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# TEEN SUBSTANCE USE RESOURCE GUIDE

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A GUIDE FOR PROVIDERS IN THE GREATER NEW HAVEN REGION



## PURPOSE OF THE GUIDE

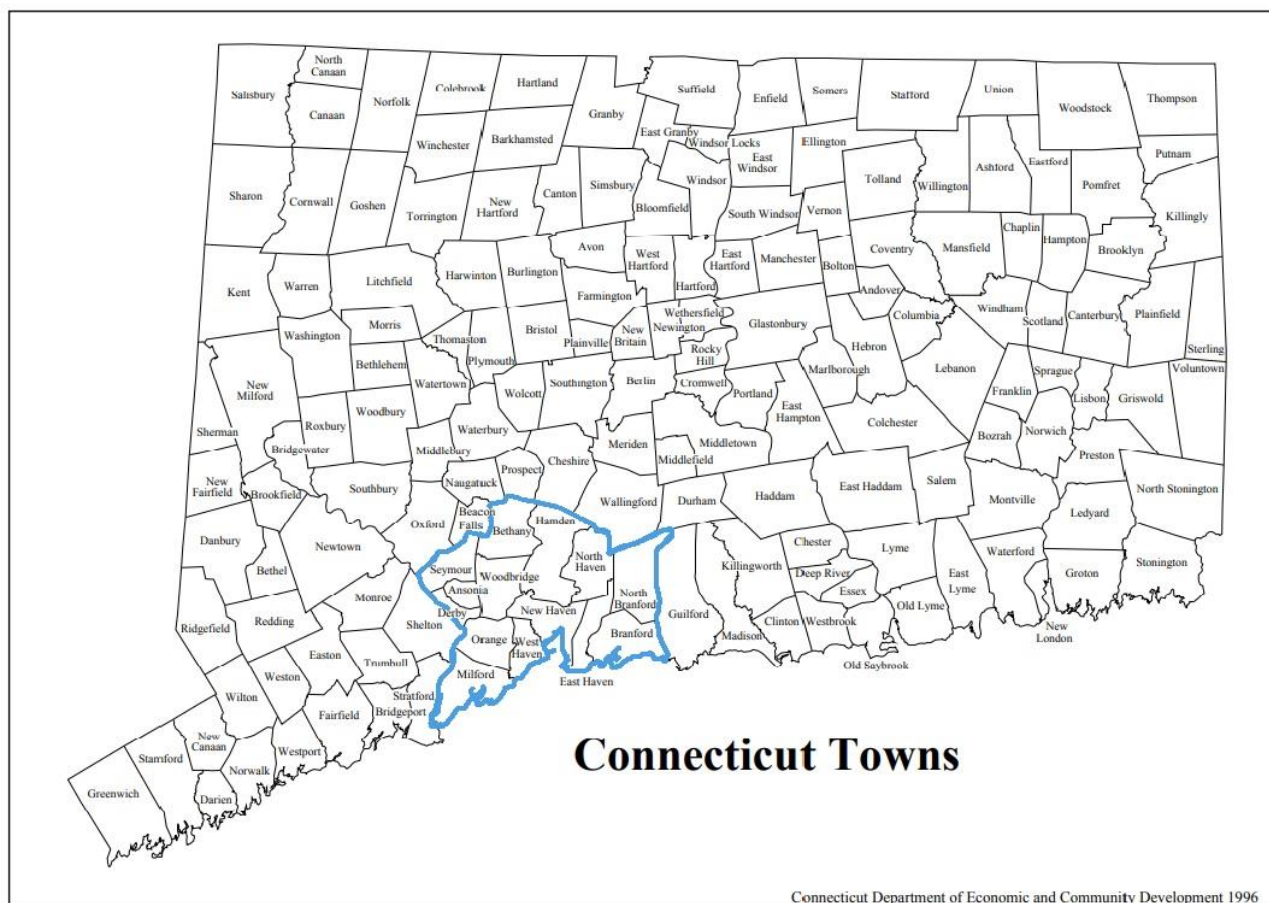
The purpose of this guide is to help **providers** as they try and connect teens who use substances (and their families and support systems) to beneficial resources. The creators of this guide recognize that it can be very overwhelming for youth and families to research resources and therefore caution providers from distributing this to youth and their families.

An electronic version of this guide can be downloaded from the following websites:

- The SURGE Facebook Page: <https://www.facebook.com/Substanceuserresourceguideentity/>
- The Children's Center of Hamden Website: <http://www.childrenscenterhamden.org/childrens-center-hamden-help-youth-reach-dreams/>

This guide is intended to be modified with up-to-date information annually. If you are aware of information that needs to be modified, please contact SURGE via Facebook or contact the chair of SURGE, Christine Hauser at Wakeman Hall: [chauser@tccoh.org](mailto:chauser@tccoh.org).

To keep a clear focus for the guide, resources included are limited to providers within DCF Region 2 (see map below) who have training or experience in the area of teen substance use.



## 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.

Monthly SURGE meetings take place on the 3<sup>rd</sup> Tuesday of every month at 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).

## TABLE OF CONTENTS

|   |    |
|---|----|
| <a href="#">Definitions</a> .....   | 5  |
| <a href="#">FAQ</a> .....   | 7  |
| <a href="#">Risk and Protective Factors</a> .....                         | 8  |
| <a href="#">Information about Drugs</a> .....                             | 9  |
| <a href="#">Drug Identification Tools</a>                                 |    |
| <a href="#">Substances Used</a>   |    |
| <a href="#">Hierarchy of Needs</a> .....                                  | 12 |
| <a href="#">Stages of Change</a> .....                                    | 13 |
| <a href="#">Screening Tools</a> .....                                     | 14 |
| <a href="#">Talking to Teens and Caregivers about Substance Use</a> ..... | 15 |
| <a href="#">Guide to Making Referrals to Treatment</a> .....              | 16 |
| <a href="#">Substance Use Treatment Overview</a> .....                    | 17 |
| <a href="#">Services Offered During Treatment</a>                         |    |
| <a href="#">What to Look for in a Provider</a>                            |    |
| <a href="#">Treatment Types</a>   |    |
| <a href="#">Substance Use Treatment Programs</a> .....                    | 20 |
| <a href="#">Teens</a>   |    |
| <a href="#">Transition Age Youth</a>                                      |    |
| <a href="#">Support Groups</a> .....                                      | 26 |
| <a href="#">Families</a>  |    |
| <a href="#">Teens</a>   |    |
| <a href="#">Hotlines</a>  |    |
| <a href="#">Accessing Narcan</a> .....                                    | 28 |
| <a href="#">Community Partners</a> .....                                  | 29 |
| <a href="#">Trainings</a> .....   | 30 |
| <a href="#">Educational Resources</a> .....                               | 30 |
| <a href="#">Websites</a>  |    |
| <a href="#">Books/Literature</a>  |    |
| <a href="#">APPENDIX: Referral Forms</a> .....                            | 31 |

