TEEN SUBSTANCE USE RESOURCE GUIDE

A GUIDE FOR PROVIDERS IN THE GREATER NEW HAVEN REGION

VERSION 2
PURPOSE OF THE GUIDE

The purpose of this guide is to help providers as they try to 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/Substanceuseresourceguideentity/
- 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.

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

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

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

For more information, contact the chair of SURGE, Christine Hauser at Wakeman Hall: chauser@tccoh.org.
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THE RECOVERY TEAM

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

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

For more information contact Shayn Ember at sember@ttcoh.org or 475-227-5834 (cell)
TREATMENT TYPES

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

**Early Intervention (0)**
Clients typically attend one hour of treatment a week while continuing to live at home. Many programs make services available in the evenings and on weekends so individuals can remain in school or continue to work.

**Outpatient (1)**
Clients typically attend one hour of treatment a week at a specialty facility while continuing to live at home. Many programs make services available in the evenings and on weekends so individuals can remain in school or continue to work.

**Medication Management (1)**
Treatment ensures that any drugs that are being used are as prescribed so it limits chances for abuse. Also ensures patients are educated and able to use the prescription properly for their specific ailment.

**Medication-Assisted Treatment (MAT) (1)**
For individuals with a physical dependency on certain drugs, primarily heroin and other opioids, medication is provided in a specialized outpatient setting in combination with counseling and other treatment services.

**Intensive Outpatient (IOP) (2)**
Clients attend 10-20 hours of treatment a week (slightly less for teens) at a specialty facility while continuing to live at home. Many programs make services available in the evenings and on weekends so individuals can continue to work or stay in school. This service is a better option for individuals who need multiple services, have accompanying medical or psychological illnesses or have not been successful in outpatient treatment.

**Intensive In-Home (2)**
Home-based mental health services designed to meet each child and family’s unique health needs via crisis management, intensive case management, counseling, family therapy, and skills training.

