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# TEEN SUBSTANCE USE RESOURCE GUIDE

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A GUIDE FOR PROVIDERS IN THE GREATER NEW HAVEN REGION  
VERSION 2





ABOUT THE SUBSTANCE USE RESOURCE GUIDE ENTITY



The Substance Abuse Work Group was formed in September, 2016 through the South Central Network of Care in Connecticut by individuals in the community who were concerned that the needs of young people who use substances were not being met. Substance use and abuse in young people has the potential to negatively impact school performance, mental health, physical health, legal involvement, relationships, and ability to reach future goals. Social attitudes including stigma or acceptance of substance use can prevent people from getting the help that they need. Our work group promotes collaboration with families and communities, information-sharing among providers, and advocacy for state-level changes.

Our vision is to connect young people and their families in the Greater New Haven area (CT DCF Region 2) to comprehensive substance use resources and supports.

SURGE meetings take place on the 3<sup>rd</sup> Tuesday every other month (even number months) from 1:30-2:30, at The Children’s Center of Hamden, Wakeman Hall Conference Room.

For more information, contact the chair of SURGE, Christine Hauser at Wakeman Hall:  
[chauser@tccoh.org](mailto:chauser@tccoh.org).

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## TREATMENT NAVIGATION

### THE RECOVERY TEAM

A community-based service of The Children's Center of Hamden. They do not provide treatment but can work alongside treatment to fill the gaps. All services and activities are free for the teenagers and their families.

- Serves 13-19-year olds of any gender who reside in the Greater New Haven or the Valley regions.
- Provides outreach, substance use specific case-management and referrals, and wrap-around services.
- Free sober social events and peer support meetings weekly.

For more information contact Shayn Ember at [seember@ttcoh.org](mailto:seember@ttcoh.org) or 475-227-5834 (cell)

## TREATMENT TYPES

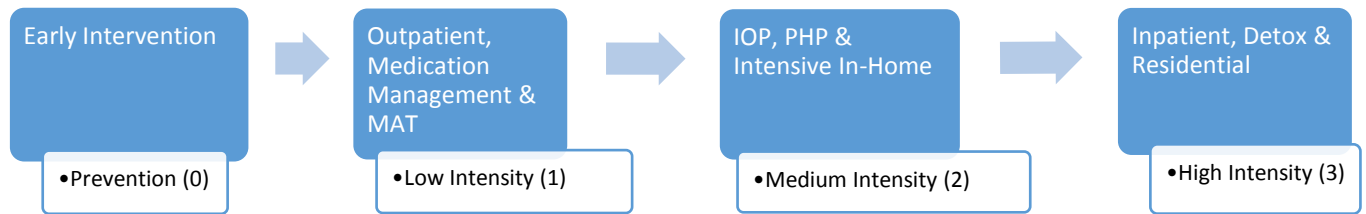


Figure 4. Treatment levels of care from low intensity to high intensity.

### Early Intervention (0)

Clients typically attend one hour of treatment a week while continuing to live at home. Many programs make services available in the evenings and on weekends so individuals can remain in school or continue to work.

### Outpatient (1)

Clients typically attend one hour of treatment a week at a specialty facility while continuing to live at home. Many programs make services available in the evenings and on weekends so individuals can remain in school or continue to work.

### Medication Management (1)

Treatment ensures that any drugs that are being used are as prescribed so it limits chances for abuse. Also ensures patients are educated and able to use the prescription properly for their specific ailment.

### Medication-Assisted Treatment (MAT) (1)

For individuals with a physical dependency on certain drugs, primarily heroin and other opioids, medication is provided in a specialized outpatient setting in combination with counseling and other treatment services.

### Intensive Outpatient (IOP) (2)

Clients attend 10-20 hours of treatment a week (slightly less for teens) at a specialty facility while continuing to live at home. Many programs make services available in the evenings and on weekends so individuals can continue to work or stay in school. This service is a better option for individuals who need multiple services, have accompanying medical or psychological illnesses or have not been successful in outpatient treatment.

### Intensive In-Home (2)

Home-based mental health services designed to meet each child and family's unique health needs via crisis management, intensive case management, counseling, family therapy, and skills training.

#### Partial Hospital Program (PHP) (2)

Clients attend 4-8 hours of treatment a day (20 or more a week) while continuing to live at home. Most families use these types of programs when their child needs an intensive and structured experience.

#### Detox (3)

Detox treatment, also commonly called simply detoxification or detox, is the process of removing toxic substances from the body.

#### Inpatient (3)

Treatment provided in specialty units of hospitals or medical clinics offering both detox and rehabilitation services. Typically used for people with serious medical conditions, substance use, or mental disorders.

#### Residential (3)

These programs provide treatment in a residential setting and can last from one month to a year. Typically, residents go through different phases as they progress through the program. During certain phases, contact with individual in treatment may be limited.



## SUBSTANCE USE TREATMENT PROGRAMS

Referral forms for some of these programs can be found in the Appendix.

### TEENS

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources
Early Intervention (0)	Child & Family Guidance Cornell Scott Hill Health Center- Substance Use Education	400 Columbus Ave. New Haven, CT 06519  226 Dixwell Ave. New Haven, CT 06511	Columbus Avenue Site: (203) 503-3055  Dixwell Avenue Site: (203) 503-3458	<a href="http://cornellscott.org/component/mtree/services/behavioral-health/12-child-and-family-guidance?Itemid=">http://cornellscott.org/component/mtree/services/behavioral-health/12-child-and-family-guidance?Itemid=</a>	Yes	Male & Female, 3-18	Medicaid, private insurance or sliding fee scale	Anyone
Early Intervention (0)	PCRC Today's Choices	30 Elizabeth Street, Derby, CT 06418	203-954-0543 X4136	<a href="https://www.bhcare.org/page/32847">https://www.bhcare.org/page/32847</a>	Yes	Male & Female, 13-18	Commercial insurance and HUSKY	Anyone
Medication Assisted Treatment (MAT) (2)	APT Foundation	1 Long Wharf Drive New Haven, CT 06514	(203) 781-4600	<a href="https://aptfoundation.org/">https://aptfoundation.org/</a>	Yes	Male & Female, 16+	Private insurance, Medicaid, Charter Oak, and Medicare. Sliding scale payment	Anyone

<b>Treatment Type/ Intensity</b>	<b>Program</b>	<b>Address</b>	<b>Phone</b>	<b>Website</b>	<b>Prescribes Medication</b>	<b>Ages/ Gender Served</b>	<b>Insurance Accepted</b>	<b>Referral Sources</b>
Medication Assisted Treatment (MAT) (2)	SATU	1 Long Wharf Drive New Haven, CT 06511	(804) 939-5214	<a href="https://medicine.yale.edu/psychiatry/care/cmhc/clinics/satu.aspx?organizationId=110597">https://medicine.yale.edu/psychiatry/care/cmhc/clinics/satu.aspx?organizationId=110597</a>	Yes	Male & Female, 16+	Medicaid, No Insurance	Anyone
Medication Assisted Treatment (MAT) (2)	Silver Hill Hospital	208 Valley Road New Cannan, CT 06840	1(866) 542-4455	<a href="https://www.silverhillhospital.org/center/center-for-adolescents/">https://www.silverhillhospital.org/center/center-for-adolescents/</a>	Yes	Males & Female 13-17	Private insurance	
Medication Assisted Treatment (MAT) (2)	Rushford (MATCH)	Multiple locations in CT	1(855) 825-4026	<a href="https://rushford.org/addiction/medication-assisted-treatment-close-to-home">https://rushford.org/addiction/medication-assisted-treatment-close-to-home</a>	Yes	Males and Females 16+		
Outpatient (1)	The Children Center of Hamden, Wakeman Hall Outpatient (A-CRA/ACC)	1400 Whitney Avenue New Haven, CT 06517	(203) 248-2116	<a href="http://www.tccoh.org">www.tccoh.org</a>	Yes	Male & Female 12-18	Medicaid, private insurance or sliding fee scale	Anyone
Intensive Outpatient (2)	The Children Center of Hamden, Wakeman Hall Outpatient	1400 Whitney Avenue New Haven, CT 06517	(203) 248-2116	<a href="http://www.tccoh.org">www.tccoh.org</a>	Yes	Male & Female 12-18	Medicaid, private insurance or sliding fee scale	Anyone

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources
Intensive Outpatient/ Partial Hospital Program (2)	The Rushford Center (Seven Challenges)	110 National Drive Glastonbury, CT 06033	(860)657-8910	<a href="https://rushford.org/programs-services/adolescent-services/departments-services/outpatient-addiction-treatment">https://rushford.org/programs-services/adolescent-services/departments-services/outpatient-addiction-treatment</a>		Male & Female		
Intensive In-Home (2)	Wheeler Clinic (MDFT)	458 Grand Ave New Haven, CT 06513	(888) 793-3500	<a href="http://www.wheelerclinic.org">www.wheelerclinic.org</a>	Yes	Male & Female 9-18	All insurance types	Anyone
Intensive In-Home (2)	Wheeler Clinic (MST)	458 Grand Ave New Haven, CT 06513	(888) 793-3500	<a href="https://www.wheelerclinic.org/services/wheeler-services/multisystemic-therapy">https://www.wheelerclinic.org/services/wheeler-services/multisystemic-therapy</a>	Yes	Male & Female 12-18	All insurance types	Probation
Intensive-In Home (2)	NAFI Connecticut (MST)	49-51 Wethersfield Ave. Hartford, CT 06114	(860)560-0558	<a href="http://www.nafict.org/services/community-programs/multisystemic-therapy/">http://www.nafict.org/services/community-programs/multisystemic-therapy/</a>		Male & Female 12-18		DCF, CSSD, Parole Services, local schools, community providers, parent/caregiver self-referrals
Intensive-In Home (2)	Wheeler MDFT ATM Program	74 East Street Plainville, CT 06062	(860) 810-0857		Yes			Will travel to areas for opioid users. MAT available for people using this.

