

## Residential Treatment Center Project Family Agreement

Child Name:	Date of Birth:
Legally Authorized Representative Name:	
Local Mental Health Authority (LMHA) or Local Behavioral Health Agency (LBHA) Name:	

The goal of the Residential Treatment Center (RTC) Project is to provide treatment support for families with a child or teenager who is at risk of being placed into Department of Family and Protective Services custody because of their mental health care needs. Your family has likely spent time seeking support for your child or teenager under difficult circumstances and our goal is to connect you to support.

This document is to help ensure your understanding of the RTC Project process, required documents and what you can expect from the RTC Project.

I am aware and acknowledge that:

- Throughout the entire process, my LMHA/LBHA will provide continuous support to me and my family and will be my primary point of contact.
- The RTC Project supports families like mine who need extra help with addressing our child's or teenager's mental health needs but also want to keep legal responsibility for our child or teenager.
- The RTC Project is not a long-term placement for children or teenagers; the average time a child or teenager is in residential treatment is six to nine months.
- HHSC is committed to my child's safety while enrolled in the RTC Project. HHSC will notify me if HHSC becomes aware of any safety concerns.
- Placement at an RTC is not a guarantee. If there is not a placement for my child or teenager, my LMHA/LBHA will connect me to local community mental health services to support my family.
- RTC placement may not be immediately available. My LMHA/LBHA will help me find services in the community until placement can be found.

I know that my family has the right:

- To be an important partner throughout this entire process.
- To be safe.
- To be treated with dignity and respect.
- To be free from unlawful discrimination based on race, national origin, religion, age, sex or disability.
- To be heard. If I have concerns about any services provided to me or my child or teenager, I will contact the HHSC Ombudsman at: <https://www.hhs.texas.gov/about-hhs/your-rights/office-ombudsman/hhs-ombudsman-complaint-process>.

To help keep my child or teenager safe, I know that:

- My treatment team may suggest a more restrictive setting to help my child or teenager remain safe.
- If there are any concerns of abuse, neglect or exploitation, I must immediately report them to the Department of Family and Protective Services.

I know that while my child or teenager is receiving services through the RTC Project:

- My role is crucial to my child's recovery and I will be an active member of the team throughout my child's or teenager's time in the RTC Project.
- I will work with my child's or teenager's LMHA/LBHA case manager to complete the RTC application packet.
- I will be involved in weekly family therapy sessions in person, virtually or both.
- I will be involved in regular treatment team meetings with my child's or teenager's clinical treatment team.
- I will be involved in weekly case management or family partner services from my LMHA/LBHA.
- I will tell my child's or teenager's LMHA/LBHA case manager any time my living situation changes.

By signing below, I confirm that I have received:

- Written and oral explanation of the RTC Project and the contents of this document.
- A copy of the RTC Project Family Guide.
- A copy of this form for future reference.
- Information on how to file a complaint.
- Information on how to report allegations of abuse, neglect or exploitation.
- Information on how to report suspected civil rights violations.

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**Legally Authorized Representative Name**

\_\_\_\_\_  
**Legally Authorized Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**LMHA/LBHA Liaison Name**

\_\_\_\_\_  
**LMHA/LBHA Liaison Signature**

\_\_\_\_\_  
**Date**