**Partial Hospital Program (PHP) (2)**

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

**Detox (3)**

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

**Inpatient (3)**

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

**Residential (3)**

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

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

### TEENS

<table>
<thead>
<tr>
<th>Treatment Type/ Intensity</th>
<th>Program</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
<th>Prescribes Medication</th>
<th>Ages/ Gender Served</th>
<th>Insurance Accepted</th>
<th>Referral Sources</th>
</tr>
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<tbody>
<tr>
<td>Early Intervention (0)</td>
<td>PCRC Today’s Choices</td>
<td>30 Elizabeth Street, Derby, CT 06418</td>
<td>203-954-0543 X4136</td>
<td><a href="https://www.bhcare.org/page/32847">https://www.bhcare.org/page/32847</a></td>
<td>Yes</td>
<td>Male &amp; Female, 13-18</td>
<td>Commercial insurance and HUSKY</td>
<td>Anyone</td>
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<tr>
<td>Medication Assisted Treatment (MAT) (2)</td>
<td>APT Foundation</td>
<td>1 Long Wharf Drive New Haven, CT 06514</td>
<td>(203) 781-4600</td>
<td><a href="https://aptfoundation.org/">https://aptfoundation.org/</a></td>
<td>Yes</td>
<td>Male &amp; Female, 16+</td>
<td>Private insurance, Medicaid, Charter Oak, and Medicare. Sliding scale payment</td>
<td>Anyone</td>
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<tr>
<td>Treatment Type/ Intensity</td>
<td>Program</td>
<td>Address</td>
<td>Phone</td>
<td>Website</td>
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<tr>
<td>Medication Assisted Treatment (MAT) (2)</td>
<td>SATU</td>
<td>1 Long Wharf Drive New Haven, CT 06511</td>
<td>(804) 939-5214</td>
<td><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></td>
<td>Yes</td>
<td>Male &amp; Female, 16+</td>
<td>Medicaid, No Insurance</td>
<td>Anyone</td>
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<tr>
<td>Medication Assisted Treatment (MAT) (2)</td>
<td>Silver Hill Hospital</td>
<td>208 Valley Road New Cannan, CT 06840</td>
<td>1(866) 542-4455</td>
<td><a href="https://www.silverhillhospital.org/center/center-for-adolescents/">https://www.silverhillhospital.org/center/center-for-adolescents/</a></td>
<td>Yes</td>
<td>Males &amp; Female 13-17</td>
<td>Private insurance</td>
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<tr>
<td>Medication Assisted Treatment (MAT) (2)</td>
<td>Rushford (MATCH)</td>
<td>Multiple locations in CT</td>
<td>1(855) 825-4026</td>
<td><a href="https://rushford.org/addiction/medication-assisted-treatment-close-to-home">https://rushford.org/addiction/medication-assisted-treatment-close-to-home</a></td>
<td>Yes</td>
<td>Males and Females 16+</td>
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<td>Outpatient (1)</td>
<td>The Children Center of Hamden, Wakeman Hall Outpatient (A-CRA/ACC)</td>
<td>1400 Whitney Avenue New Haven, CT 06517</td>
<td>(203) 248-2116</td>
<td><a href="http://www.tccoh.org">www.tccoh.org</a></td>
<td>Yes</td>
<td>Male &amp; Female 12-18</td>
<td>Medicaid, private insurance or sliding fee scale</td>
<td>Anyone</td>
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<tr>
<td>Intensive Outpatient (2)</td>
<td>The Children Center of Hamden, Wakeman Hall Outpatient</td>
<td>1400 Whitney Avenue New Haven, CT 06517</td>
<td>(203) 248-2116</td>
<td><a href="http://www.tccoh.org">www.tccoh.org</a></td>
<td>Yes</td>
<td>Male &amp; Female 12-18</td>
<td>Medicaid, private insurance or sliding fee scale</td>
<td>Anyone</td>
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<tr>
<td>Treatment Type/Intensity</td>
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<tr>
<td>Intensive Outpatient/ Partial Hospital Program (2)</td>
<td>The Rushford Center (Seven Challenges)</td>
<td>110 National Drive Glastonbury, CT 06033</td>
<td>(860)657-8910</td>
<td><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></td>
<td>Yes</td>
<td>Male &amp; Female</td>
<td></td>
<td></td>
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<tr>
<td>Intensive In-Home (2)</td>
<td>Wheeler Clinic (MDFT)</td>
<td>458 Grand Ave New Haven, CT 06513</td>
<td>(888) 793-3500</td>
<td><a href="http://www.wheelerclinic.org">www.wheelerclinic.org</a></td>
<td>Yes</td>
<td>Male &amp; Female 9-18</td>
<td>All insurance types</td>
<td>Anyone</td>
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<tr>
<td>Intensive In-Home (2)</td>
<td>Wheeler Clinic (MST)</td>
<td>458 Grand Ave New Haven, CT 06513</td>
<td>(888) 793-3500</td>
<td><a href="https://www.wheelerclinic.org/services/wheeler-services/multisystemic-therapy">https://www.wheelerclinic.org/services/wheeler-services/multisystemic-therapy</a></td>