## 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.



## FAQ

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 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 reduce 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 risks put a child at further 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<br>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 other names. For detailed information about each drug, 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</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</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</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</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, Speed, 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</li> <li>2. GHB</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> <li>2. G, GEEB, Georgia Home Boy, Grievous Bodily Harm, Gina, Liquid E, Liquid X, Roofies, Scoop</li> </ol>  |
| <b>Hallucinogens</b> | <ol style="list-style-type: none"> <li>1. MDMA (Ecstasy, Molly)</li> <li>2. Inhalants</li> <li>3. PCP</li> <li>4. Ketamine</li> <li>5. LSD</li> <li>6. Psilocybin (Mushrooms)</li> <li>7. Mescaline</li> <li>8. Peyote</li> <li>9. 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. Alice, Boomers, Buttons, Caps, Champiñones, Hongos, Magic, Mushies, Pizza Toppings, Shrooms, Tweezes</li> <li>7. Big Chief, Blue Caps, Buttons, Cactus, Media Luna, Mescal, Mezcakuba, Moon, San Pedro, Topi</li> <li>8. Black Button, Britton, Button, Cactus, Green Button, Half Moon, Hikori, Hikuli, Hyatari, Nubs, Seni, Shaman, Tops</li> <li>9. 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>  |

## HIREARCHY OF NEEDS

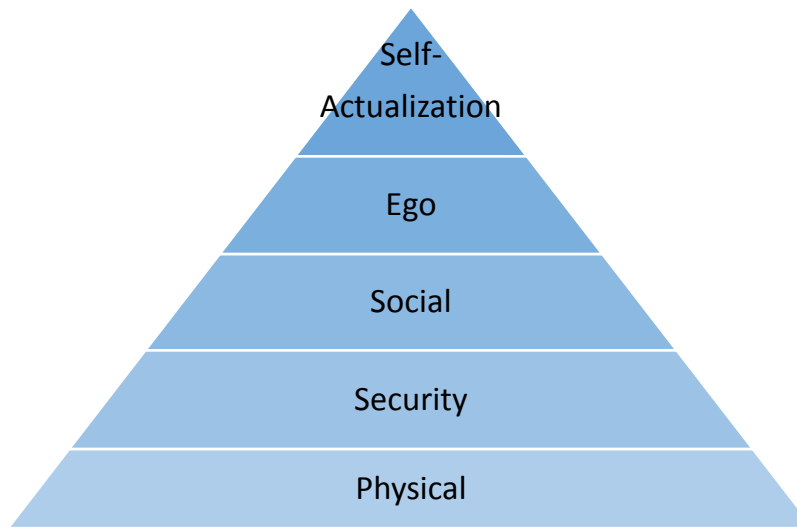


Figure 1. Maslow's hierarchy of needs.

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 child's position in the readiness for change process enables clinicians to match them with an intervention most appropriate for them.

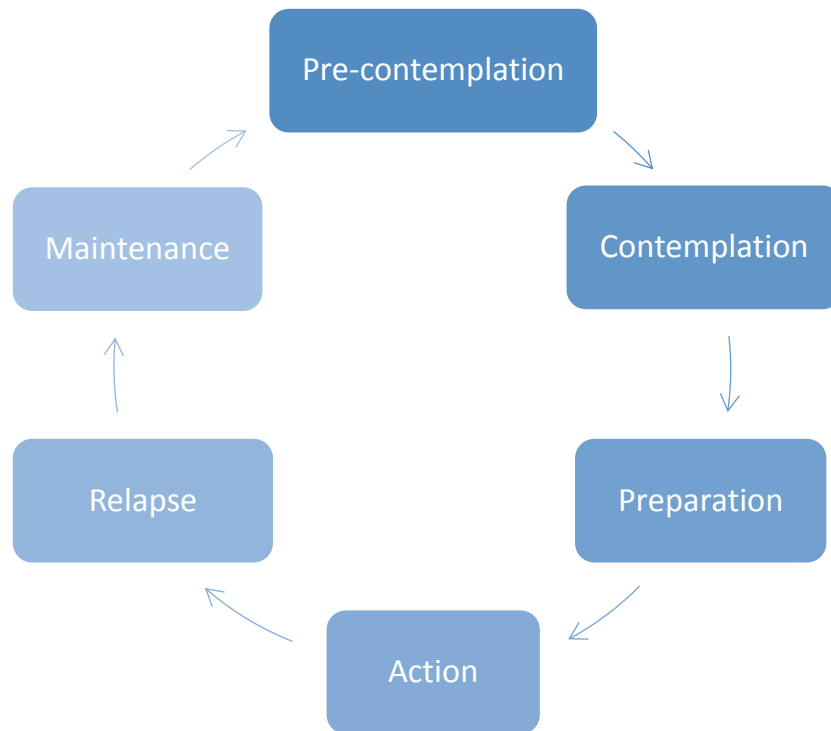


Figure 2. Stages of Change Model where the client can enter or reenter at any stage.

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.

## 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 in part 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 children. 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/>

**Mental Health First Aid-** Education program that assess possible risk factors and warning signs of mental health problems, builds understanding of their impact, demonstrates how to assess a mental health crisis, select interventions and provide initial help, and connect persons to professional, peer and social supports as well as self-help resources.

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/>

## TALKING TO TEENS AND CAREGIVERS ABOUT SUBSTANCE USE

Children 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 your child long before you suspect they are potentially 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/>



## GUIDE TO MAKING REFERRALS TO TREATMENT

It can be a very difficult and intimidating process to find a 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 get records, send records, and give an oral history to give 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 are resistant to completing treatment.

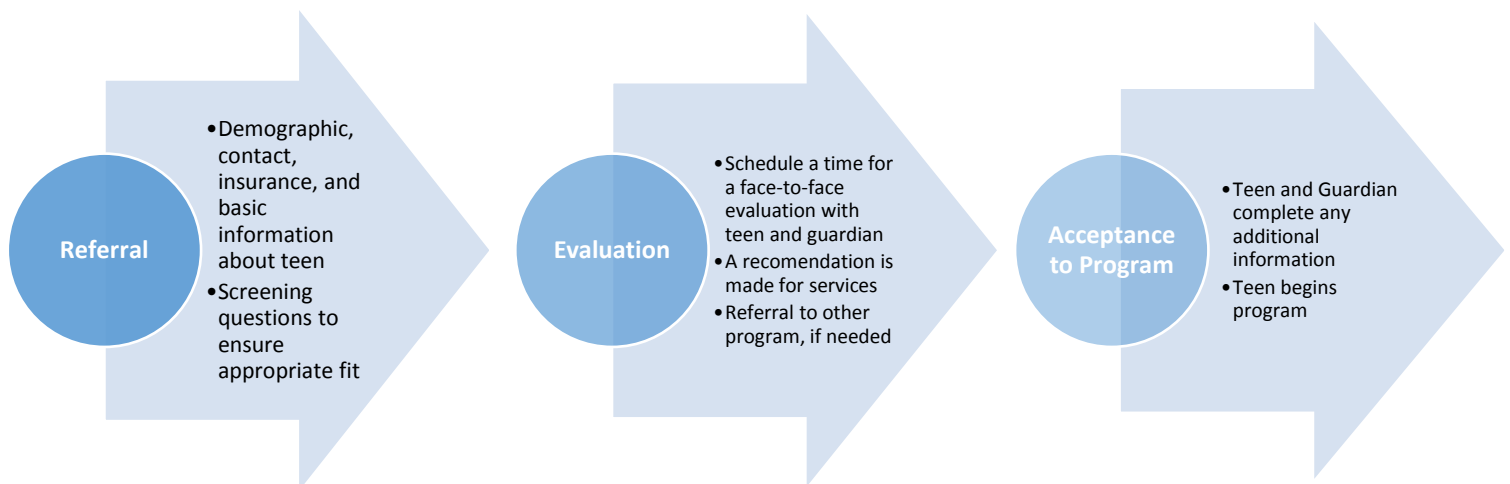


Figure 3. Steps to making a referral.