<b>Treatment Type/ Intensity</b>	<b>Program</b>	<b>Address</b>	<b>Phone</b>	<b>Website</b>	<b>Prescribes Medication</b>	<b>Ages/ Gender Served</b>	<b>Insurance Accepted</b>	<b>Referral Sources</b>
Intensive In-Home (2)	Aware Recovery Care	556 Washington Ave, Unit 201 North Haven, CT 06473	(203) 779-5799	<a href="https://www.awarerecoverycare.com/locations/connecticut/">https://www.awarerecoverycare.com/locations/connecticut/</a>	Yes	Male & Female, 16-18	Anthem BCBS	Any
Residential (3)	Newport Academy	Connecticut	(877) 628-3367	<a href="https://www.newportacademy.com/">https://www.newportacademy.com/</a>	Yes	Male & Female, 12-20	Yes	
Residential (3)	Rushford Center-Stonegate	459 Wallingford Rd Durham, CT 06422	1-877-577-3233	<a href="https://rushford.org/teen-services/addiction-treatment/residential-treatment">https://rushford.org/teen-services/addiction-treatment/residential-treatment</a>		Male Only, Ages 13-18 (18 only if enrolled in school)	Loans, private insurance, major insurance	Any
Residential (3)	Teen Challenge	86 Spring Street New Haven CT	203-789-6172	<a href="http://www.tcconnecticut.org">www.tcconnecticut.org</a>	No	Males Only		
Residential (3)	NAFI Touchstone	P.O. Box 457 Litchfield, CT 06759	860-567-3809	<a href="http://www.nafict.org/services/residential-programs/multidimensional-family-therapy-intermediate-residential-program/">http://www.nafict.org/services/residential-programs/multidimensional-family-therapy-intermediate-residential-program/</a>		Female Only Ages 12-18		DCF referrals only
Residential (3)	NAFI MDFT Intermediate Residential Program		860-361-6966	<a href="http://www.nafict.org/services/residential-programs/multidimensional-family-therapy-intermediate-residential-program/">http://www.nafict.org/services/residential-programs/multidimensional-family-therapy-intermediate-residential-program/</a>		Female Only Ages 13-17		Probation referrals only

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources
Residential (3)	CT Junior Republic Residential Program (CJRRP)	550 Goshen Road P.O. Box 161 Litchfield, CT 06759	(860) 567- 9423	<a href="https://www.ctjuniorrepublic.org/page.cfm?p=556">https://www.ctjuniorrepublic.org/page.cfm?p=556</a>		Males 14-18		Court and DCF referrals only
Outpatient & Detox (3)	The West End Clinic-ARMS	16 Bloom Street Boston, MA 02114	617-643-4699	<a href="https://www.massgeneral.org/psychiatry/services/treatmentprograms.aspx?id=2090">https://www.massgeneral.org/psychiatry/services/treatmentprograms.aspx?id=2090</a>	Yes	Male & Female 14-26	Yes	Anyone
Inpatient & Detox (3)	Caron Pennsylvania	243 N Galen Hall Road Wernersville, Pennsylvania 19565	844-260-1324	<a href="https://www.caron.org/what-to-expect/detox-services">https://www.caron.org/what-to-expect/detox-services</a>	Yes	Male & Female 13-18	Yes	Anyone
Inpatient & Detox (3)	St. Charles Hospital	200 Belle Terre Rd Port Jefferson, NY 11777	631-474-6797	<a href="https://stcharleshospital.chsli.org/drug-and-alcohol-detoxification">https://stcharleshospital.chsli.org/drug-and-alcohol-detoxification</a>	Yes	Males & Females 12-18	Medicare & Medicaid	Anyone
Inpatient (3)	Yale New Haven Psychiatric Hospital	184 Liberty Street New Haven, CT 06510 203-688-9704	203-688-9704	<a href="https://www.ynhh.org/psychiatric/services/adolescents.aspx">https://www.ynhh.org/psychiatric/services/adolescents.aspx</a>	Yes	Male & Female		Anyone

TRANSITION AGE YOUTH

Treatment Type	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources
Peer Recovery Telephone Support (1)	CCAR- Young Adult Family Project	223 Elizabeth Street Derby, CT 06418	203-870-9132	<a href="https://ccar.us/services/young-adult-family-project/">https://ccar.us/services/young-adult-family-project/</a>		18+		
Outpatient (1)	Bridges Healthcare	949 Bridgeport Avenue Milford, CT 06460	(203) 878-6365	<a href="https://www.bridgesct.org/">https://www.bridgesct.org/</a>	Yes	Transition Age Men and Women (18+)		
Outpatient (1)	Turnbridge	189 Orange Street New Haven, CT 06510	(203)937-2309	<a href="https://www.tpaddictiontreatment.com/">https://www.tpaddictiontreatment.com/</a>		Transition Age Men and Women (18+)		
Intensive-In Home (2)	NAFI Connecticut (MST-TAY Study)	295 Washington Ave, Suite 1 Hamden, CT  25 Main Street 3 <sup>rd</sup> Floor Hartford, CT 06106	(800)459-6298	<a href="http://www.nafict.org/services/community-programs/multisystemic-therapy-transition-age-youth/">http://www.nafict.org/services/community-programs/multisystemic-therapy-transition-age-youth/</a>		Transition Age Men and Women (17-24)	All, no insurance	Probation and anyone
Intensive In-home (2)	Aware Recovery Care	556 Washington Ave, Unit 201 North Haven, CT 06473	(203) 770-5799	<a href="https://www.awarerecoverycare.com/locations/connecticut/">https://www.awarerecoverycare.com/locations/connecticut/</a>	Yes	Transition Age Men and Women 18-25	Anthem BCBS	Any
Residential (3)	Turnbridge	189 Orange Street New Haven, CT 06510	203-937-2309	<a href="https://www.tpaddictiontreatment.com/">https://www.tpaddictiontreatment.com/</a>		Transition Age Men and Women (18+)		

<b>Treatment Type</b>	<b>Program</b>	<b>Address</b>	<b>Phone</b>	<b>Website</b>	<b>Prescribes Medication</b>	<b>Ages/ Gender Served</b>	<b>Insurance Accepted</b>	<b>Referral Sources</b>
Inpatient & Detox (3)	Adult and Teen Challenge Pennsylvania		844-888-8085	<a href="https://www.paatc.org/get-help/detox/">https://www.paatc.org/get-help/detox/</a>	Yes	Transition Age Men and Women (18+)	Accepts insurance	Anyone

PRIVATE PRACTICE PROVIDERS

Practitioner	Phone Number	Address	Age/Gender Served	Insurance	Website
<b>Rodney Denson</b>	203-409-8676	451 State St. Suite A Unit 3 North Haven CT	Males & females 14+	Sliding scale fee Accepts insurance Medicare/Medicaid	<a href="https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/144073?sid=5c869147d7631&amp;spec=182&amp;ref=13&amp;tr=ResultsPhoto">https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/144073?sid=5c869147d7631&amp;spec=182&amp;ref=13&amp;tr=ResultsPhoto</a>
<b>Deborah Malatesta</b>	203-930-1836	14 Trumbull St Ste 103 New Haven, Connecticut 06511	Males & females 16+	Sliding scale fee Accepts insurance Medicaid	<a href="https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/252297?sid=5c869147d7631&amp;spec=182&amp;ref=15&amp;tr=ResultsName">https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/252297?sid=5c869147d7631&amp;spec=182&amp;ref=15&amp;tr=ResultsName</a>
<b>Marissa Ryan</b>	203-344-7453	MC Counseling and Wellness 375 Mather Street Suite 11 Hamden, Connecticut 06514	Males & females 14+	Sliding scale fee Accepts insurance	<a href="https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/403973?sid=5c869147d7631&amp;spec=182&amp;ref=2&amp;tr=ResultsPhoto">https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/403973?sid=5c869147d7631&amp;spec=182&amp;ref=2&amp;tr=ResultsPhoto</a>
<b>Thomas Reily</b>	203-819-7650	TR Counseling & Wellness, LLC 30 Hazel Terrace Suite 11 Woodbridge, Connecticut 06525	Males & females 14+	Sliding scale fee Accepts insurance	<a href="http://www.trcounseling.org/index.html">http://www.trcounseling.org/index.html</a>



<b>Eric Vingo</b>	203-800-3868	284 Racebrook Rd Ste218 Orange, CT 06477	Males & females 14+	Sliding scale fee Husky Pending in network insurance	<a href="https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/444058?sid=5c869147d7631&amp;spec=182&amp;ref=1&amp;rec_next=21&amp;tr=ResultsPhoto">https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/444058?sid=5c869147d7631&amp;spec=182&amp;ref=1&amp;rec_next=21&amp;tr=ResultsPhoto</a>
<b>Susan Hogan</b>	203-646-0907	3013 Dixwell Ave Hamden, CT 06512	Males & females 14+	Sliding scale fee Accepts insurance	<a href="https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/118661?sid=5c869147d7631&amp;spec=182&amp;ref=1&amp;tr=ResultsPhoto">https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/118661?sid=5c869147d7631&amp;spec=182&amp;ref=1&amp;tr=ResultsPhoto</a>
<b>Marc Tobin</b>	203-376-3776	147 Bishop St. New Haven, CT 06511	Males & females 14+	Sliding scale fee Accepts insurance	<a href="https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/63359?sid=5c869147d7631&amp;spec=182&amp;ref=6&amp;tr=ResultsRow">https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/63359?sid=5c869147d7631&amp;spec=182&amp;ref=6&amp;tr=ResultsRow</a>
<b>Benjamin Backes</b>	203-671-0917	605 Washington Ave North Haven, CT 06473	Males & females 11+	Sliding scale fee Husky Accepts insurance	<a href="https://www.psychologytoday.com/us/therapists/benjamin-backes-north-haven-ct/455613">https://www.psychologytoday.com/us/therapists/benjamin-backes-north-haven-ct/455613</a>