<td>Yes</td>
<td>Male &amp; Female 12-18</td>
<td>All insurance types</td>
<td>Probation</td>
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<tr>
<td>Intensive-In-Home (2)</td>
<td>Wheeler MDFT ATM Program</td>
<td>74 East Street Plainville, CT 06062</td>
<td>(860) 810-0857</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Will travel to areas for opioid users. MAT available for people using this.</td>
<td></td>
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<tr>
<td>Treatment Type/Intensity</td>
<td>Program</td>
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<td>Website</td>
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<tr>
<td>Intensive In-Home (2)</td>
<td>Aware Recovery Care</td>
<td>556 Washington Ave, Unit 201 North Haven, CT 06473</td>
<td>(203) 779-5799</td>
<td><a href="https://www.awarerecoverycare.com/locations/connecticut/">https://www.awarerecoverycare.com/locations/connecticut/</a></td>
<td>Yes</td>
<td>Male &amp; Female, 16-18</td>
<td>Anthem BCBS</td>
<td>Any</td>
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<td>Residential (3)</td>
<td>Newport Academy</td>
<td>Connecticut</td>
<td>(877) 628-3367</td>
<td><a href="https://www.newportacademy.com/">https://www.newportacademy.com/</a></td>
<td>Yes</td>
<td>Male &amp; Female,12-20</td>
<td>Yes</td>
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<tr>
<td>Residential (3)</td>
<td>Teen Challenge</td>
<td>86 Spring Street New Haven CT</td>
<td>203-789-6172</td>
<td><a href="http://www.tcconnecticut.org">www.tcconnecticut.org</a></td>
<td>No</td>
<td>Males Only</td>
<td></td>
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<tr>
<td>Residential (3)</td>
<td>NAFI Touchstone</td>
<td>P.O. Box 457 Litchfield, CT 06759</td>
<td>860-567-3809</td>
<td><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></td>
<td>Female Only Ages 12-18</td>
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<td>DCF referrals only</td>
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<td>Residential (3)</td>
<td>NAFI MDFT Intermediate Residential Program</td>
<td></td>
<td>860-361-6966</td>
<td><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></td>
<td>Female Only Ages 13-17</td>
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<td>Probation referrals only</td>
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<td>Treatment Type/Intensity</td>
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<tr>
<td>Residential (3)</td>
<td>CT Junior Republic Residential Program (CJRRP)</td>
<td>550 Goshen Road P.O. Box 161 Litchfield, CT 06759</td>
<td>(860) 567-9423</td>
<td><a href="https://www.ctjuniorrepubliclic.org/page.cfm?p=556">https://www.ctjuniorrepubliclic.org/page.cfm?p=556</a></td>
<td>Yes</td>
<td>Males 14-18</td>
<td></td>
<td>Court and DCF referrals only</td>
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<tr>
<td>Inpatient (3)</td>
<td>Yale New Haven Psychiatric Hospital</td>
<td>184 Liberty Street New Haven, CT 06510 203-688-9704</td>
<td>203-688-9704</td>
<td><a href="https://www.ynhh.org/psychiatric/services/adolescents.aspx">https://www.ynhh.org/psychiatric/services/adolescents.aspx</a></td>
<td>Yes</td>
<td>Male &amp; Female</td>
<td></td>
<td>Anyone</td>
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<tr>
<td>Treatment Type</td>
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<tr>
<td>Peer Recovery Telephone Support (1)</td>
<td>CCAR- Young Adult Family Project</td>
<td>223 Elizabeth Street Derby, CT 06418</td>
<td>203-870-9132</td>
<td><a href="https://ccar.us/services/young-adult-family-project/">https://ccar.us/services/young-adult-family-project/</a></td>
<td>Yes</td>
<td>18+</td>
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<tr>
<td>Outpatient (1)</td>
<td>Bridges Healthcare</td>
<td>949 Bridgeport Avenue Milford, CT 06460</td>
<td>(203) 878-6365</td>
<td><a href="https://www.bridgesct.org/">https://www.bridgesct.org/</a></td>
<td>Yes</td>
<td>Transition Age Men and Women (18+)</td>
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<tr>
<td>Outpatient (1)</td>
<td>Turnbridge</td>
<td>189 Orange Street New Haven, CT 06510</td>
<td>(203)937-2309</td>
<td><a href="https://www.tpaddictiontreatment.com/">https://www.tpaddictiontreatment.com/</a></td>
<td>Yes</td>
<td>Transition Age Men and Women (18+)</td>
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<tr>
<td>Intensive In-home (2)</td>
<td>Aware Recovery Care</td>
<td>556 Washington Ave, Unit 201 North Haven, CT 06473</td>
<td>(203) 770-5799</td>
<td><a href="https://www.awarerecoverycare.com/locations/connecticut/">https://www.awarerecoverycare.com/locations/connecticut/</a></td>
<td>Yes</td>