## SUBSTANCE USE TREATMENT OVERVIEW

### 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, ideally 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.

### WHAT TO LOOK FOR IN A PROVIDER

1. Will they work with the teen you are referring?
  - a. Age
  - 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?
4. How easy is it to get to appointments?
  - a. Location
  - b. Providing transportation
  - c. Bus travel
  - d. Home visits
5. Who has to make a referral?
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?

#### TREATMENT TYPES

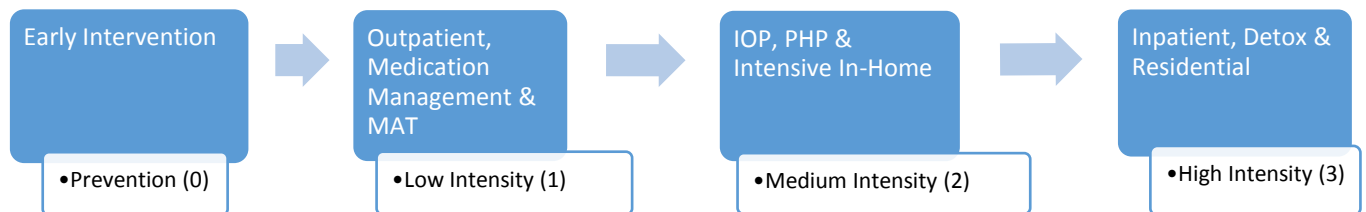


Figure 4. Treatment levels of care from low intensity to high intensity.

#### 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. This can also include

### 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

## TEENS

| Treatment Type/<br>Intensity                     | Program   | Address   | Phone  | Website   | Prescribes<br>Medication | Ages/<br>Gender<br>Served | Insurance<br>Accepted  | Referral<br>Sources   |
|--|---|---|--|---|--------------------------|---------------------------|--|-----------------------|
| Early<br>Intervention<br>(0)                     | CJR CYFSC:<br>MET CBT<br>Group  | 414 Chapel Street,<br>Suite C-1<br>New Haven, CT<br>06511                                     | (203) 821-7273   | <a href="http://www.ctjuniorrepublic.org/page.cfm?p=544">http://www.ctjuniorrepublic.org/page.cfm?p=544</a>   |                          |                           |  | Juvenile<br>Probation |
| Early<br>Intervention<br>(0)                     | Men on The<br>Rise, LLC-<br>Substance Use<br>Education  | P.O. Box 26101<br>West Haven, CT<br>06516   | (203) 812-0246   |   |                          |                           |  |                       |
| Early<br>Intervention<br>(0)                     | Child & Family<br>Guidance<br>Cornell Scott<br>Hill Health<br>Center-<br>Substance Use<br>Education | 400 Columbus Ave.<br>New Haven, CT<br>06519<br><br>226 Dixwell Ave.<br>New Haven, CT<br>06511 | Columbus<br>Avenue Site:<br>(203) 503-3055<br><br>Dixwell Avenue<br>Site: (203) 503-<br>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 &<br>Female, 3-18    | Medicaid,<br>private<br>insurance<br>or sliding<br>fee scale | Anyone                |
| Medication<br>Assisted<br>Treatment<br>(MAT) (2) | APT<br>Foundation   | 1 Long Wharf Drive<br>New Haven, CT<br>06514  | (203) 781-4600   | <a href="https://aptfoundation.org/">https://aptfoundation.org/</a>   | Yes                      | Male &<br>Female, 16+     |  |                       |

SURGE Teen Substance Use Resource Guide

| <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<br>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                           |                         |
| Outpatient (1)                                     | The Children Center of Hamden, Wakeman Hall Outpatient (A-CRA/ACC) | 1400 Whitney Avenue<br>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<br>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/ Partial Hospital Program (2) | The Rushford Center (Seven Challenges)                             | 110 National Drive<br>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)                              | Yale Child Study Center (MDFT)                                     | 230 S Frontage Rd,<br>New Haven, CT 06519   | (203) 785-6862 | <a href="https://medicine.yale.edu/childstudy/">https://medicine.yale.edu/childstudy/</a>   | Yes                          | Male and female 9-18       |  |                         |

SURGE Teen Substance Use Resource Guide

| <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)            | Wheeler Clinic (MDFT)     |   | (888) 793-3500        | <a href="http://www.wheelerclinic.org">www.wheelerclinic.org</a>  | Yes                          |   | Medicaid, private insurance or sliding fee scale |                         |
| Intensive In-Home (2)            | Wheeler Clinic (MST)      | 295 Washington Ave, Suite 1<br>Hamden, CT<br><br>25 Main Street,<br>3 <sup>rd</sup> Floor<br>Hartford, CT 06106 | (888) 793-3500        | <a href="https://www.wheelerclinic.org/services/wheeler-services/multisystemic-therapy">https://www.wheelerclinic.org/services/wheeler-services/multisystemic-therapy</a> |                              | Male & Female 12-18                                   | All insurance types                              |                         |
| Intensive-In Home (2)            | NAFI Connecticut (MST)    |   | (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                                   |  |                         |
| Residential (3)                  | Newport Academy           |   | (877) 628-3367        |   | Yes                          | Male & Female,12-20                                   |  |                         |
| Residential (3)                  | Rushford Center-Stonegate |   | 1-877-577-3233        |   |                              | Male Only, Ages 13-18 (18 only if enrolled in school) |  |                         |
| Residential (3)                  | Teen Challenge            | P.O. Box 9492<br>New Haven CT 06534   | 1-855-404-HOPE (4673) | <a href="http://www.tconnecticut.org">www.tconnecticut.org</a>  |                              | Males Only  |  |                         |



SURGE Teen Substance Use Resource Guide

| <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>      |
|----------------------------------|--|---|-----------------|---|------------------------------|----------------------------|---------------------------------------|------------------------------|
| Residential (3)                  | RisE   | 995 Sherman Avenue<br>Hamden, CT 06514                  | (203) 508-1780  | <a href="https://www.cpa-ct.org/juvenile/">https://www.cpa-ct.org/juvenile/</a>   |                              | Males Only                 | Anthem                                | DCF                          |
| Residential (3)                  | NAFI Touchstone                                |   |                 | <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                |                                       | DCF referrals only           |
| Residential (3)                  | NAFI MDFT Intermediate Residential Program     |   |                 | <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                |                                       | Probation referrals only     |
| Residential (3)                  | CT Junior Republic Residential Program (CJRRP) | 550 Goshen Road<br>P.O. Box 161<br>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 |
| Inpatient & Detox (3)            | Arms Acres                                     | 75 Seminary Hill Rd<br>Carmel Hamlet, NY 10512          | (845) 225-3400  | <a href="http://www.armsacres.com/outpatient">http://www.armsacres.com/outpatient</a>   |                              | Male & Female 13+          | Husky A, Medicaid & Private Insurance | Anyone                       |