SUPPORT GROUPS

FAMILIES

Type of group	Organization	Address	Day & Time	Contact	Website
SMART Family & Friends	The Children's Center of Hamden	1400 Whitney Ave, Wakeman Hall (Bldg. #1) Hamden, CT 06517	Monday, 6:30-7:30 pm	Gaboury Benoit (203)401-1556, gabouryb@gmail.com	<a href="http://www.smartrecovery.org">www.smartrecovery.org</a>
SMART Family & Friends	Bridges	Bridges, RM4 570 Boston Post Road Milford CT 06460	Monday, 6:45-8:00 pm	dgannon@bridgesmilford.org	<a href="http://www.smartrecovery.org">www.smartrecovery.org</a>
Nar-anon	Harborside Health Care-Arden House	850 Mix Ave, Board room Hamden, CT	Thursday, 7:00 pm	Rose (203) 641-9380 Maxine (203) 215-6961	<a href="http://www.nar-anon.org/find-a-meeting/">http://www.nar-anon.org/find-a-meeting/</a>
Nar-anon	Christ & The Epiphany Church	39 Park Place East Haven, CT	Tuesday, 7:00 pm	Karen M (203) 804-5406 Maria P (203) 815-4688	<a href="http://www.nar-anon.org/find-a-meeting/">http://www.nar-anon.org/find-a-meeting/</a>
Nar-anon	Christ & The Epiphany Church	39 Park Place East Haven, CT	Saturday, 10:00 am	MaryEllen (203) 848-8245	<a href="http://www.nar-anon.org/find-a-meeting/">http://www.nar-anon.org/find-a-meeting/</a>
Hope & Support Group	TriCircle, Inc	Wallingford Stop-n-Shop Community Room 2nd Fl 930 N Colony Road Wallingford, CT 06492	9am-10:30am 1st Sunday of each month	(203) 631-1743	<a href="https://www.tricircleinc.com/">https://www.tricircleinc.com/</a>

TEENS

Type of group	Organization	Address	Day & Time	Contact	Website
Teen SMART	The Children's Center of Hamden	1400 Whitney Ave, Wakeman Hall (Bldg #1) Hamden, CT 06517	Thursday, 5pm-6pm	Shayn Ember (203) 248-2116 x366 <a href="mailto:seember@tccoh.org">seember@tccoh.org</a>	<a href="http://www.smartrecovery.org">www.smartrecovery.org</a>
Alateen	Alanon	1 <sup>st</sup> Church of Christ 5 Meetinghouse Lane, Woodbridge CT	Tuesdays, 7:30pm		<a href="https://www.ctalanon.org/meetings/alateen-meetings-by-town">https://www.ctalanon.org/meetings/alateen-meetings-by-town</a>

## EMERGENCY NEEDS

### ACCESSING NALOXONE

Naloxone can be accessed through your local pharmacy or through a Narcan training. To access it through your local pharmacy, follow these steps:

1. Call the pharmacy you use and ask if they have someone there who can prescribe Narcan
2. If yes, you can use your insurance to help pay for it. When picking it up, there will be a copay depending on your insurance.
3. If no, ask the pharmacist for other pharmacies in the area who can prescribe it to you.

Refer to this website for further information,

<https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=509650>

Naloxone can also be prescribed through your primary doctor or local urgent care facility.

### NORA APP

Free interactive app that will teach what naloxone is and reinforce previous trainings. Can be accessed at [www.norasaves.com](http://www.norasaves.com)

- Provide resources for people wanting to learn about opioids
- Recognize signs of an overdose and what to do
- Explain the Good Samaritan Law
- Provide information on storage and disposal
- Help find treatment and recovery supports

### HOTLINES

Hotlines for substance support services:

- Al-Anon/Al-A-Teen: 1-888-425-2666
- Alcohol/Drug Abuse Hotline: 1-800-662-HELP
- Alcohol Treatment Referral Hotline: 800-252-6465
- Continuum of Care, Safe Harbor Warm Line: 1-800-258-1528
- National Help Line for Substance Abuse: 800-262-2463
- National Youth Crisis Hotline: 800-442-HOPE (4673)
- United Way: 2-1-1

Textlines for substance support services:

- Alcohol & drug helpline: Text RecoveryNow to 839863 (8am-11pm)
- Crisis Text Line: text HELLO to 741741 (suicide line)
- Boys Town National Hotline: text VOICE to 20121 (2pm to 1am every day)

## SUBSTANCE USE TREATMENT OVERVIEW

### GUIDE TO MAKING REFERRALS TO TREATMENT

It can be a very difficult and intimidating process to find the right treatment. Here are some tips to share with caregivers and teens:

- Walk families through as many steps as possible to alleviate their stress including calling different programs, seeing availability, and going with them to appointments.
- Focus on the strengths of the child and parent.
- Treatment should *never* be discussed as a punishment, but rather an opportunity to make changes.
- Help the family obtain records, send records, and give an oral history for a referral so the family/child do not have to repeat themselves.
- Check in with the child and parent to see if they have been connected to a service. If they have not been connected to one, see why and help them any way possible
- Caregivers
  - Include caregivers in conversations about teen substance use, if possible.
  - The child is more likely to attend if the parent knows or comes with them
  - If informing the parent would cause the teen to reject treatment when it is needed, minors who are willing and mature enough can participate in substance use treatment for a limited number of sessions *without* notifying the parent. In this case, the parent could not be responsible for payment of treatment.
- If the teen is resistant:
  - Their pros for changing need to outweigh their cons. You can help them set up rewards for attending or consequences for not attending.
  - Connect their goals to getting help.
  - Get caregivers, guardians, and other natural supports involved.
  - Have teens agree to try it, even if they're resistant to completing treatment.

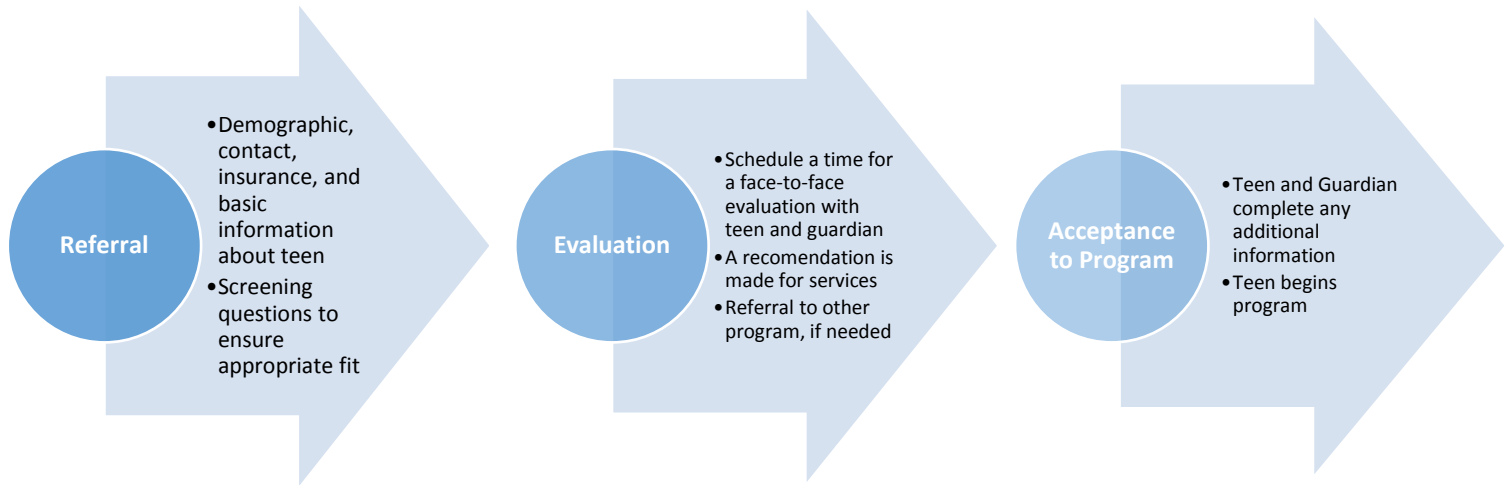


Figure 3. Steps to making a referral.

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## SERVICES OFFERED DURING TREATMENT

1. Individual Counseling- One-on-one counseling to explore personal problems that an individual may not be comfortable discussing in a group setting.
2. Group Counseling- Usually consists of six to ten people with one or two counselors facilitating a discussion of their struggles, experiences and problems.
3. Case Management- Collaborating through the processes of assessing, planning, facilitating, care coordinating, evaluating, and advocating for the options and services that will best meet the individual's as well as the family's wide-ranging health requirements.
4. Home Based Services- Substance use and mental health treatment services provided in-home. Examples include Multidimensional Family Therapy (MDFT).
5. Educational Services- Grade-appropriate classes (or GED classes) for teens still in school, or those who may have dropped out, to help reduce disruptions to their schooling.
6. Vocational Services - Services to help determine an individual's vocational aptitudes and interests, along with job skills, resume development and other work readiness skills.
7. Life Skills- Focuses on behavioral tools designed to help a teen or young adult cope with the stresses and challenges of daily life and develop greater self-esteem in order to better manage their recovery.
8. Treatment for Mental Illness- Individuals diagnosed with co-occurring mental illness need treatment for their substance use in addition to the mental illness. This would ideally be in an integrated fashion. Treating the substance use alone will not help resolve underlying mental illness and treating a depressive disorder alone will not resolve the substance use or dependence.
9. Family Services- In most cases, family involvement is an important element in treating teens and young adults. It helps family members understand addiction as a chronic illness, helps the family have realistic expectations and goals for treatment, and helps improve communication and overall family functioning.
10. Continuing Care- Sometimes labeled After Care or Follow-up Care, this includes treatment prescribed after completion of a formal structured program in any type of setting. It is a necessary support plan for ensuring that the tools learned in treatment can be applied successfully in the real world.