<td>Transition Age Men and Women 18-25</td>
<td>Anthem BCBS</td>
<td>Any</td>
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<td>Residential (3)</td>
<td>Turnbridge</td>
<td>189 Orange Street New Haven, CT 06510</td>
<td>203-937-2309</td>
<td><a href="https://www.tpaddictiontreatment.com/">https://www.tpaddictiontreatment.com/</a></td>
<td>Yes</td>
<td>Transition Age Men and Women (18+)</td>
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<tr>
<td>Eric Vingo</td>
<td>203-800-3868</td>
<td>284 Racebrook Rd Ste218 Orange, CT 06477</td>
<td>Males &amp; females 14+</td>
<td>Sliding scale fee</td>
<td>Husky Pending in network insurance</td>
<td><a href="https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/444058?sid=5c869147d7631&amp;spec=182&amp;ref=1&amp;rec_next=21&amp;tr=ResultsPhoto">https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/444058?sid=5c869147d7631&amp;spec=182&amp;ref=1&amp;rec_next=21&amp;tr=ResultsPhoto</a></td>
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<td>Susan Hogan</td>
<td>203-646-0907</td>
<td>3013 Dixwell Ave Hamden, CT 06512</td>
<td>Males &amp; females 14+</td>
<td>Sliding scale fee</td>
<td>Accepts insurance</td>
<td><a href="https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/118661?sid=5c869147d7631&amp;spec=182&amp;ref=1&amp;tr=ResultsPhoto">https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/118661?sid=5c869147d7631&amp;spec=182&amp;ref=1&amp;tr=ResultsPhoto</a></td>
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<td>Type of group</td>
<td>Organization</td>
<td>Address</td>
<td>Day &amp; Time</td>
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<td>SMART Family &amp; Friends</td>
<td>The Children’s Center of Hamden</td>
<td>1400 Whitney Ave, Wakeman Hall (Bldg. #1) Hamden, CT 06517</td>
<td>Monday, 6:30-7:30 pm</td>
<td>Gaboury Benoit (203)401-1556, <a href="mailto:gabouryb@gmail.com">gabouryb@gmail.com</a></td>
<td><a href="http://www.smartrecovery.org">www.smartrecovery.org</a></td>
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<tr>
<td>SMART Family &amp; Friends</td>
<td>Bridges</td>
<td>Bridges, RM4 570 Boston Post Road Milford CT 06460</td>
<td>Monday, 6:45-8:00 pm</td>
<td><a href="mailto:dgannon@bridgesmilford.org">dgannon@bridgesmilford.org</a></td>
<td><a href="http://www.smartrecovery.org">www.smartrecovery.org</a></td>
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<tr>
<td>Nar-anon</td>
<td>Harborside Health Care- Arden House</td>
<td>850 Mix Ave, Board room Hamden, CT</td>
<td>Thursday, 7:00 pm</td>
<td>Rose (203) 641-9380 Maxine (203) 215-6961</td>
<td><a href="http://www.nar-anon.org/find-a-meeting/">http://www.nar-anon.org/find-a-meeting/</a></td>
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<tr>
<td>Nar-anon</td>
<td>Christ &amp; The Epiphany Church</td>
<td>39 Park Place East Haven, CT</td>
<td>Tuesday, 7:00 pm</td>
<td>Karen M (203) 804-5406 Maria P (203) 815-4688</td>
<td><a href="http://www.nar-anon.org/find-a-meeting/">http://www.nar-anon.org/find-a-meeting/</a></td>
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<tr>
<td>Nar-anon</td>
<td>Christ &amp; The Epiphany Church</td>
<td>39 Park Place East Haven, CT</td>
<td>Saturday, 10:00 am</td>
<td>MaryEllen (203) 848-8245</td>
<td><a href="http://www.nar-anon.org/find-a-meeting/">http://www.nar-anon.org/find-a-meeting/</a></td>
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<tr>
<td>Hope &amp; Support Group</td>
<td>TriCircle, Inc</td>
<td>Wallingford Stop-n-Shop Community Room 2nd Fl 930 N Colony Road Wallingford, CT 06492</td>
<td>9am-10:30am 1st Sunday of each month</td>
<td>(203) 631-1743</td>
<td><a href="https://www.tricircleinc.com/">https://www.tricircleinc.com/</a></td>
<td></td>
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</tr>
<tr>
<td>Type of group</td>
<td>Organization</td>
<td>Address</td>
<td>Day &amp; Time</td>
<td>Contact</td>
<td>Website</td>
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<tr>
<td>Teen SMART</td>
<td>The Children’s Center of Hamden</td>
<td>1400 Whitney Ave, Wakeman Hall (Bldg #1) Hamden, CT 06517</td>
<td>Thursday, 5pm-6pm</td>
<td>Shayn Ember (203) 248-2116 x366 <a href="mailto:sember@tccoh.org">sember@tccoh.org</a></td>
<td><a href="http://www.smartrecovery.org">www.smartrecovery.org</a></td>
<td></td>
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</tr>
<tr>
<td>Alateen</td>
<td>Alanon</td>
<td>1st Church of Christ 5 Meetinghouse Lane, Woodbridge CT</td>
<td>Tuesdays, 7:30pm</td>
<td><a href="https://www.ctalanon.org/meetings/alateen-meetings-by-town">https://www.ctalanon.org/meetings/alateen-meetings-by-town</a></td>
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</tbody>
</table>
EMERGENCY NEEDS