SURGE Teen Substance Use Resource Guide

| Treatment Type/<br>Intensity | Program                             | Address   | Phone        | Website   | Prescribes Medication | Ages/<br>Gender Served | Insurance Accepted | Referral Sources |
|------------------------------|-------------------------------------|---|--------------|---|-----------------------|------------------------|--------------------|------------------|
| Inpatient (3)                | Yale New Haven Psychiatric Hospital | 184 Liberty Street<br>New Haven, CT 06510<br>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<br>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<br>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<br>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<br>Hamden, CT<br><br>25 Main Street 3 <sup>rd</sup> Floor<br>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 |

SURGE Teen Substance Use Resource Guide

| <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> |
|-----------------------|----------------|--|--------------|---|------------------------------|------------------------------------|---------------------------|-------------------------|
| Residential (3)       | Turnbridge     | 189 Orange Street<br>New Haven, CT 06510 | 203-937-2309 | <a href="https://www.tpaddictiontreatment.com/">https://www.tpaddictiontreatment.com/</a> |                              | Transition Age Men and Women (18+) |                           |                         |

## SUPPORT GROUPS

## FAMILIES

| Type of group          | Organization                       | Address   | Day & Time                 | Contact  | Website   |
|------------------------|------------------------------------|---|----------------------------|--|---|
| SMART Family & Friends | The Children's Center of Hamden    | 1400 Whitney Ave,<br>Wakeman Hall (Bldg. #1)<br>Hamden, CT 06517          | Monday,<br>6:30-7:30 pm    | Gaboury Benoit<br>(203)401-1556,<br>gabouryb@gmail.com | <a href="http://www.smartrecovery.org">www.smartrecovery.org</a>                              |
| SMART Family & Friends | Bridges                            | Bridges, RM4<br>570 Boston Post Road<br>Milford CT 06460                  | Monday,<br>6:45-8:00 pm    | dgannon@bridgesmilford.org                             | <a href="http://www.smartrecovery.org">www.smartrecovery.org</a>                              |
| Alateen                | 1st Church of Christ               | 5 Meetinghouse Lane<br>Woodbridge, CT                                     | Tuesday, 7:30 pm           |  | <a href="https://www.ctalanon.org/meetings/mm2">https://www.ctalanon.org/meetings/mm2</a>     |
| Opioid Support Group   | Clifford Beers                     | 358 Orange St. 10 <sup>th</sup> floor<br>New Haven, CT                    | Wednesday,<br>3:00-4:30 pm | (203)772-1270 x 1200<br>oesupport@cliffordbeers.org    | <a href="http://www.cliffordbeers.org/">http://www.cliffordbeers.org/</a>                     |
| Nar-anon               | Harborside Health Care-Arden House | 850 Mix Ave, Board room<br>Hamden, CT                                     | Thursday,<br>7:00 pm       | Rose<br>(203) 641-9380 Maxine<br>(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,<br>CT   | Tuesday, 7:00 pm           | Karen M<br>(203) 804-5406 Maria P<br>(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,<br>CT   | Saturday,<br>10:00 am      | MaryEllen<br>(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   | The C.A.R.E.S. Group               | Echo Hose Ambulance Training Center<br>286 Howe Ave.<br>Shelton, CT 06484 | Thursday,<br>6:00-9:00 pm  | 855-406-0246   | <a href="http://www.thecaresgroup.org/">http://www.thecaresgroup.org/</a>                     |

| Type of group        | Organization   | Address  | Day & Time                                 | Contact        | Website   |
|----------------------|----------------|--|--|----------------|---|
| Hope & Support Group | TriCircle, Inc | Wallingford Stop-n-Shop<br>Community Room 2nd Fl<br>930 N Colony Road<br>Wallingford, CT 06492 | 9am-10:30am<br>1st Sunday of<br>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  |
|---------------|---------------------------------|--|---------------------------------|--|--|
| SMART Teens   | The Children's Center of Hamden | Contact facilitator for details                          | Contact facilitator for details | Shayn Williams-Burris<br>(203) 248-2116 x366<br><a href="mailto:swilliams-burris@tccoh.org">swilliams-burris@tccoh.org</a> | <a href="http://www.smartrecovery.org">www.smartrecovery.org</a> |
| SMART Teens   | Bridges                         | Bridges, RM4<br>570 Boston Post Road<br>Milford CT 06460 | Wednesday,<br>5:15-6:30 pm      | <a href="mailto:dgannon@bridgesmilford.org">dgannon@bridgesmilford.org</a>   | <a href="http://www.smartrecovery.org">www.smartrecovery.org</a> |

## HOTLINES

Hotlines for substance support services:

- Continuum of Care, Safe Harbor Warm Line: 1-800-258-1528
- Al-Anon/Al-A-Teen: 1-888-425-2666
- Alcohol/Drug Abuse Hotline: 1-800-662-HELP

## ACCESSING NARCAN

Below is a list of pharmacies that carry Narcan in each Greater New Haven town. To find more pharmacies, Check out the “Narcan Now” app available free of charge for smartphones.

| <b>Town</b>    | <b>Pharmacy Name</b>  | <b>Address</b>                                 | <b>Phone</b>   |
|----------------|-----------------------|--|----------------|
| Ansonia        | Target's CVS Pharmacy | 20 W Main Street,<br>Ansonia, CT 06401         | (203) 278-5055 |
| Branford       | CVS Pharmacy          | 2-6 Short Beach Road,<br>Branford, CT 06405    | (203) 488-9485 |
| Derby          | ShopRite Pharmacy     | 49 Pershing Dr<br>Derby, CT 06418              | (203) 736-1001 |
| East Haven     | Rite Aid              | 10 Hemingway Ave,<br>East Haven, CT 06512      | (203) 469-4609 |
| Guilford       | Walgreens             | 1116 Boston Post Road,<br>Guilford, Ct 06437   | (203) 453-1619 |
| Hamden         | Walgreens             | 1697 Whitney Ave,<br>Hamden, CT 06517          | (203) 230-0610 |
| Orange         | Target's CVS Pharmacy | 25 Boston Post Road,<br>Orange, CT 06477       | (203) 859-3694 |
| Oxford         | Oxford Pharmacy       | 100 Oxford Road,<br>Oxford, CT 06478           | (203) 888-4567 |
| Seymour        | CVS Pharmacy          | 215 West Street,<br>Seymour, CT 06483          | (203) 888-9068 |
| Shelton        | Walgreens             | 73 Center Street,<br>Shelton, CT 06484         | (203) 924-7740 |
| Madison        | Stop & Shop Pharmacy  | 136 Samson Rock Drive,<br>Madison, CT 06443    | (203) 245-7204 |
| Meriden        | CVS Pharmacy          | 540 W Main Street,<br>Meriden, CT 06451        | (203) 237-8984 |
| Milford        | Rite Aid              | 1360 Boston Post Road,<br>Milford, CT 06460    | (203) 877-6774 |
| New Haven      | CVS Pharmacy          | 123 Church Street,<br>New Haven, CT 06510      | (203) 498-9442 |
| North Branford | Rite Aid              | 280 Branford Road,<br>North Branford, CT 06471 | (203) 488-8703 |
| North Haven    | Target's CVS Pharmacy | 200 Universal Dr N.<br>North Haven, CT 06473   | (203) 859-3490 |
| Wallingford    | Walgreens             | 284 S Colony Road,<br>Wallingford, CT 06492    | (203) 265-6336 |
| West Haven     | Walmart Pharmacy      | 515 Sawmill Road,<br>West Haven, CT 06516      | (203) 931-2221 |