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## WHAT TO LOOK FOR IN A PROVIDER

1. Will they work with the teen you are referring?
  - a. Many places have age restrictions. Call and find out.
  - b. Gender
  - c. Accepted insurance
  - d. Language
2. Are there any reasons they would not work with a teen you are referring?
  - a. IQ requirement
  - b. Types of substance use they are unable to treat
  - c. Guardian participation
3. Does the frequency and duration of the program fit with the needs of the client?
  - a. How long does the program last?
  - b. Do the meeting times fit into your schedule?
4. How easy is it to get to appointments?
  - a. Location, is it close to you or accessible?
  - b. Providing transportation, is it near a bus line or do they provide transportation
  - c. Bus travel
  - d. Home visits
5. Who has to make a referral?
  - a. Certain places need a professional
6. Will they address substance use and mental health needs?
7. Do they prescribe medication?
8. Are they qualified?
  - a. Experience
  - b. Accredited organization
9. Does the client feel comfortable during the first meeting with the primary therapist?



## EDUCATIONAL RESOURCES

### DEFINITIONS

- A.A.- Alcoholics anonymous is a fellowship of self-supporting men and women who have had a drinking problem.
- A-CRA/ACC- The Adolescent Community Reinforcement approach and Assertive Continuing Care Is a less intensive weekly program that addresses substance use and other life challenges. This service can be delivered in the office, community or home.
- A- SBIRT- Adolescent Screening, Brief Intervention, and Referral to Treatment is an evidence-based guide to screening and responding to teen substance use.
- Drug addiction- chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite potentially devastating consequences.
- Drug overdose- acute medical condition involving accidental or intentional use of a drug or medicine in a quantity exceeding normal instructed dosage.
- Illicit Substance- illegal drugs and/or the misuse of prescription medications or household substances.
- Licit Substance- drugs which are legal, but are produced, trafficked, and/or used illegally.
- MAT- Medication-Assisted Treatment is for individuals with a physical dependency on certain drugs, primarily heroin and other opioids, medication is provided in a specialized outpatient setting in combination with counseling and other treatment services.
- MDFT- Multidimensional Family therapy is an intensive family therapy that meets several times a week in the home. It examines all components of a teen’s life to address problems and promote positive, long-term change.
- Mental health- our emotional, psychological, and social well-being, affects how we think, feel, and act.
- Mental illness- a wide range of mental health conditions that affect mood, thinking and behavior.
- MST- Multi-systemic therapy is an intensive family therapy that meets several times a week in the home to identify and address problems happening with a young person.
- N.A.- Narcotics anonymous is a fellowship of self-supporting men and women who have had a drug problem.
- Narcan- also referred to as Naloxone, an opioid antagonist medication that binds to the brain’s opioid receptors and block them from responding to opioids. Narcan is also used to reverse an opioid overdose.
- Overmedication-when an individual takes an excessive or unnecessary amount of medication.
- Protective factor- conditions, characteristics or exposure of an individual that help healthy coping and mitigate potential risks.
- Risk factor- conditions, characteristics or exposure of an individual that increases the likelihood of developing a disease or injury.
- SMART- Self Management and Recovery Training offers online and community support meetings for individuals or families and friends of a loved one with addiction.

- Stigma- sign of disgrace or discredit, setting an individual apart from others. Powerful, negative attribute to all social relations. Often related to mental illness and substance use.
- Substance use disorder (SUD)- recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment and are labeled as mild, moderate, or severe to indicate the level of severity.
- TAY- Transition age youth refers to young people between the ages of 18-25 who experience unique life challenges that are different for youth and adults.

1. What is Drug Addiction?

*Drug addiction is the most severe form of a substance use disorder (SUD). A SUD develops when continued use of alcohol and/or drugs causes significant issues in functionality and can range from being mild to severe. Effects in functionality include: failure to meet responsibilities at home, work, or school, health complications, and disability. Addiction is a complex, chronic brain disease characterized by drug craving, seeking, and use that persists despite experiencing devastating life consequences. Addiction is the result of chronic, prolonged drug use that changes the brain. Drug Addiction can be treated with medications (for some addictions) combined with behavioral therapies. It is important to note that relapse is very common, especially after extended periods of abstinence. Therefore, it is imperative to give the individual long-term support and care. In the event of relapse, it is also important to re-engage or modify a treatment strategy rather than perceive it as a failure.*

2. When someone uses drugs, can't they just stop whenever they want to?

*If an individual is constantly seeking and using a drug(s) despite the negative implications it has on their life, then they are likely living with addiction. It is widely accepted that addiction is a brain disease rather than a choice or a moral failure on the part of an individual. We know that willpower is not enough to help someone stop using without support or professional help. It is extremely helpful to recognize that the individual may be powerless to change without support, even if they say otherwise.*

3. What are some of the reasons people do not want help for their substance use?

*Stigma is a major reason why people are not willing to admit they have a problem or to get help. People may feel ashamed that they have done something wrong or that something is wrong with them and feel more comfortable believing that their substance use isn't a problem.*

4. Does a teen who just smokes pot or drink need treatment?

*While it is normal for teens to experiment with drinking or drugs during adolescence, regular substance use monthly or more can increase the chances of the young person developing an addiction because their brain is still developing. If you know a young person who is using these substances regularly and has not been able to stop on his or her own, treatment is strongly recommended.*

5. How can a provider make referrals to best support teens and families?

*The best way to make referrals is to get permission from a family for a provider to make referral to minimize the amount of work the family needs to do and the number of times they need to share their story. Living with a substance use disorder or having a family member with a substance use disorder can be very overwhelming.*

## RISK AND PROTECTIVE FACTORS

Many factors influence an individual's chance of developing/maintaining a mental and/or substance use disorder. To better understand why and how an individual has developed/maintained a mental and/or substance abuse disorder, it is important to assess and focus on both risk and protective factors. Once risk and protective factors are identified, effective methods of prevention and intervention can be taken. It is imperative for the individual to focus on strengthening their protective factors and reducing their risk factors. Risk factors will ultimately increase an individual's chances for drug use whereas protective factors can help with reducing the risk.

Risk and protective factors can affect children at different stages of their lives. At each stage, risks occur that can be changed through utilizing prevention interventions with family, school, and community protective systems. These protective systems help children develop and maintain appropriate and positive behaviors. If these risks are not addressed early on, it can lead to increased negative behavior and development of additional risks such as social difficulties or academic failure. Negative behaviors and additional risk factors put a child at an increased risk for developing drug abuse later in life.

<b>Risk Factors</b>	<b>Domain</b>	<b>Protective Factors</b>
Early Aggressive Behavior	Individual	Self-Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

<https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors>

## INFORMATION ABOUT DRUGS

The signs of drug use and addiction can vary depending on the individual and the drug, but some of the common signs include:

- Impaired speech
- Impaired motor coordination
- Bloodshot eyes/pupils that are larger/smaller than usual
- Changes in physical appearance/personal hygiene
- Changes in appetite
- Changes in sleep patterns
- Sudden weight loss/weight gain
- Unusual smells on breath, body, or clothing
- Changes in mood
- Disinterest in engaging in relationships or activities

## DRUG IDENTIFICATION TOOLS

Type of Tool	Website or App	URL	Cost
Pill Identifier	Website	<a href="https://www.webmd.com/pill-identification/default.htm">https://www.webmd.com/pill-identification/default.htm</a>	Free
Pill Identifier	Website	<a href="https://www.cvs.com/drug/pill-identifier">https://www.cvs.com/drug/pill-identifier</a>	Free
Pill Identifier	Website Phone App	<a href="https://www.drugs.com/imprints.php">https://www.drugs.com/imprints.php</a>	Free
Pill Identifier	Website	<a href="https://reference.medscape.com/pill-identifier">https://reference.medscape.com/pill-identifier</a>	Free
Illegal Drug Identifier	Phone App/Home Kit	<a href="https://www.detectachem.com/mobiledetect-app">https://www.detectachem.com/mobiledetect-app</a>	*Free App, \$30.00 for Home Kit

**SUBSTANCES USED**

Below is a list of substances used by teens and their other names. For detailed information about each drug, its effects, more code names, and how they are used, visit: <https://www.dea.gov/factsheets>.