ACCESSING NALOXONE

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

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

Refer to this website for further information, https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=509650

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

NORA APP

Free interactive app that will teach what naloxone is and reinforce previous trainings. Can be accessed at www.norasaves.com
- Provide resources for people wanting to learn about opioids
- Recognize signs of an overdose and what to do
- Explain the Good Samaritan Law
- Provide information on storage and disposal
- Help find treatment and recovery supports

HOTLINES

Hotlines for substance support services:
- Al-Anon/Al-A-Teen: 1-888-425-2666
- Alcohol/Drug Abuse Hotline: 1-800-662-HELP
- Alcohol Treatment Referral Hotline: 800-252-6465
- Continuum of Care, Safe Harbor Warm Line: 1-800-258-1528
- National Help Line for Substance Abuse: 800-262-2463
- National Youth Crisis Hotline: 800-442-HOPE (4673)
- United Way: 2-1-1
Textlines for substance support services:
- Alcohol & drug helpline: Text RecoveryNow to 839863 (8am-11pm)
- Crisis Text Line: text HELLO to 741741 (suicide line)
- Boys Town National Hotline: text VOICE to 20121 (2pm to 1am every day)

SUBSTANCE USE TREATMENT OVERVIEW

GUIDE TO MAKING REFERRALS TO TREATMENT

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

- Walk families through as many steps as possible to alleviate their stress including calling different programs, seeing availability, and going with them to appointments.
- Focus on the strengths of the child and parent.
- Treatment should never be discussed as a punishment, but rather an opportunity to make changes.
- Help the family obtain records, send records, and give an oral history for a referral so the family/child do not have to repeat themselves.
- Check in with the child and parent to see if they have been connected to a service. If they have not been connected to one, see why and help them any way possible
- Caregivers
  - Include caregivers in conversations about teen substance use, if possible.
  - The child is more likely to attend if the parent knows or comes with them
  - If informing the parent would cause the teen to reject treatment when it is needed, minors who are willing and mature enough can participate in substance use treatment for a limited number of sessions without notifying the parent. In this case, the parent could not be responsible for payment of treatment.
- If the teen is resistant:
  - Their pros for changing need to outweigh their cons. You can help them set up rewards for attending or consequences for not attending.
  - Connect their goals to getting help.
  - Get caregivers, guardians, and other natural supports involved.
  - Have teens agree to try it, even if they’re resistant to completing treatment.
Figure 3. Steps to making a referral.

- Referral
  - Demographic, contact, insurance, and basic information about teen
  - Screening questions to ensure appropriate fit

- Evaluation
  - Schedule a time for a face-to-face evaluation with teen and guardian
  - A recommendation is made for services
  - Referral to other program, if needed

- Acceptance to Program
  - Teen and Guardian complete any additional information
  - Teen begins program
SERVICES OFFERED DURING TREATMENT

1. **Individual Counseling** - One-on-one counseling to explore personal problems that an individual may not be comfortable discussing in a group setting.

2. **Group Counseling** - Usually consists of six to ten people with one or two counselors facilitating a discussion of their struggles, experiences and problems.

3. **Case Management** - Collaborating through the processes of assessing, planning, facilitating, care coordinating, evaluating, and advocating for the options and services that will best meet the individual’s as well as the family’s wide-ranging health requirements.

4. **Home Based Services** - Substance use and mental health treatment services provided in-home. Examples include Multidimensional Family Therapy (MDFT).

5. **Educational Services** - Grade-appropriate classes (or GED classes) for teens still in school, or those who may have dropped out, to help reduce disruptions to their schooling.

6. **Vocational Services** - Services to help determine an individual’s vocational aptitudes and interests, along with job skills, resume development and other work readiness skills.

7. **Life Skills** - Focuses on behavioral tools designed to help a teen or young adult cope with the stresses and challenges of daily life and develop greater self-esteem in order to better manage their recovery.

8. **Treatment for Mental Illness** - Individuals diagnosed with co-occurring mental illness need treatment for their substance use in addition to the mental illness. This would ideally be in an integrated fashion. Treating the substance use alone will not help resolve underlying mental illness and treating a depressive disorder alone will not resolve the substance use or dependence.

9. **Family Services** - In most cases, family involvement is an important element in treating teens and young adults. It helps family members understand addiction as a chronic illness, helps the family have realistic expectations and goals for treatment, and helps improve communication and overall family functioning.

10. **Continuing Care** - Sometimes labeled After Care or Follow-up Care, this includes treatment prescribed after completion of a formal structured program in any type of setting. It is a necessary support plan for ensuring that the tools learned in treatment can be applied successfully in the real world.
## WHAT TO LOOK FOR IN A PROVIDER

1. **Will they work with the teen you are referring?**
   - a. Many places have age restrictions. Call and find out.
   - b. Gender
   - c. Accepted insurance
   - d. Language

2. **Are there any reasons they would not work with a teen you are referring?**
   - a. IQ requirement
   - b. Types of substance use they are unable to treat
   - c. Guardian participation

3. **Does the frequency and duration of the program fit with the needs of the client?**
   - a. How long does the program last?
   - b. Do the meeting times fit into your schedule?