## COMMUNITY PARTNERS

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>

The following Local Prevention Councils within this region are:

| Program   | Address                                    | Contact   | Website  |
|---|--|---|--|
| Shelton Community Alert Program, Shelton Youth Service Bureau           | 120 Meadow Street<br>Shelton, CT 06484     | Silvia Rodriguez<br>(203) 924-7614                                | <a href="http://www.cityofshelton.org">www.cityofshelton.org</a>         |
| Orange Drug & Alcohol Action Committee<br>(Bethany Orange & Woodbridge) | 617 Orange Center Road<br>Orange, CT 06477 | Joni Nordstrom<br>(203) 819-4740                                  |  |
| Derby Youth Services  | 1 Elizabeth St<br>Derby, CT 06418          | John Sacu<br><a href="mailto:jsacu@gmail.com">jsacu@gmail.com</a> |  |
| Milford Prevention Council  |  | Wendy Gibbons<br>(203) 783-6676                                   | <a href="http://www.milfordprevention.org">www.milfordprevention.org</a> |
| Seymour Public Schools  | 2 Bostford Rd<br>Seymour, CT 06483         | Rich Kearns<br>(203) 888-2561                                     |  |
| City of West Haven Youth and Family Services                            | 355 Main Street<br>West Haven, CT 06516    | Robert Morton<br>(203) 937-3633                                   | <a href="http://www.cityofwesthaven.com">www.cityofwesthaven.com</a>     |

[Back to Table of Contents](#)



| Program  | Address                               | Contact                        | Website |
|--|---------------------------------------|--------------------------------|---------|
| Ansonia Board of Education, Drop Out Drug Free Council | 42 Grove Street,<br>Ansonia, CT 06401 | Eileen Ehman<br>(203) 736-5095 |         |

## TRAININGS

### Drug Trends

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

### A-SBIRT

<http://www.portal.ct.gov/DCF/Substance-Use/A-SBIRT>

### Motivational Interviewing

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

### Other Trainings on Substance Use

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

## EDUCATIONAL RESOURCES

### WEBSITES

- Turning Point CT  
<http://map.turningpointct.org/>
- 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  
<http://www.ct.gov/dmhas/cwp/view.asp?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

[Back to Table of Contents](#)



**CORNELL SCOTT HILL HEALTH CENTER**



**Mental Health Referral Form  
Child & Family Guidance Clinic**

☐ 428 Columbus Ave ☐ 226 Dixwell Ave

|  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Substance Abuse   | <input type="checkbox"/> Mental Health | <input type="checkbox"/> SBHC        |
| <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> TF-CBT        | <input type="checkbox"/> MATCH       |
| <input type="checkbox"/> PMT               | <input type="checkbox"/> CBITS         | <input type="checkbox"/> BOUNCE BACK |

Referring Person \_\_\_\_\_ Date \_\_\_\_\_  
Agency/Address \_\_\_\_\_ Tel # \_\_\_\_\_

Client Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ H.H.C. # \_\_\_\_\_  
SS# \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Mother \_\_\_\_\_ Age \_\_\_\_\_ Father \_\_\_\_\_ Age \_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Client speaks/understands ☐ English ☐ Spanish Only ☐ Both ☐ Other \_\_\_\_\_  
Guardian speaks/understands ☐ English ☐ Spanish Only ☐ Both ☐ Other \_\_\_\_\_  
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: \_\_\_\_\_

Rev. 12-15-17



## 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:

|                      |
|----------------------|
| <br><br><br><br><br> |
|----------------------|

## 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):

|                      |
|----------------------|
| <br><br><br><br><br> |
|----------------------|

## Youth's current medications:

|                      |
|----------------------|
| <br><br><br><br><br> |
|----------------------|

## 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 _____ |   |

**YALE CHILD STUDY CENTER - MDFT**

Yale Child Study Center  
In-Home Programs  
98 York Street, New Haven, CT 06511  
Phone number: 203.785.6862 Fax: 203.785.7517

**MULTIDIMENSIONAL FAMILY THERAPY (MDFT)****Clinical Registration / Referral Form**

(Please complete all fields. Do not leave any blank. This will delay the referral process)