Substance	Subtypes	Other Names
<b>Alcohol</b>	<ol style="list-style-type: none"> <li>1. Wine, beer, liquor</li> <li>2. Promethazine with Codeine (Lean)</li> </ol>	<ol style="list-style-type: none"> <li>1. Booze, Brew, Guzzle, Sauce, Sip, Spirits, Lick</li> <li>2. Act, Dirty Sprite, Drank, Lean, Purple, Purple Drank, Skittles, Sizurup, Sizzurp, Syrup</li> </ol>
<b>Marijuana</b>	<ol style="list-style-type: none"> <li>1. Plant-Based</li> <li>2. Concentrates</li> <li>3. Synthetics (K2)</li> <li>4. Hash</li> </ol>	<ol style="list-style-type: none"> <li>1. Boom, Bud, Chronic, Gangster, Ganja, Grass, Herb, Kif, Mary Jane, MJ, Pot, Reefer, Skunk, Weed</li> <li>2. 246, 710, Black Glass, Badder, Budder, Butane Hash Oil, Butane Honey Oil (BHO), Butter, Dabs, Eerrl, Ear Wax, Honey Oil, SAP, Shatter, Wax</li> <li>3. Black Mamba, Bliss, Bombay Blue, Fake Weed, Genie, K2, Moon Rocks, Skunk, Yucatan Fire, and Zohai</li> <li>4. High Concentration, Sticky Resin</li> </ol>
<b>Nicotine (Tobacco)</b>	<ol style="list-style-type: none"> <li>1. Cigarettes</li> <li>2. Vaping (Juuling)</li> <li>3. Smokeless tobacco</li> <li>4. Clove Cigarettes</li> <li>5. Hookahs</li> <li>6. Cigars &amp; Pipes</li> </ol>	<ol style="list-style-type: none"> <li>1. Bogeys, Butts, Cigs, and Smokes</li> <li>2. E-cigarettes, E-cigs, Ego, E-juice, E-liquid, Juice, Juul, Mods, Pen, PV (Personal Vaporizer), Smoke Juice, Vapes</li> <li>3. Chewing tobacco, Dip, Snuff, Snus, Spit Tobacco,</li> <li>4. Bidis, Kreteks</li> <li>5. Goza, Hubble-bubble, Narghile, Shisha, Waterpipe</li> </ol>
<b>Opioids</b>	<ol style="list-style-type: none"> <li>1. Heroin</li> <li>2. Painkiller medication (Oxy, Percocet)</li> <li>3. Fentanyl</li> <li>4. Opium</li> </ol>	<ol style="list-style-type: none"> <li>1. Black tar, H, Horse, Junk, Ska, Smack</li> <li>2. Happy Pills, Hillbilly Heroin, OC, Oxy, Oxycotton, Percs, Vikes</li> <li>3. Apache, Birria (mixed with heroin), Butter, China Girl, China Town, China White, Chinese, Chinese Food, Crazy, Crazy One, Dance Fever, Dragon, Dragon’s Breath, Facebook (mixed with heroin in pill form), Fent, Fenty, Fire, Friend, Girl, Goodfella, Great Bear, He-Man, Jackpot, King Ivory, Lollipop, Murder 8, Poison, Shoes, Tango &amp; Cash, Toe Tag Dope, White Girl</li> <li>4. Auntie, Aunt Emma, Big O, Black, Black Russian (mixed with hashish), Chandoo, China, Chinese Molasses, Chinese Tobacco, Chocolate, Cruz, Dopium, Dover’s Powder, Dream Gum, Dream Stick, Dreams, Easing Powder, God’s Medicine, Goma, Gondola, Goric, Great Tobacco, Gum, Hocus, Hops,</li> </ol>

Substance	Subtypes	Other Names
		Incense, Joy Plant, Midnight Oil, Opio, Pen Yan, Pin Gon, Pin Yen, Pox, Skee, Toxy, Toys, When-Shee, Zero
<b>Stimulants</b>	<ol style="list-style-type: none"> <li>1. Cocaine/Crack</li> <li>2. Amphetamines (Adderall)</li> <li>3. Methamphetamine</li> </ol>	<ol style="list-style-type: none"> <li>1. Blow, Bump, C, Candy, Charlie, Coca, Coke, Flake, Rock, Snow, Toot</li> <li>2. Adderall, Bennies, Black Beauties, Concerta, Hearts, Ritalin, Roses, Skippy, Study Drugs, The Smart Drug, Uppers, and Vitamin R, Vyvanse</li> <li>3. Chalk, Meth, Speed, and Tina; or for crystal meth, Crank, Fire, Glass, Go fast, Ice</li> </ol>
<b>Depressants</b>	<ol style="list-style-type: none"> <li>1. Benzodiazepines (Xanax, Ativan, Klonopin)</li> <li>2. Hypnotics (Ambien, sleep meds)</li> </ol>	<ol style="list-style-type: none"> <li>1. A-minus, Barbs, Candy, Downers, Phennies, Red Birds, Reds, Sleeping Pills, Tooies, Tranks, Yellows, Yellow Jackets, Yellows, Zombie Pills</li> </ol>
<b>Hallucinogens</b>	<ol style="list-style-type: none"> <li>1. MDMA (Ecstasy, Molly)</li> <li>2. Inhalants (Huffing-gasoline, markers, and aerosols)</li> <li>3. PCP (Angel Dust)</li> <li>4. Ketamine (Special K)</li> <li>5. LSD (Lysergic Acid Diethylamide, Acid)</li> <li>6. DMT (Ayahuasca)</li> <li>7. Psilocybin (Mushrooms)</li> <li>8. Mescaline</li> <li>9. Peyote</li> <li>10. Steroids</li> </ol>	<ol style="list-style-type: none"> <li>1. Adam, Beans, Clarity, E, Ecstasy, Hug, Love drug, Lover's speed, Molly, X, XTC</li> <li>2. Bold (nitrites), Laughing gas (nitrous oxide), Poppers (amyl nitrite and butyl nitrite), Rush (nitrites), Snappers (amyl nitrite), Whippets (fluorinated hydrocarbons)</li> <li>3. Angel, Angel Dust, Dust</li> <li>4. Blind Squid, Cat Valium, Green, Honey Oil, Jet, K, Keller, Kelly's Day, K-Hold, K-Ways, Special K, Super Acid, Vitamin K</li> <li>5. Acid, Blotter, Paper, Sugar Cubes, Tabs</li> <li>6. Businessman's Trip, Dimitri, Fantasia</li> <li>7. Alice, Boomers, Buttons, Caps, Champiñones, Hongos, Magic, Mushies, Pizza Toppings, Shrooms, Tweezes</li> <li>8. Big Chief, Blue Caps, Buttons, Cactus, Media Luna, Mescal, Mezcakuba, Moon, San Pedro, Topi</li> <li>9. Black Button, Britton, Button, Cactus, Green Button, Half Moon, Hikori, Hikuli, Hyatari, Nubs, Seni, Shaman, Tops</li> <li>10. Anabolic-androgenic Steroids, Juice, Roids</li> </ol>
<b>Other</b>	<ol style="list-style-type: none"> <li>1. Cough Medicine (DXM and Codeine Syrup)</li> <li>2. Synthetic Cathinones (Bath Salts)</li> <li>3. Salvia</li> <li>4. Kratom</li> </ol>	<ol style="list-style-type: none"> <li>1. Candy, Dex, Drank, Lean, Robo, Robotripping, Skittles, Triple C, Tussin, Velvet</li> <li>2. Bloom, Cloud Nine, Flakka, Scarface, Vanilla Sky, White Lightning</li> <li>3. Diviner's Sage, Magic Mint, Maria Pastora, Sally-D, Seer's Sage, Shepherdess's Herb</li> </ol>

## HIERARCHY OF NEEDS

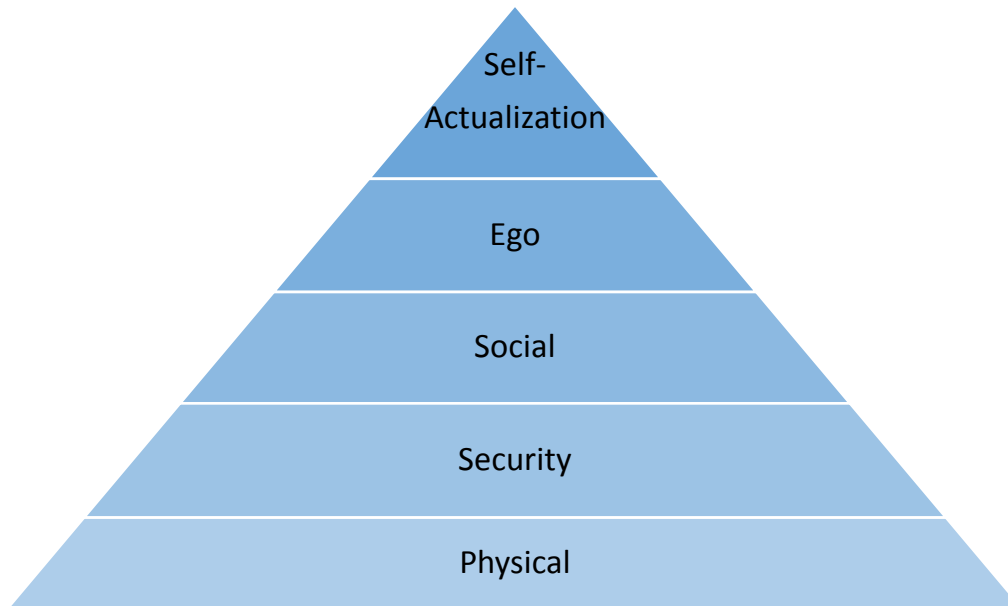


Figure 1. Maslow's Hierarchy of Needs.

According to Maslow, healthy humans have a certain amount of needs. His motivational theory is comprised of a five-tier model of human needs. These needs are arranged in a hierarchy because some needs are more primitive than others and require more focus. Needs in the lower end of the hierarchy must be satisfied before attending to needs higher up. An individual who has successfully mastered Maslow's hierarchy of needs have healthy problem-solving abilities, self-direction, satisfying relationships, and moral values. Individuals who have not successfully mastered the hierarchy, however, are more susceptible to substance use disorders and may struggle to make changes if their basic needs are not met first.

When working with individuals with substance use disorders, it is necessary to focus efforts on helping the individual meet his or her needs at the bottom of the hierarchy first. The areas of the hierarchy are as follows:

- Physical needs include biological requirements for human survival such as food, water, shelter, clothing, sex, etc.
- Security needs include order, stability, security, protection from elements and freedom from fear.
- Social needs include the need to feel love and belonging via interpersonal relationships. When interpersonal relationships are fulfilled, individuals may be motivated to change behavior.
- Ego needs include self- esteem needs and the desire to receive respect from others.
- Self-actualization is reached when an individual realizes his or her personal potential and seeks personal growth.