4. **How easy is it to get to appointments?**
   - a. Location, is it close to you or accessible?
   - b. Providing transportation, is it near a bus line or do they provide transportation
   - c. Bus travel
   - d. Home visits

5. **Who has to make a referral?**
   - a. Certain places need a professional

6. **Will they address substance use and mental health needs?**

7. **Do they prescribe medication?**

8. **Are they qualified?**
   - a. Experience
   - b. Accredited organization

9. **Does the client feel comfortable during the first meeting with the primary therapist?**
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 a treatment strategy rather than perceive it as a failure.

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

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

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

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Substance</th>
<th>Subtypes</th>
<th>Other Names</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol</strong></td>
<td>1. Wine, beer, liquor</td>
<td>1. Booze, Brew, Guzzle, Sauce, Sip, Spirits, Lick</td>
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<tr>
<td></td>
<td>2. Promethazine with Codeine (Lean)</td>
<td>2. Act, Dirty Sprite, Drank, Lean, Purple, Purple Drank, Skittles, Sizurup, Sizzurp, Syrup</td>
</tr>
<tr>
<td><strong>Marijuana</strong></td>
<td>1. Plant-Based</td>
<td>1. Boom, Bud, Chronic, Gangster, Ganja, Grass, Herb, Kif, Mary Jane, MJ, Pot, Reefer, Skunk, Weed</td>
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<tr>
<td></td>
<td>2. Concentrates</td>
<td>2. 246, 710, Black Glass, Badder, Budder, Butane Hash Oil, Butane Honey Oil (BHO), Butter, Dabs, Eerrl, Ear Wax, Honey Oil, SAP, Shatter, Wax</td>
</tr>
<tr>
<td></td>
<td>3. Synthetics (K2)</td>
<td>3. Black Mamba, Bliss, Bombay Blue, Fake Weed, Genie, K2, Moon Rocks, Skunk, Yucatan Fire, and Zohai</td>
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<tr>
<td></td>
<td>4. Hash</td>
<td>4. High Concentration, Sticky Resin</td>
</tr>
<tr>
<td><strong>Nicotine</strong> (Tobacco)</td>
<td>1. Cigarettes</td>
<td>1. Bogeys, Butts, Cigs, and Smokes</td>
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<tr>
<td></td>
<td>2. Vaping (Juuling)</td>
<td>2. E-cigarettes, E-cigs, Ego, E-juice, E-liquid, Juice, Juul, Mods, Pen, PV (Personal Vaporizer), Smoke Juice, Vapes</td>
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<td>3. Smokeless tobacco</td>
<td>3. Chewing tobacco, Dip, Snuff, Snus, Spit Tobacco,</td>
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<tr>
<td></td>
<td>4. Clove Cigarettes</td>
<td>4. Bidis, Kreteks</td>
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<td></td>
<td>5. Hookahs</td>
<td>5. Goza, Hubble-bubble, Narghile, Shisha, Waterpipe</td>
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<td></td>
<td>6. Cigars &amp; Pipes</td>
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<tr>
<td><strong>Opioids</strong></td>
<td>1. Heroin</td>
<td>1. Black tar, H, Horse, Junk, Ska, Smack</td>
</tr>
<tr>
<td></td>
<td>2. Painkiller medication (Oxy, Percocet)</td>
<td>2. Happy Pills, Hillbilly Heroin, OC, Oxy, Oxycotton, Percs, Vikes</td>
</tr>
<tr>
<td></td>
<td>3. Fentanyl</td>
<td>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</td>
</tr>
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<td></td>
<td>4. Opium</td>
<td>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,</td>
</tr>
<tr>
<td>Substance</td>
<td>Subtypes</td>
<td>Other Names</td>
</tr>
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<td>-------------</td>
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<tr>
<td>Incense, Joy Plant, Midnight Oil, Opio, Pen Yan, Pin Gon, Pin Yen, Pox, Skee, Toxy, Toys, When-Shee, Zero</td>
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</tr>
</tbody>
</table>
| **Stimulants** | 1. Cocaine/Crack  
2. Amphetamines (Adderall)  
2. Adderall, Bennies, Black Beauties, Concerta, Hearts, Ritalin, Roses, Skippy, Study Drugs, The Smart Drug, Uppers, and Vitamin R, Vyvanse  
3. Chalk, Meth, Speed, and Tina; or for crystal meth, Crank, Fire, Glass, Go fast, Ice |
| **Depressants** | 1. Benzodiazepines (Xanax, Ativan, Klonopin)  
| **Hallucinogens** | 1. MDMA (Ecstasy, Molly)  
2. Inhalants (Huffing-gasoline, markers, and aerosols)  
3. PCP (Angel Dust)  
4. Ketamine (Special K)  
5. LSD (Lysergic Acid Diethylamide, Acid)  
6. DMT (Ayahuasca)  
7. Psilocybin (Mushrooms)  
8. Mescaline  
9. Peyote  
10. Steroids | 1. Adam, Beans, Clarity, E, Ecstasy, Hug, Love drug, Lover's speed, Molly, X, XTC  
2. Bold (nitrites), Laughing gas (nitrous oxide), Poppers (amyl nitrite and butyl nitrite), Rush (nitrites), Snappers (amyl nitrite), Whippets (fluorinated hydrocarbons)  
3. Angel, Angel Dust, Dust  
5. Acid, Blotter, Paper, Sugar Cubes, Tabs  
6. Businessman’s Trip, Dimitri, Fantasia  
7. Alice, Boomers, Buttons, Caps, Champiñones, Hongos, Magic, Mushies, Pizza Toppings, Shrooms, Tweezes  
8. Big Chief, Blue Caps, Buttons, Cactus, Media Luna, Mescal, Mezcakuba, Moon, San Pedro, Topi  
10. Anabolic-androgenic Steroids, Juice, Roids |
| **Other** | 1. Cough Medicine (DXM and Codeine Syrup)  
2. Synthetic Cathinones (Bath Salts)  
3. Salvia  
2. Bloom, Cloud Nine, Flakka, Scarface, Vanilla Sky, White Lightning  
3. Diviner's Sage, Magic Mint, Maria Pastora, Sally-D, Seer's Sage, Shepherdess's Herb |