|   |  |   |   |   |  |  |   |   |  |
|---|--|---|---|---|--|--|---|---|--|
| Date of Referral:   |  |   |   |   | Referral Source Name:  |  |   |   |  |
| Client Name:  |  |   |   |   | Relationship to Client:  |  |   |   |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (click to select or deselect)        |  |   |   |   | Client Place of Birth:   |  |   |   |  |
|   |  |   |   |   | Client Date of Birth:  |  |   |   |  |
| <b>Address of Primary Residence</b>   |  |   |   |   | <b>Alternate Address (if applicable)</b>                                       |  |   |   |  |
| Address:  |  |   |   |   | Address:   |  |   |   |  |
| City:   |  |   |   |   | City:  |  |   |   |  |
| State:  |  |   |   |   | State:   |  |   |   |  |
| Zip Code:   |  |   |   |   | Zip Code:  |  |   |   |  |
| Phone Number #1:  |  |   |   |   | Phone Number #1:   |  |   |   |  |
| Phone Number #2:  |  |   |   |   | Phone Number #2:   |  |   |   |  |
| How long has the client lived at this address?  |  |   |   |   | How long has the client lived at this address?                                 |  |   |   |  |
| Insurance Type and ID Number:   |  |   |   |   |  |  |   | <input type="checkbox"/> Active <input type="checkbox"/> Inactive |  |
| Client have any disabilities that would impact his/her ability to access services:<br>If yes, describe: |  |   |   |   |  |  |   |   |  |
| Parent #1 Name:   |  |   |   |   | Phone Number:  |  |   |   |  |
| Relationship to Client (click on check box below to select or deselect):                                |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Adoptive Father  | <input type="checkbox"/> Adoptive Mother | <input type="checkbox"/> Aunt                 | <input type="checkbox"/> Birth Father     | <input type="checkbox"/> Birth Mother         | <input type="checkbox"/> Brother   | <input type="checkbox"/> Cousin            | <input type="checkbox"/> Facility Staff | <input type="checkbox"/> Fictive Kin                              |  |
| <input type="checkbox"/> Foster Father  | <input type="checkbox"/> Foster Mother   | <input type="checkbox"/> Grand-father         | <input type="checkbox"/> Grand-mother     | <input checked="" type="checkbox"/> Self      | <input type="checkbox"/> Shared Custody  | <input type="checkbox"/> Significant Other | <input type="checkbox"/> Sister         | <input type="checkbox"/> Step Father                              |  |
| <input type="checkbox"/> Step Mother  | <input type="checkbox"/> Uncle           | <input type="checkbox"/> Other (add comment): |   |   |  |  |   |   |  |
| Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No                             |  |   |   |   | Translation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |   |  |
| Preferred Language (click on check box below to select or deselect):                                    |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> American Sign Language   | <input type="checkbox"/> Armenian        | <input type="checkbox"/> Chinese/Cantonese    | <input type="checkbox"/> Chinese/Mandarin | <input type="checkbox"/> English              | <input type="checkbox"/> Farsi   | <input type="checkbox"/> French            | <input type="checkbox"/> French Creole  |   |  |
| <input type="checkbox"/> Gujarathi  | <input type="checkbox"/> Khmers          | <input type="checkbox"/> Korean               | <input type="checkbox"/> Kujarathi        | <input type="checkbox"/> Loatian              | <input type="checkbox"/> Non-Verbal  | <input type="checkbox"/> Polish            | <input type="checkbox"/> Portuguese     |   |  |
| <input type="checkbox"/> Russian  | <input type="checkbox"/> Serbo-Croatian  | <input type="checkbox"/> Spanish              | <input type="checkbox"/> Vietna-mese      | <input type="checkbox"/> Other (add comment): |  |  |   |   |  |
| Parent #2 Name:   |  |   |   |   | Phone Number:  |  |   |   |  |
| Relationship to Client (click on check box below to select or deselect):                                |  |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> Adoptive Father  | <input type="checkbox"/> Adoptive Mother | <input type="checkbox"/> Aunt                 | <input type="checkbox"/> Birth Father     | <input type="checkbox"/> Birth Mother         | <input type="checkbox"/> Brother   | <input type="checkbox"/> Cousin            | <input type="checkbox"/> Facility Staff | <input type="checkbox"/> Fictive Kin                              |  |
| <input type="checkbox"/> Foster Father  | <input type="checkbox"/> Foster Mother   | <input type="checkbox"/> Grand-father         | <input type="checkbox"/> Grand-mother     | <input type="checkbox"/> Self                 | <input type="checkbox"/> Shared Custody  | <input type="checkbox"/> Significant Other | <input type="checkbox"/> Sister         | <input type="checkbox"/> Step Father                              |  |
| <input type="checkbox"/> Step Mother  | <input type="checkbox"/> Uncle           | <input type="checkbox"/> Other (add comment): |   |   |  |  |   |   |  |

|  |  |   |  |  |   |  |   |
|--|--|---|--|--|---|--|---|
| Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  | Translation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |   |
| Preferred Language (click on check box below to select or deselect):   |  |   |  |  |   |  |   |
| <input type="checkbox"/> American Sign Language  | <input type="checkbox"/> Armenian                  | <input type="checkbox"/> Chinese/Cantonese      | <input type="checkbox"/> Chinese/Mandarin                    | <input type="checkbox"/> English   | <input type="checkbox"/> Farsi          | <input type="checkbox"/> French            | <input type="checkbox"/> French Creole  |
| <input type="checkbox"/> Gujarathi   | <input type="checkbox"/> Khmers                    | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Kujarathi                           | <input type="checkbox"/> Loatian   | <input type="checkbox"/> Non-Verbal     | <input type="checkbox"/> Polish            | <input type="checkbox"/> Portuguese     |
| <input type="checkbox"/> Russian   | <input type="checkbox"/> Serbo-Croatian            | <input type="checkbox"/> Spanish                | <input type="checkbox"/> Vietna-mese                         | <input type="checkbox"/> Other (add comment)                                   |   |  |   |
| Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  | Translation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |   |
| Guardian Name:   |  |   |  | Phone Number:  |   |  |   |
| Relationship to Client (click on check box below to select or deselect):   |  |   |  |  |   |  |   |
| <input type="checkbox"/> Adoptive Father   | <input type="checkbox"/> Adoptive Mother           | <input type="checkbox"/> Aunt                   | <input type="checkbox"/> Birth Father                        | <input type="checkbox"/> Birth Mother  | <input type="checkbox"/> Brother        | <input type="checkbox"/> Cousin            | <input type="checkbox"/> Facility Staff |
| <input type="checkbox"/> Foster Father   | <input type="checkbox"/> Foster Mother             | <input type="checkbox"/> Grand-father           | <input type="checkbox"/> Grand-mother                        | <input type="checkbox"/> Self  | <input type="checkbox"/> Shared Custody | <input type="checkbox"/> Significant Other | <input type="checkbox"/> Sister         |
| <input type="checkbox"/> Step Mother   | <input type="checkbox"/> Uncle                     | <input type="checkbox"/> Other (add comment):   |  |  |   |  |   |
| Preferred Language (click on check box below to select or deselect):   |  |   |  |  |   |  |   |
| <input type="checkbox"/> American Sign Language  | <input type="checkbox"/> Armenian                  | <input type="checkbox"/> Chinese/Cantonese      | <input type="checkbox"/> Chinese/Mandarin                    | <input type="checkbox"/> English   | <input type="checkbox"/> Farsi          | <input type="checkbox"/> French            | <input type="checkbox"/> French Creole  |
| <input type="checkbox"/> Gujarathi   | <input type="checkbox"/> Khmers                    | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Kujarathi                           | <input type="checkbox"/> Loatian   | <input type="checkbox"/> Non-Verbal     | <input type="checkbox"/> Polish            | <input type="checkbox"/> Portuguese     |
| <input type="checkbox"/> Russian   | <input type="checkbox"/> Serbo-Croatian            | <input type="checkbox"/> Spanish                | <input type="checkbox"/> Vietna-mese                         | <input type="checkbox"/> Other (add comment)                                   |   |  |   |
| Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  | Translation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |   |
| Current Department of Children and Families Involvement?   |  |   |  |  |   |  |   |
| Case Type: <input type="checkbox"/> None <input type="checkbox"/> Investigations <input type="checkbox"/> CPS <input type="checkbox"/> Committed <input type="checkbox"/> Voluntary                |  |   |  |  |   |  |   |
| DCF Worker's Name:   |  |   |  | DCF Worker's Phone Number:   |   |  |   |
| DCF Supervisor's Name:   |  |   |  | DCF Supervisor's Phone Number:   |   |  |   |
| Previous Department of Children and Families Involvement?  |  |   |  |  |   |  |   |
| If Yes, Previous Legal Guardian?   |  |   |  |  |   |  |   |
| Previous Worker's Name:  |  |   |  | Phone Number:  |   |  |   |
| If multiple legal guardians, what is the custody arrangement?  |  |   |  |  |   |  |   |
| How long has the client lived with the Primary Caregiver?  |  |   |  |  |   |  |   |
| How did the client hear about the program?   |  |   |  |  |   |  |   |
| Who referred the client to the program?  |  |   |  |  |   |  |   |
| Referral Source (select one) (click on check box below to select or deselect):   |  |   |  |  |   |  |   |
| <input type="checkbox"/> Behavioral Health Partnership/Insurer   | <input type="checkbox"/> Community Natural Support | <input type="checkbox"/> Congregate Care Family | <input type="checkbox"/> Department of Children and Families | <input type="checkbox"/> Detention Involved                                    |   |  |   |
| <input type="checkbox"/> Emergency Department  | <input type="checkbox"/> Family Advocate           | <input type="checkbox"/> Foster Parent          | <input type="checkbox"/> Info-Line (211)                     | <input type="checkbox"/> Other Program with Agency                             |   |  |   |
| <input type="checkbox"/> Other Private Agency  | <input type="checkbox"/> Physician                 | <input type="checkbox"/> Probation Court        | <input type="checkbox"/> Police                              | <input type="checkbox"/> Psychiatric Hospital                                  |   |  |   |
| <input type="checkbox"/> Self/Family   | <input type="checkbox"/> School                    | <input type="checkbox"/> Other State Agency     | <input type="checkbox"/> Other (add comment)                 |  |   |  |   |
| Referral Source Phone Number:  |  |   |  |  |   |  |   |
| Release of information obtained for Referral Source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other (add comment) |  |   |  |  |   |  |   |