## STAGES OF CHANGE

Before looking at the different types of screening tools, it is important to utilize the Transtheoretical Model (TTM) or Stages of Change Model. This model recognizes that people can be in different stages of readiness for change. It is imperative that we do not assume that people are ready to make a change in their behavior because they might not be ready to make an immediate or permanent change. Identifying the teen's position in the readiness for change process enables clinicians to match them with an intervention most appropriate for them.

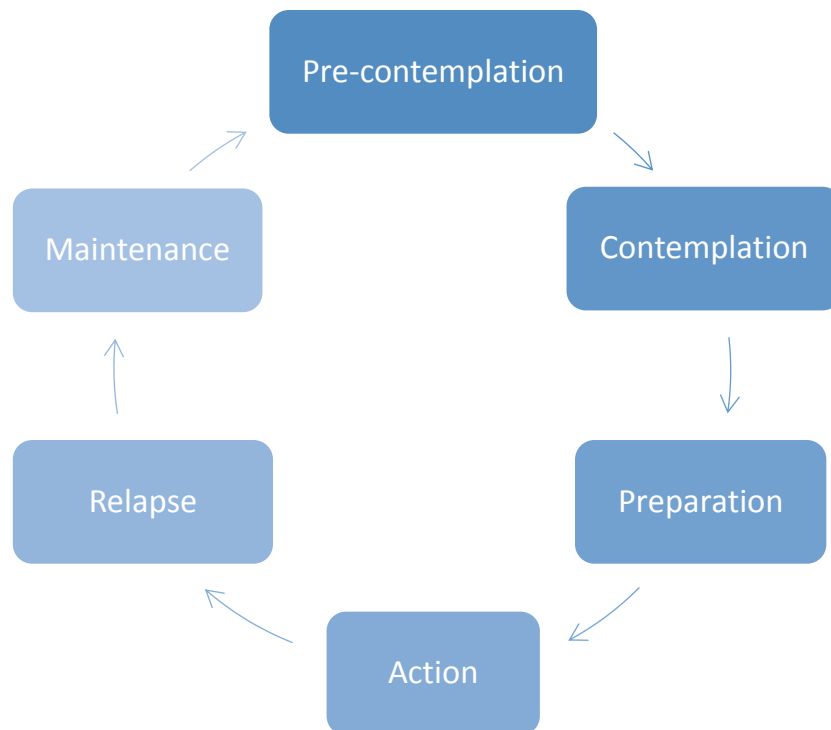


Figure 2. Stages of Change Model where the client can enter or reenter at any stage.

1. Pre-contemplation– No intention of taking immediate action. Unaware that their behavior is problematic or has negative consequences. Underestimate the pros of changing behavior, emphasizing the cons.
2. Contemplation- Intending to take immediate action. Recognize their behavior might be problematic and take into consideration, with equal emphasis, the practical pros and cons of changing their behavior.
3. Preparation- Ready to take action by taking small steps towards changing their behavior because they believe doing so can lead to a healthier life.
4. Action- Recently changed their behavior and intend to continuously move forward with their behavior change.
5. Maintenance- Sustained their behavior change for a while and intend to maintain their behavior change. Work on preventing relapse to earlier stages.

6. Relapse- A person in recovery for any amount of time can fall back into their old ways and use substances. A lapse is also part of this which is a small. Not everyone goes through this stage but it could be a part of recovery.

## SCREENING TOOLS

As a provider, you play a fundamental role in talking to patients about their overall healthcare, including discussing use of drugs or alcohol. There is a high prevalence of mental health and substance use issues, but many people do not seek treatment due to falling under the radar and remaining undiagnosed. Regular screenings in health care and school settings enables earlier identification of mental health and substance use disorders. Subsequently, earlier identification leads to earlier treatment.

Screenings should be provided to people of all ages, especially adolescents. There are a variety of screening tools which can be easily integrated into an overall health assessment to determine whether or not a child's substance use is an issue needing to be addressed with professional treatment.

The following screening tools can be used to assess for mental health and substance use disorders:

SBIRT- Screening Brief Intervention and Referral to Treatment is an evidence-based practice used to identify, reduce, and prevent substance use, abuse, and dependency using motivational interviewing techniques.

- Screening tools include: S2BI & CRAFFT
- The tools can be found here: <http://sbirtnh.org/screening/>

More information regarding Drug Screening Tools can be found at:

<https://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs>

More information regarding how and where one can be trained to screen can be found at:

<https://www.ctclearinghouse.org/topics/screening-brief-intervention-and-referral-to-treatment-sbirt/>

Adolescents today are exposed to tobacco, alcohol, and other drugs at increasingly younger ages. The media portrays and promotes smoking, drinking, and drug use as a fun and natural aspect of “adult” life. It is important to start a dialogue with your child early on to discuss the implications of possible drug use and help them separate the facts from the myths.

It is important to start a conversation on drug use with a teen long before you suspect they are abusing substances. Talking about drugs can be a very difficult conversation. Look for everyday situations that serve as teachable moments. These teachable moments lay the groundwork for open and honest communication. Remember, open and honest communication is key to developing a happy and healthy relationship with your child.

The following resources are available for specifics on how a caregiver can start or continue the conversation of drug use with his or her child:

1. <https://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/talking-to-your-kids-communicating-risks>
2. <https://www.morningsiderecovery.com/addiction-blog/a-parents-guide-to-talking-to-teens-about-drugs-and-alcohol/>
3. [https://www.huffingtonpost.com/entry/how-to-talk-to-your-teen-about-drugs-6-tips-for-parents\\_us\\_599236c1e4b0ed1f464c0d98](https://www.huffingtonpost.com/entry/how-to-talk-to-your-teen-about-drugs-6-tips-for-parents_us_599236c1e4b0ed1f464c0d98)
4. <https://childmind.org/article/talk-teenager-substance-use-abuse/>
5. <https://www.getsmartaboutdrugs.gov/family>
6. [https://pubs.niaaa.nih.gov/publications/makeadiff\\_html/makediff.htm](https://pubs.niaaa.nih.gov/publications/makeadiff_html/makediff.htm)
7. <https://recovergateway.org/substance-abuse-help/loved-ones/teen-drug-use-parent-tools/talking-to-teens/>

## COMMUNITY PARTNERS

### Recovery Coaches in Connecticut Hospitals

Recovery coaches assist people who are admitted to the Emergency Department with an opioid overdose and other alcohol- or drug-related medical emergencies and connect them to treatment and other recovery support services.

For more information and a list of participating hospitals outside our region, visit the website <https://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=600636>

### AmeriCorps Prevention Corps

Offers information and trainings on opioids, Narcan, and SBIRT.

Contact: Sheila Wylie

RYASAP Prevention Corps Member Manager

Office: 203-989-0787

### Local Prevention Councils

In partnership with the State of Connecticut, the Department of Mental Health and Addiction Services (DMHAS) supports and runs 150+ local, municipal-based alcohol, tobacco and other drug (ATOD) abuse prevention councils throughout the state. This goal of this particular grant program is to facilitate the development of ATOD abuse prevention initiatives at the local level with support from elected officials in an effort to increase public awareness and develop/implement local prevention activities targeted towards youth.

More information on the Local Prevention Councils and their location can be found at:

<http://www.ct.gov/dmhas/cwp/view.asp?a=2912&q=335150>

<http://apw-ct.org/page/16525>

## TRAININGS

### Drug Trends

<http://apw-ct.org/page/16536-Parent-Community-Programs>

### A-SBIRT

<https://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=491532>

### Motivational Interviewing

<http://www.ct.gov/dmhas/cwp/view.asp?q=492956>

### Narcan

<https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=509650>

### Mental Health First Aid

<https://www.mentalhealthfirstaid.org/>

### Other Trainings on Substance Use

<https://www.womensconsortium.org/onlinecourses>

## FURTHER RESOURCES

### WEBSITE

- Tricircle, Inc.  
<https://www.tricircleinc.com/LinksResources.en.html>
- Drug Enforcement Agency  
<https://www.dea.gov/index.shtml>
- NIDA for Teens  
<https://teens.drugabuse.gov/>
- Foundation for a Drug Free World  
<http://www.drugfreeworld.org/>
- Partnership for Drug Free Kids  
<https://drugfree.org/>
- Naloxone (Narcan) Information  
<https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=509650>
- Resources throughout CT  
<http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335208&dmhasNav=|>
- Connecticut Clearinghouse  
<https://www.ctclearinghouse.org/resources/>

### BOOKS AND LITERATURE

1. How to Get your Loved one Sober: Alternatives to Nagging, Pleading & Threatening. Robert J. Meyers & Brenda L. Wolfe
2. Beyond Addiction: How Science and Kindness Help People Change: Jeffrey Foote
3. Heroin/Opioid Addiction and Recovery for Teens and Young Adults: A Complete A to Z Guide For All Concerned: Steven Fiorito
4. First Step to Better Choices: Adolescent Substance Abuse Activity Workbook: Denise DeNicolo



CORNELL SCOTT HILL HEALTH CENTER



Mental Health Referral Form
Child & Family Guidance Clinic

428 Columbus Ave 226 Dixwell Ave

- Substance Abuse, Boys & Girls Club, PMT, Mental Health, TF-CBT, CBITS, SBHC, MATCH, BOUNCE BACK

Referring Person Agency/Address Date Tel #

Client Name Address Telephone # SS# Mother Legal Guardian Client speaks/understands Guardian speaks/understands Ethnicity Sex: Female Male

D.C.F. Involvement: Yes No Legal Mandate: Yes No D.C.F. Link # If yes, Court Probation Family Relations

Insurance Name: Policy #

Reason for Referral:

Any prior involvement with mental health services at the CS-Hill Health Center or elsewhere? Yes No If yes, explain briefly.