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

1. **Pre-contemplation**— No intention of taking immediate action. Unaware that their behavior is problematic or has negative consequences. Underestimate the pros of changing behavior, emphasizing the cons.

2. **Contemplation**— Intending to take immediate action. Recognize their behavior might be problematic and take into consideration, with equal emphasis, the practical pros and cons of changing their behavior.

3. **Preparation**— Ready to take action by taking small steps towards changing their behavior because they believe doing so can lead to a healthier life.

4. **Action**— Recently changed their behavior and intend to continuously move forward with their behavior change.

5. **Maintenance**— Sustained their behavior change for a while and intend to maintain their behavior change. Work on preventing relapse to earlier stages.
6. **Relapse**- A person in recovery for any amount of time can fall back into their old ways and use substances. A lapse is also part of this which is a small. Not everyone goes through this stage but it could be a part of recovery.

**SCREENING TOOLS**

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

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

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

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

- Screening tools include: S2BI & CRAFFT
- The tools can be found here: [http://sbirtnh.org/screening/](http://sbirtnh.org/screening/)

More information regarding Drug Screening Tools can be found at:


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

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

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

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

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)
5. [https://www.getsmartaboutdrugs.gov/family](https://www.getsmartaboutdrugs.gov/family)
COMMUNITY PARTNERS

Recovery Coaches in Connecticut Hospitals

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

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

AmeriCorps Prevention Corps

Offers information and trainings on opioids, Narcan, and SBIRT.
Contact: Sheila Wylie
RYASAP Prevention Corps Member Manager
Office: 203-989-0787

Local Prevention Councils

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

More information on the Local Prevention Councils and their location can be found at:
http://apw-ct.org/page/16525

TRAININGS

Drug Trends
http://apw-ct.org/page/16536-Parent-Community-Programs
A-SBIRT
Motivational Interviewing
Narcan
Mental Health First Aid
https://www.mentalhealthfirstaid.org/
Other Trainings on Substance Use
https://www.womensconsortium.org/onlinecourses
FURTHER RESOURCES

WEBSITE
- Tricircle, Inc. [https://www.tricircleinc.com/LinksResources.en.html](https://www.tricircleinc.com/LinksResources.en.html)
- NIDA for Teens [https://teens.drugabuse.gov/](https://teens.drugabuse.gov/)
- Partnership for Drug Free Kids [https://drugfree.org/](https://drugfree.org/)
- Connecticut Clearinghouse [https://www.ctclearinghouse.org/resources/](https://www.ctclearinghouse.org/resources/)

BOOKS AND LITERATURE
1. How to Get your Loved one Sober: Alternatives to Nagging, Pleading & Threatening. Robert J. Meyers & Brenda L. Wolfe
2. Beyond Addiction: How Science and Kindness Help People Change: Jeffrey Foote
3. Heroin/Opioid Addiction and Recovery for Teens and Young Adults: A Complete A to Z Guide For All Concerned: Steven Fiorito
4. First Step to Better Choices: Adolescent Substance Abuse Activity Workbook: Denise DeNicolo
Mental Health Referral Form
Child & Family Guidance Clinic
☐ 428 Columbus Ave ☐ 226 Dixwell Ave

