with RSVP if they are continuing to work with their treatment provider and are meeting all other expectations and specific steps as outlined by DCF. If the client is non-compliant with RSVP, but is engaged with the Recovery Specialist, the Recovery Specialist will continue to work with the client. However, in order to comply with the *Standing Order* where the client agreed to participate in RSVP, either a *motion to vacate* or *end RSVP* will be filed if the client is non-compliant and has not engaged with the Recovery Specialist for two consecutive reporting periods (approximately 60 days).

Q. Communication with RSVP and documentation is confusing. What can be discussed and how should the communication be documented?

A. The program was designed for communication between the Recovery Specialist and client to be considered confidential (unless the information poses a risk/danger to children). The client's compliance with RSVP is provided by the Recovery Specialist to the Court Services Officer, attorneys and DCF in a report distributed at the CSC. This does not in any way preclude DCF from obtaining the client's progress with substance abuse treatment directly from the provider. A release of information for the provider is required for the client's participation in RSVP therefore allowing the DCF Social Worker to have access to the information which should be documented per usual procedures.

The reports provided by RSVP at the CSC should be filed in the Confidential Section of the DCF record.

Conversations between the DCF Social Worker/Supervisor and the Recovery Specialist should be limited to factual and objective information, and should be documented in that manner.

Discharges

Q. What are the definitions for: compliance, non-compliance, and successful discharge?

A. Compliance = a high standard used for data and reporting purposes of the program and is not necessarily an indication of the overall effort and progress that a client has achieved.

Full compliance = meeting with the RSVP Recovery Specialist per program expectations, negative urine drug screens, attendance at treatment, attendance in support groups (minimum of 6x/month).

Non-compliance = missing any one of the above.

Successful discharge from RSVP = depends, to a degree, on one's perspective. From the DCF and court perspective, a successful discharge usually means a timely permanency disposition, preferably reunification where appropriate. From the DMHAS perspective, a successful discharge includes timely access to and active participation in treatment.

A more general definition:

A joint agreement between the court, DCF, the client and the recovery specialist to end RSVP based on the understanding that the client met, to some acceptable and satisfactory degree, the expectations in terms of addressing their recovery, stabilizing their living situation, and having a permanency plan in place for the child(ren).

Q. How does the parent's agreement to participate in RSVP end? What are the RSVP administrative discharge reasons? What is the process to administratively discharge a client from RSVP?

A. There are three reasons for an administrative discharge: (1) Client completes a substance abuse evaluation and no substance abuse treatment is recommended; (2) Client is incarcerated for longer than a 30-day period of time; or (3) Client has relocated out of state or outside the service area for the program.

The RSVP staff administratively discharge the client when any of the three reasons occur. The RSVP staff will inform the court and DCF of this action.

All other discharges occur by either a *motion to vacate* or *end RSVP* filed by the parent's attorney, child's attorney or the AAG.

Q. If the family has Protective Supervision (PS) as part of the reunification process and that ends, what happens with RSVP?

A. RSVP is designed to support a family through the reunification process including a period of time after the return of the child. In cases where the client is compliant and engaged with RSVP, typically, the Recovery Specialist, the DCF Social Worker and the parent will decide when the RSVP will end. However, when PS ends, the court case will also end and therefore RSVP has to end (noted on the Parent Agreement under item #2, bullet #8 "I end my active case in Court"). RSVP services may end before this if all needed services are in place for the family and all parties, including—the client, DCF staff and court staff—are in agreement. This would occur through a motion filed in court.

DCF-specific

Q. If DCF, the client and Recovery Specialist are meeting together and information is shared about the client's compliance or any other matter related to how they are doing (including subjective information), can any of the information be documented?

A. The client holds the privilege of releasing information. During a discussion about their compliance, or any other matter, they are in essence allowing the information to be shared. Therefore, any of the information shared during the meeting can be documented per usual DCF procedures.

Q. Where is the Parent Agreement filed in the DCF Record?

A. The Legal Section

Q. What information can be documented in court paperwork by the DCF Social Worker?

A. The DCF Social Worker can document the fact that the parent has agreed to participate in the RSVP, is continuing to participate or that services with RSVP have ended. The DCF Social

Worker cannot include details about the quality of the parent's participation or any other information that is provided by the Recovery Specialist in the RSVP reports.

Q. What information can be shared by the Recovery Specialist at the case status conference?

A. The Recovery Specialist can share any information provided to the court in their RSVP reports. Additionally, information indicating the child is in serious physical harm or danger can be shared as well.

Q. Are the RSVP reports part of the court record?

A. No, the reports submitted by the Recovery Specialist are for use during the case status conference. The judge does not have access to the reports and the reports are **not** made part of the official court record.

Q. Who invites the Recovery Specialist to Administrative Case Review (ACR)?

A. The Recovery Specialist can be invited by the parent. RSVP is not a provider and should not be entered into LINK as a provider, to thereby generate a letter of invitation. It is agreed that the Court Monitor's office be made aware of RSVP attendance by request of the parent so that DCF is not held responsible for the Recovery Specialist not being there, should they not attend. Parents should be informed that they can choose to invite their Recovery Specialist to the ACR by the DCF Social Worker.

Q. What can I document in the case plan?

A. The DCF Social Worker can document the fact that the parent has agreed to participate in the program and whether or not he/she continues to participate. The DCF Social Worker cannot include details about the quality of the parent's participation or any information that is provided by the Recovery Specialist in documents such as the RSVP report. You can, however, document the progress of the parents' treatment with the treatment provider.

Q. What information can be documented in LINK?

A. All information shared by the Recovery Specialist can be documented in LINK. However, it cannot be included in any social studies, TPR studies, status reports or any other court documents.

Q. How does the DCF Social Worker enter their phone contact with the Recovery Specialist in LINK?

A. Category: Legal Type- Create Case Activity Note

Q. What information should be shared by the Recovery Specialist at the SAMSS meeting?

A. Information that is contained in the RSVP reports provided at the CSC, such as compliance with screens, attendance at treatment and attendance at meetings with the Recovery Specialist, should be shared at the SAMSS meetings. The Recovery Specialist may also share additional information, such as current barriers to treatment (e.g., transportation needs) and progress the parent has made toward increasing her/his recovery capital.

Q. Who gets a copy of the RSVP Discharge Summary?

A. The RSVP discharge summary document should be distributed to the DCF Social Worker and Court Services Officer.

Q. Who gets a copy of the Release of Information?

A. DCF and service providers get a copy of the Release of Information. The release allows DCF to speak with the service providers.

Q. What is the timeline for filing the motion to vacate or end RSVP when a client is non-compliant?

A. A minimum of two reporting periods is required before filing a *motion to vacate* or *end* RSVP.