Is client suicidal or homicidal? Yes No If yes, specify Any hospitalizations? Yes No If yes, specify (place,date) Any current medications? Yes No If yes, specify name, prescribed by

Any drug or alcohol abuse? Yes No If yes, specify Form completed by:

[For Office Use Only]

Emergency Priority Non-Emergency Date Assigned: Case Assigned To:



**Child and Family Guidance Clinic**  
**TF-CBT Screening Questions**  
*To be done with every referral/triage*

**Has the child ever....**

- Been in or seen a very bad accident  Yes  No
- Been unexpectedly separated from someone who she/he depends on for love or security for more than a few days?  Yes  No
- Been physically/emotionally hurt or threatened by someone?  Yes  No
- Seen or heard people physically fighting or threatening to hurt each other?  Yes  No
- Been forced to do something sexual or seen or heard someone else being forced to do something sexual?  Yes  No
- Watched people using drugs (like smoking, sniffing, or using needles)?  Yes  No



Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a treatment model available at the Cornell Scott-Hill Health Center Child and Family Guidance Clinics. TF-CBT is designed to help children, adolescents, and their caretakers overcome trauma-related difficulties such as divorce, death of a loved one, community violence, domestic violence, sexual or physical abuse and more. This screening tool will help us determine if the child would benefit from TF-CBT.



# Wakeman Hall Outpatient Referral Form

Wakeman Hall provides comprehensive mental health treatment, substance use treatment, and recovery support services for young people in the Greater New Haven area. To make a referral, please call, email or fax this form to:

Renee Hausman, Director of Admissions

Phone: 203.248.2116 x 308

E-mail: [rhausman@tccoh.org](mailto:rhausman@tccoh.org)

Fax: 203.287.9815

## Referral Source:

How you heard about us:	Referral date:
Name:	Agency (if applicable):
E-mail:	Phone number:

## Reason for Referral:

--------------

## Youth:

Name:	Date of birth:
Age:      Primary language:      Gender:	Race/ethnicity:
Address:	Phone number:
Youth resides with:	Relationship:
Insurance company:	Insurance ID #:

## Caregiver/Guardian:

Caregiver(s) name:	Primary language:
Phone number:	Cell phone:
Address:	
Legal guardian's name:	Primary language:
Phone number:	Cell phone:
Address:	

## Youth's current and past behavioral health treatment providers:

Name:	Agency (if applicable):
E-mail:	Phone number:

## Youth's mental health or medical issues (DSM diagnoses):

--------------

## Youth's current medications:

--------------

## Youth history (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> physical abuse   | <input type="checkbox"/> psychotic symptoms   |
| <input type="checkbox"/> sexual abuse   | <input type="checkbox"/> suicidal ideation    |
| <input type="checkbox"/> domestic violence                                      | <input type="checkbox"/> homicidal ideation   |
| <input type="checkbox"/> self-injurious behavior                                | <input type="checkbox"/> sexualized behaviors |
| <input type="checkbox"/> substance use, list drugs used in the past month _____ |   |

**CONNECTICUT MULTIDIMENSIONAL  
FAMILY THERAPY REFERRAL FORM (Wheeler Clinic)**

**I.**

**CLIENT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ Race: \_\_\_\_\_

Gender: \_\_\_\_\_ Primary Language spoken in home: \_\_\_\_\_

Medical Insurance (plan name and ID#): \_\_\_\_\_

\_\_\_\_\_

**II.**

**REFERRAL INFORMATION:**

**Referred by:**

Name: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Agency/Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**AGENCY REFERRED TO:**

Agency/Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Probation Supervisor (Signature Req'd for CSSD Post-Dispo)* \_\_\_\_\_

**Legal Status:**

Court: \_\_\_\_\_ Probation Officer: \_\_\_\_\_

Current/recent charges: \_\_\_\_\_

Past charges: \_\_\_\_\_

Court Orders: \_\_\_\_\_

Date of Case Review Team Meeting (CRT) **or other team meeting** \_\_\_\_\_

**DCF Involved:** Yes \_\_\_\_\_ No \_\_\_\_\_ Status: \_\_\_\_\_

**If Yes:**

Social Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Work Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Area Office/Address: \_\_\_\_\_

Any known/suspected safety concerns in the home? (Explain): \_\_\_\_\_

\_\_\_\_\_

**III.**

**REASON FOR REFERRAL:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Substance use (describe): \_\_\_\_\_

\_\_\_\_\_

Supporting Documentation Sent to MDFT (e.g. Evaluations, etc) \_\_\_\_\_

\_\_\_\_\_

**CONNECTICUT MDFT REFERRAL FORM (Wheeler Clinic)**

IV

**BACKGROUND INFORMATION:**

Does child live with parent(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, adult responsible for the child's care:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTS:**

Legal Guardian

Mother's name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Guardian

Father's name: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHERS LIVING IN THE HOME:**

<u>Name</u>	<u>Age</u>	<u>Relationship to Client</u>

**SCHOOL:**

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

**YOUTH'S CURRENT/PAST TREATMENT HISTORY: (if applicable)**

<u>Institute/Agency</u>	<u>Dates of Service</u>	<u>Type of Service</u> (individual therapy, inpatient, outpatient) (home based therapy)	<u>Discharge Status</u> (successful/unsuccessful)	<u>Tel. #</u>	<u>Name of contact</u>

**DIAGNOSIS:**

DSM IV Axis I: \_\_\_\_\_  
\_\_\_\_\_

Axis II: \_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATION:**

<u>Name</u>	<u>Dose/Frequency</u>	<u>Prescribing Physician</u>

**DATE OF INTAKE:** \_\_\_\_\_

**MDFT CLINICIAN ASSIGNED:** \_\_\_\_\_  
\_\_\_\_\_

## WHEELER CLINIC MST REFERRAL FORM

<b>I.</b>
<b>CLIENT INFORMATION:</b>
Name: _____ DOB: _____ CL: _____
SS # _____ Ethnicity: _____
Gender: _____ Primary Language spoken in home: _____
Medical Insurance (plan name and ID#): _____

<b>II.</b>
<b>REFERRAL INFORMATION:</b>
<u>Referred by:</u>
Name: _____ Date of referral: _____
Agency/Address: _____
Phone #: _____
DCF INVOLVEMENT?
___ yes ___ no Status _____
Name of Worker: _____ Phone: _____
Name of Supervisor: _____ Phone: _____
Any known/suspected safety concerns in the home? (explain): _____
JAG Score: _____ Date Completed: _____ Planned Probation Discharge
Date: _____ Next Court Date: _____
COURT INVOLVEMENT?
Y N Status _____

<b>III.</b>
<b>REASON FOR REFERRAL:</b>
_____
_____
_____
_____
_____
_____
_____
_____
_____
Current substance use (describe):
_____
_____

# CONNECTICUT MST REFERRAL FORM (Wheeler Clinic)

## IV

**BACKGROUND INFORMATION:**

Legal Guardian? \_\_\_\_\_ Relationship: \_\_\_\_\_

Does child live with parent(s)? \_\_\_yes \_\_\_no

If no, adult responsible for the child's care:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTS:**

Mother's name \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_

**OTHERS LIVING IN THE HOME:**

Name                                      Age                      Relationship to Client


**SCHOOL**

Current School \_\_\_\_\_ Grade: \_\_\_\_\_

Contact person: \_\_\_\_\_

School concerns? \_\_\_\_\_

**YOUTH'S CURRENT/PAST TREATMENT HISTORY:**

Institution/Agency	Dates of Service	Type of Service (individual therapy, inpatient, outpatient)	Discharge Status (successful / unsuccessful)	Tel. #	Name of Contact

**DIAGNOSES:**

DSM IV Axis I: \_\_\_\_\_

\_\_\_\_\_

Axis II: \_\_\_\_\_

\_\_\_\_\_

**CURRENT MEDICATION:**

<u>Name</u>	<u>Dose/Frequency</u>	<u>Prescribing Physician</u>
_____	_____	_____
_____	_____	_____

Referral Source (please indicate):

MST Team Referring to:  DCF Willimantic/Norwich  CSSD Waterford  
 CSSD New Haven  DCF Hartford  CSSD Hartford  CSSD Middletown  
 DCF Waterbury  CSSD Rockville  CSSD Norwalk/Stamford



## MST REFERRAL FORM

NAFI Connecticut, Inc.

### I.

**CLIENT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN #: \_\_\_\_\_  
Juvenile ID# \_\_\_\_\_ DCF Link#: \_\_\_\_\_  
Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Primary Language spoken in home: Spanish/English  
Bilingual clinician needed:  Yes  No  
Medical Insurance (plan name and ID#): \_\_\_\_\_

### II.

**REFERRAL INFORMATION:**

Referred by:

Name: \_\_\_\_\_ Date of referral: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Legal Status:

Is this client court involved?  Yes  No

Commitment status: \_\_\_\_\_

Court jurisdiction: \_\_\_\_\_

Current/recent charges: \_\_\_\_\_

Past charges: \_\_\_\_\_

Court orders: \_\_\_\_\_

Probation/Parole referrals:

Is this client currently on probation?  Yes  No

Probation Officer: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Anticipated Date of Probation Discharge: \_\_\_\_\_

Total JAG Score: \_\_\_\_\_ Top Criminogenic Needs: \_\_\_\_\_

Date of JAG Assessment: \_\_\_\_\_

Is this client currently on parole?  Yes  No

Parole Officer: \_\_\_\_\_

Parole Commitment end date: \_\_\_\_\_

Detention Status:

Is the youth currently in detention?  Yes  No

Last day of detention: \_\_\_\_\_

III.