|   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|--|--|
| <b>This is needed at time of Referral – please send in along with Referral form</b>   |   |   |   |   |   |  |  |
| Describe presenting concerns/assessment questions (obtain duration of problem and inference):   |   |   |   |   |   |  |  |
| <b>Reason for Referral (click on check box below to select or deselect):</b>  |   |   |   |   |   |  |  |
| <input type="checkbox"/> Abuse  | <input type="checkbox"/> Anxiety                      | <input type="checkbox"/> Depression                 | <input type="checkbox"/> Develop-mental Delays      | <input type="checkbox"/> Disruptive Behavior      | <input type="checkbox"/> Eating Disturbance | <input type="checkbox"/> Encopresis        | <input type="checkbox"/> Enuresis                |
| <input type="checkbox"/> Family Conflict  | <input type="checkbox"/> Harm/ Risk of Harm to Others | <input type="checkbox"/> Harm/ Risk of Harm to Self | <input type="checkbox"/> Hyperactive /Impulsive     | <input type="checkbox"/> Inattentive              | <input type="checkbox"/> OCD                | <input type="checkbox"/> Peer Difficulties | <input type="checkbox"/> Problem Sexual Behavior |
| <input type="checkbox"/> Psychosis  | <input type="checkbox"/> Running Away                 | <input type="checkbox"/> School Problems            | <input type="checkbox"/> Substance Problem: Alcohol | <input type="checkbox"/> Substance Problem: Other | <input type="checkbox"/> Tics               | <input type="checkbox"/> Trauma            | <input type="checkbox"/> <u>Tricloti-lomania</u> |
| <input type="checkbox"/> Other (specify in comment)   |   |   |   |   |   |  | <input type="checkbox"/> None                    |
| <b>Has the Client ever been in treatment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Past <input type="checkbox"/> Not Applicable (click to select or deselect)      |   |   |   |   |   |  |  |
| If current or past treatment, provide name of treating clinician/agency:  |   |   |   |   |   |  |  |
| <b>Has the client ever been on any medication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Past <input type="checkbox"/> Not Applicable (click to select or deselect) |   |   |   |   |   |  |  |
| Current psychotropic medications (name, dose, frequency):   |   |   |   |   |   |  |  |
| If current medication, include prescriber name:   |   |   |   |   |   |  |  |
| List any previous medications (name, dose, frequency):  |   |   |   |   |   |  |  |
| <b>Name/Place of Client's Primary Care Provider:</b>  |   |   |   |   |   |  |  |
| Address/phone number of Primary Care Provider:  |   |   |   |   |   |  |  |
| Does the Client currently have Psychiatrist or Neurologist? <input type="checkbox"/> Yes <input type="checkbox"/> No (click to select or deselect)  |   |   |   |   |   |  |  |
| Has the Client ever received Assessment Services or Birth to 3? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Past <input type="checkbox"/> Not Applicable                  |   |   |   |   |   |  |  |
| Has the Client ever been involved with the courts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Past <input type="checkbox"/> Not Applicable (click to select or deselect) |   |   |   |   |   |  |  |
| <b>Client's School:</b>   |   |   |   | Grade:  |   |  |  |
| Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Past <input type="checkbox"/> Not Applicable Client (click to select or deselect)                 |   |   |   |   |   |  |  |
| 504 Plan at School? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Past <input type="checkbox"/> Not Applicable (click to select or deselect)                                |   |   |   |   |   |  |  |
| Does Client attend school regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No (click to select or deselect)   |   |   |   |   |   |  |  |
| Additional Notes:   |   |   |   |   |   |  |  |
| <b>MULTIDIMENSIONAL FAMILY THERAPY</b>  |   |   |   |   |   |  |  |
| DCF Case Status:  |   |   |   |   |   |  |  |
| Currently on Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (click to select or deselect)  |   |   |   | Date of last arrest?                              |   |  |  |
| Probation Officer Name:   |   |   |   | Telephone #?                                      |   |  |  |
| <b>Residing with and Relationship to Patient:</b>   |   |   |   |   |   |  |  |
| Guardian's Address:   |   |   |   | Guardian's Date of Birth:                         |   |  |  |
| Mother's Age:   |   |   |   | Mother's Date of Birth:                           |   |  |  |

|   |  |  |
|---|--|--|
| Mother's Address:   |  |  |
| Mother's Race / Hispanic Origin:  |  |  |
| Father's Age:   | Father's Date of Birth:  |  |
| Father's Address:   |  |  |
| Father's Race / Hispanic Origin:  |  |  |
| <b>School Contact:</b>  |  |  |
| Other Household Members (name, age, date of birth, relationship to patient):  |  |  |
| Behaviors of Concern:   |  |  |
| <b>Reason for referral : (This section needs to have all domains completed with information to explain behaviors of concern and need for IICAPS level of care)</b>  |  |  |
| <b>Youth Domain</b> (topics might include presentation, behaviors, coping skills, cognitive abilities, factors for why the child is of high risk for a psychiatric hospitalization, factors for why the child would be place in detention, etc.): |  |  |
| <b>Family Domain</b> (relationships – how they get along with other members, parenting styles, concerns, DCF history, family readiness for treatment, etc.):  |  |  |
| <b>School Domain</b> (history and current level of child's academics, behaviors, interaction with peers, etc.):   |  |  |
| <b>Community Domain</b> (topics might include important service providers involved with the family, community support available, other systems' involvement like (DCF/CSSD):  |  |  |
| Is the Youth <u>Currently</u> Using Substances? <input type="checkbox"/> Yes <input type="checkbox"/> No (click on check box below to select or deselect)<br>If yes, drug(s) of choice?<br><u>Frequency</u> of use?                               |  |  |
| <b>Current DSMV Diagnosis</b>   |  |  |
| Behavioral Diagnosis :  |  |  |
| Medical Diagnosis:  |  |  |
| <b>Social Determinants</b> (click on check box below to select or deselect):  |  |  |
| <input type="checkbox"/> None   | <input type="checkbox"/> Education-al Problems                                       | <input type="checkbox"/> Problems with Social Environment    |
| <input type="checkbox"/> Unknown  | <input type="checkbox"/> Occupational Problems                                       | <input type="checkbox"/> Problems with Primary Support Group |
| <input type="checkbox"/> Financial Problems   | <input type="checkbox"/> Problems w/ Interaction with Legal System/Crime             |  |
| <input type="checkbox"/> Homelessness   | <input type="checkbox"/> Problems with Access to Health Care Services                |  |
| <input type="checkbox"/> Housing Problems (not homelessness)  | <input type="checkbox"/> Other Psychosocial and Environmental Problems (add comment) |  |
| Functional Assessment (GAF):  |  |  |

**Past Psychiatric History** (include information about psychiatric hospitalizations (place of admission, dates, reason for admission) as well as other forms of mental health treatment provided to the child):

Is the Youth Currently in Placement? ☐ Yes ☐ No (click on check box below to select or deselect)

If yes: Current Placement and Address:

Placement Contact & Telephone # :

Anticipated discharge date:

Intended Home: (who & address)

**Current Treaters** (family member receiving service, institution/agency, type of service, name of contact, telephone number):

Current Treater #1:

Current Treater #2:

Current Treater #3:

**Past Treaters** (family member receiving service, institution/agency, type of service, name of contact, telephone number):

Past Treater #1:

Past Treater #2:

Past Treater #3:

**Additional referrals made along with MDFT referral?** (PHP, Outpatient, EDT, IOP, etc.): ☐ Yes ☐ No

If yes, indicate which services (select all that apply) (click on check box below to select or deselect):

☐ Care Coordination ☐ EDT ☐ Outpatient Services

☐ Other (add comment)

**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:**Name Age Relationship to Client

|  |
|--|
|  |
|  |
|  |

**SCHOOL:**

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

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

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

**DIAGNOSIS:**

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

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

**CURRENT MEDICATION:**Name Dose/Frequency Prescribing Physician

|  |
|--|
|  |
|  |
|  |

**DATE OF INTAKE:** \_\_\_\_\_**MDFT CLINICIAN ASSIGNED:** \_\_\_\_\_

|  |
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|  |
|--|

# WHEELER CLINIC MST REFERRAL FORM

## I.

### CLIENT INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CL: \_\_\_\_\_  
SS # \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Gender: \_\_\_\_\_ Primary Language spoken in home: \_\_\_\_\_  
Medical Insurance (plan name and ID#): \_\_\_\_\_

## II.

### REFERRAL INFORMATION:

#### Referred by:

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 \_\_\_\_\_

## III

### REASON FOR REFERRAL:

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Current substance use (describe):

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## 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:

Name Dose/Frequency Prescribing Physician

|  |
|--|
|  |
|  |

**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:

Past substance use: ☐ Yes ☐ No

If yes, please describe:

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

**IV.**

**BACKGROUND INFORMATION:**

Does youth live with parent(s)? ☐ Yes ☐ No

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

Name:  Relationship:

Address:  Phone:

Legal Guardian: ☐ Yes ☐ No

**PARENTS:**

Mother's name:

Address:  Phone:

Legal Guardian: ☐ Yes ☐ No

Father's name:

Address:  Phone:

Legal Guardian: ☐ Yes ☐ No

**OTHERS LIVING IN THE HOME:**

| <u>Name</u>          | <u>Age</u>           | <u>Relationship to Client</u> |
|----------------------|----------------------|-------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>          |

**SCHOOL INFORMATION:**

Current School:

Grade:

**DCF INVOLVEMENT:**

☐ Yes ☒ No Status:

Name of Worker:  Phone:

**SAFETY ASSESSMENT:**

Any known/suspected safety concerns in the home:

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



| 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:**NameDose/FrequencyPrescribing 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 Brexel (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, <u>Bristol</u> ? Yes <input type="checkbox"/> |   |   |              |   |
| *EVIDENCE OF <u>STABLE HOUSING</u> 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. |  |   |   |              |   |
|  |   |  |   |   |              |   |
| <i>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</i>  |   |  |   |   |              |   |
| *CLIENT'S PHONE #(s):  |   |  | *CLIENT'S CURRENT ADDRESS:  |   |              |   |
| *CLIENT'S MOTHER: <input type="checkbox"/> N/A   | PHONE(S):   |  | ADDRESS:  |   |              |   |
| *CLIENT'S FATHER: <input type="checkbox"/> N/A   | PHONE(S):   |  | ADDRESS:  | *HAS LEGAL GUARDIANSHIP OF CLIENT? Yes <input type="checkbox"/> |              |   |
| *OTHER CONTACT: <input type="checkbox"/> N/A   | PHONE(S):   |  | ADDRESS:  | *HAS LEGAL GUARDIANSHIP OF CLIENT? Yes <input type="checkbox"/> |              |   |
| *WHO HAS LEGAL GUARDIANSHIP/CUSTODY OF CLIENT? <input type="checkbox"/>  |   | <input type="checkbox"/> See above notations<br><input type="checkbox"/> Client is legal adult<br><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:<br><input type="checkbox"/> N/A  |   |                        |  | CONTACT PERSON:   |  |   | Currently Attending?<br>Yes <input type="checkbox"/> |
|  | PHONE(S):   |                        |  | JOB TITLE:  |  |   |  |
| DCF:<br><input type="checkbox"/> N/A   |   |                        |  | CONTACT PERSON:   |  |   | Currently Involved?<br>Yes <input type="checkbox"/>  |
|  | PHONE(S):   |                        |  | JOB TITLE:  |  |   |  |
| REASON FOR DCF INVOLVEMENT:  |   |                        |  |   |  |   |  |
| DMHAS:<br><input type="checkbox"/> N/A   |   |                        |  | CONTACT PERSON:   |  |   | Currently Involved?<br>Yes <input type="checkbox"/>  |
|  | PHONE(S):   |                        |  | JOB TITLE:  |  |   |  |
| REASON FOR DMHAS INVOLVEMENT:  |   |                        |  |   |  |   |  |
| PROBATION/ PAROLE:<br><input type="checkbox"/> N/A   |   |                        |  | CONTACT PERSON:   |  |   | Currently Attending?<br>Yes <input type="checkbox"/> |
|  | PHONE(S):   |                        |  | JOB TITLE:  |  |   |  |
| COURT/DOC PROGRAM:<br><input type="checkbox"/> N/A   |   |                        |  | CONTACT PERSON:   |  |   | Currently Attending?<br>Yes <input type="checkbox"/> |
|  | PHONE(S):   |                        |  | JOB TITLE:  |  |   |  |
| CURRENT CHARGES:<br><input type="checkbox"/> N/A   |   |                        | PENDING CHARGES:<br><input type="checkbox"/> N/A |   |  | LEGAL STATUS:<br><input type="checkbox"/> N/A | PROB./PAR. END DATE:<br><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:<br><input type="checkbox"/> N/A                              | NAME  |                        | DOSAGE   |   | CLIENT'S PRIMARY CARE PHYSICIAN:<br><input type="checkbox"/> N/A | NAME & AGENCY:                                |  |
|  |   |                        |  |   |  | ADDRESS & PHONE:                              |  |
|  |   |                        |  |   |  |   |  |
| CLIENT'S CURRENT DIAGNOSES:  |   |                        |  |   | CLIENT'S PSYCHIATRIST:<br><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:  |   |                        |  |   |  |   |  |