**REASON FOR REFERRAL:**

Please describe:

Current substance use:  Yes  No

If yes, please describe: [redacted]

Past substance use:  Yes  No

If yes, please describe: [redacted]

Please list Supporting Documentation being sent to MST: (e.g. Pre-Dispositional Study, Psychiatric or Psychological Evaluations, Assessments, etc.)

[redacted]

IV.

**BACKGROUND INFORMATION:**

Does youth live with parent(s)?  Yes  No

If no, adult responsible for the youth's care:

Name: [redacted] Relationship: [redacted]

Address: [redacted] Phone: [redacted]

Legal Guardian:  Yes  No

**PARENTS:**

Mother's name:

Address: [redacted] Phone: [redacted]

Legal Guardian:  Yes  No

Father's name: [redacted]

Address: [redacted] Phone: [redacted]

Legal Guardian:  Yes  No

**OTHERS LIVING IN THE HOME:**

Name                      Age                      Relationship to Client

[redacted]

[redacted]

[redacted]

**SCHOOL INFORMATION:**

Current School: [redacted]

Grade: [redacted]

**DCF INVOLVEMENT:**

Yes  No Status: [redacted]

Name of Worker: [redacted] Phone: [redacted]

**SAFETY ASSESSMENT:**

Any known/suspected safety concerns in the home: [redacted]

Are there any other safety concerns we should be aware of: [redacted]



Institution/Agency	Dates of Service	Type of Service (individual therapy, inpatient, outpatient)	Discharge Status (successful / unsuccessful)	Tel. #	Name of Contact

DSM-IV DIAGNOSES:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V./GAF:

CURRENT MEDICATION:

Name

Dose/Frequency

Prescribing Physician

Please note any additional pertinent case information:





**NAFI Connecticut, Inc.**  
*creating diverse and innovative services for people*

New Haven, Bridgeport, Meriden, Middletown, Waterbury  
 Fax to: (203) 773-1503 Attention: MST TAY  
 Questions? Call Supervisor Kaitlin Bregel (203) 228-4286  
 Hartford, Enfield, New Britain, Norwich, Manchester, Bristol  
 Fax to: (860) 560-0769 Attention: MST TAY  
 Questions? Call Supervisor Laura Pazzda (860) 576-3630

\*REFERRAL SOURCE ONLY NEEDS TO COMPLETE ITEMS MARKED WITH \* BUT PLEASE COMPLETE ALL ITEMS THAT YOU KNOW.

YOUNG ADULT SUCCESS PROJECT- Client Information						*DATE:
*CLIENT'S PREFERRED NAME:		*FIRST NAME:	MIDDLE NAME:	*LAST NAME:		*AGE:
						*BILINGUAL REQUIRED: Yes <input type="checkbox"/>
*SEX:	M <input type="checkbox"/> F <input type="checkbox"/>	BIRTH DATE:	IF NATIVE AMER., TRIBE:	*PRIMARY LANGUAGE:		
IF BORN OUTSIDE US, # YRS RESIDED IN US:		RACE:	ETHNICITY:	*SECONDARY LANGUAGE:		
<b>MST-EA CRITERIA (Call MST-EA Supervisor if you have <u>any</u> questions or want to discuss a case)</b>						
*CLIENT'S AGE IS 17-20 (before 21 <sup>st</sup> birthday)?			Yes <input type="checkbox"/>	*CLIENT WILL RESIDE IN: Greater New Haven, Bridgeport, Meriden, Middletown, Waterbury, Greater Hartford, Enfield, New Britain, Norwich, Manchester, Bristol?		
				Yes <input type="checkbox"/>		
*EVIDENCE OF <b>STABLE HOUSING</b> or plan for stable housing in the community upon discharge. Community means non-hospital, non-residential treatment, <u>non-detention/jail/prison</u> . Group homes, foster home, and supervised living can be accepted. Cannot currently be homeless, in a shelter, or couch surfing. Correct <input type="checkbox"/>						
<b>MENTAL HEALTH:</b>			<b>CRIMINAL INVOLVEMENT:</b>			
*Seems to have a mental health problem (Mood, Anxiety, and/or Psychotic Disorders – MST-EA will screen)?			Yes <input type="checkbox"/>	*Arrested and/or released from jail/prison/detention in past 18 months (more than simple probation violation)?		
				Yes <input type="checkbox"/>		
*Does NOT have Autism, Pervasive Developmental Disorders, or Intellectual Disability.			Correct <input type="checkbox"/>	*Severity of any pending charges at referral IS NOT likely to result in incarceration.		
				Correct <input type="checkbox"/>		
*NOT currently suicidal or homicidal.			Correct <input type="checkbox"/>	*NO recent history or a pattern of problem sexual behaviors.		
				Correct <input type="checkbox"/>		
*DIAGNOSES, MEDS, <u>SYMPTOMS</u> /BEHAVIORS YOU KNOW OF:			*PROVIDE ARREST DATES, CHARGES, AND/OR RELEASE DATES:			
*CLIENT (IF NEEDED, ALSO GUARDIAN) HAS SIGNED RELEASE OF INFORMATION & GIVEN PERMISSION TO MAKE REFERRAL? Yes <input type="checkbox"/>						
*ANY OTHER REFERRAL REASON(S):	Brief summary of any other referral reasons. Include *safety concerns the program should be aware of.					
THESE MAY SUGGEST MENTAL ILLNESS, BUT WE CONDUCT A SCREENING TO CONFIRM DIAGNOSIS: a written diagnosis, referral for court evaluation for mental health, treatment in a psychiatric hospital or residential setting, physical or sexual abuse history, prescribed psychotropic medications						
*CLIENT'S PHONE #(s):				*CLIENT'S CURRENT ADDRESS:		
*CLIENT'S MOTHER:				ADDRESS:	*HAS LEGAL GUARDIANSHIP OF CLIENT? Yes <input type="checkbox"/>	
<input type="checkbox"/> N/A	PHONE(S):					
*CLIENT'S FATHER:				ADDRESS:	*HAS LEGAL GUARDIANSHIP OF CLIENT? Yes <input type="checkbox"/>	
<input type="checkbox"/> N/A	PHONE(S):					
*OTHER CONTACT:				ADDRESS:	*HAS LEGAL GUARDIANSHIP OF CLIENT? Yes <input type="checkbox"/>	
<input type="checkbox"/> N/A	PHONE(S):					
*WHO HAS LEGAL GUARDIANSHIP/CUSTODY OF CLIENT?	<input type="checkbox"/> See above notations <input type="checkbox"/> Client is legal adult <input type="checkbox"/> Other (Explain)		Explain:			
*Legal guardian must sign all releases of info, client contract, and relevant forms and should be present for screening/intake if client is under 18.*						
NAFI USE ONLY	Referral Date:		Screening Date:		Intake Date:	
	Team:		Therapist:		Coach:	

*REFERRAL SOURCE'S NAME:		*AGENCY/DCF Region:		*PHONE(S):		*EMAIL:			
*REFERRAL SOURCE'S SUPERVISOR:		*SUPERVISOR'S TITLE:		*SUPERVISOR'S PHONE:		*SUPERVISOR'S EMAIL:			
<b>*PROVIDERS &amp; PROGRAMS CLIENT IS INVOLVED IN (*fill in all that apply/are known)</b>									
SCHOOL PROGRAM: <input type="checkbox"/> N/A				CONTACT PERSON:			Currently Attending? Yes <input type="checkbox"/>		
	PHONE(S):			JOB TITLE:					
DCF: <input type="checkbox"/> N/A				CONTACT PERSON:			Currently Involved? Yes <input type="checkbox"/>		
	PHONE(S):			JOB TITLE:					
REASON FOR DCF INVOLVEMENT:									
DMHAS: <input type="checkbox"/> N/A				CONTACT PERSON:			Currently Involved? Yes <input type="checkbox"/>		
	PHONE(S):			JOB TITLE:					
REASON FOR DMHAS INVOLVEMENT:									
PROBATION/PAROLE: <input type="checkbox"/> N/A				CONTACT PERSON:			Currently Attending? Yes <input type="checkbox"/>		
	PHONE(S):			JOB TITLE:					
COURT/DOC PROGRAM: <input type="checkbox"/> N/A				CONTACT PERSON:			Currently Attending? Yes <input type="checkbox"/>		
	PHONE(S):			JOB TITLE:					
CURRENT CHARGES: <input type="checkbox"/> N/A			PENDING CHARGES: <input type="checkbox"/> N/A			LEGAL STATUS: <input type="checkbox"/> N/A	PROB./PAR. END DATE: <input type="checkbox"/> N/A		
EMERGENCY CONTACT:	Name:				Relationship:				
	Address:				Phone #(s):				
INSURANCE:	Y <input type="checkbox"/> N <input type="checkbox"/>	NAME OF POLICY HOLDER:			RELATIONSHIP TO CLIENT/SELF:				
POLICY ID NUMBER:			COMPANY:			POLICY HOLDER DOB:			
CLIENT'S CURRENT MEDICATIONS: <input type="checkbox"/> N/A	NAME		DOSAGE		CLIENT'S PRIMARY CARE PHYSICIAN: <input type="checkbox"/> N/A	NAME & AGENCY:			
						ADDRESS & PHONE:			
CLIENT'S CURRENT DIAGNOSES:					CLIENT'S PSYCHIATRIST: <input type="checkbox"/> N/A	NAME & AGENCY:			
						ADDRESS & PHONE:			
PREFERRED HOSPITAL:	HOSPITAL ADDRESS:			HOSPITAL PHONE:		HEALTH NOTES:			
CLIENT ADVANCE INSTRUCTIONS/ADVANCE DIRECTIVE:				<input type="checkbox"/> YES (see records in client file) <input type="checkbox"/> NO					
MAJOR SAFETY CONCERNS FOR THE HOME OR CLIENT:									