☐ Substance Abuse ☐ Mental Health ☐ SBHC
☐ Boys & Girls Club ☐ IF-CBT ☐ MATCH
☐ PMT ☐ CBITS ☐ 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 ☐ NoLegal 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
Fax: 203.287.9815

Referral Source:

<table>
<thead>
<tr>
<th>How you heard about us:</th>
<th>Referral date:</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Agency (if applicable):</td>
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<td>E-mail:</td>
<td>Phone number:</td>
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Reason for Referral:


Youth:

<table>
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<tr>
<th>Name:</th>
<th>Date of birth:</th>
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<tbody>
<tr>
<td>Age:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Primary language:</td>
<td>Race/ethnicity:</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone number:</td>
</tr>
<tr>
<td>Youth resides with:</td>
<td>Relationship:</td>
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<tr>
<td>Insurance company:</td>
<td>Insurance ID #:</td>
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</table>

Caregiver/Guardian:

<table>
<thead>
<tr>
<th>Caregiver(s) name:</th>
<th>Primary language:</th>
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<tbody>
<tr>
<td>Phone number:</td>
<td>Cell phone:</td>
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<td>Address:</td>
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<tr>
<td>Legal guardian's name:</td>
<td>Primary language:</td>
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<tr>
<td>Phone number:</td>
<td>Cell phone:</td>
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<tr>
<td>Address:</td>
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</table>

Youth’s current and past behavioral health treatment providers:

<table>
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<tr>
<th>Name:</th>
<th>Agency (if applicable):</th>
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<tr>
<td>E-mail:</td>
<td>Phone number:</td>
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</table>

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


Youth’s current medications:


Youth history (check all that apply):

- [ ] physical abuse
- [ ] sexual abuse
- [ ] domestic violence
- [ ] self-injurious behavior
- [ ] substance use, list drugs used in the past month ______

- [ ] psychotic symptoms
- [ ] suicidal ideation
- [ ] homicidal ideation
- [ ] sexualized behaviors
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Client</th>
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</table>

SCHOOL:
Current School: ___________________________ Grade: __________________

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

<table>
<thead>
<tr>
<th>Institute/Agency</th>
<th>Dates of Service</th>
<th>Type of Service</th>
<th>Discharge Status</th>
<th>Tel. #</th>
<th>Name of contact</th>
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<tr>
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<td>(individual therapy, inpatient, outpatient) (home based therapy)</td>
<td>(successful/ unsuccessful)</td>
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DIAGNOSIS:
DSM IV Axis I: ____________________________________________________________
Axis II: ________________________________________________________________

CURRENT MEDICATION:

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose/Frequency</th>
<th>Prescribing Physician</th>
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DATE OF INTAKE: __________________________________________________________

MDFT CLINICIAN ASSIGNED: ________________________________________________

Updated 7/2013
**WHEELER CLINIC MST REFERRAL FORM**

<table>
<thead>
<tr>
<th>CLIENT INFORMATION:</th>
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<tbody>
<tr>
<td>Name: ____________________________ DOB: _________ CL:___________________</td>
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<tr>
<td>SS # ____________________________Ethnicity: ______________</td>
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<tr>
<td>Medical Insurance (plan name and ID#): ______________________________________</td>
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<th>REFERRAL INFORMATION:</th>
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<tr>
<td>Referred by:</td>
</tr>
<tr>
<td>Name:  ___________________________________ Date of referral: __________</td>
</tr>
<tr>
<td>Agency/Address: ____________________________________________________</td>
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<td>Phone #:: _________________________________________________________</td>
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<tr>
<td>DCF INVOLVEMENT?</td>
</tr>
<tr>
<td>___ yes  ___no  Status __________________</td>
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<tr>
<td>Name of Worker: _________________ Phone: __________________</td>
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<tr>
<td>Name of Supervisor: _________ Phone: ______________</td>
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<tr>
<td>Any known/suspected safety concerns in the home? (explain): _________________</td>
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<tr>
<td>JAG Score:_______________ Date Completed:__________ Planned Probation Discharge</td>
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<tr>
<td>Date:_________ Next Court Date:________________________</td>
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<th>COURT INVOLVEMENT?</th>
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<td>Y _____ N _____  Status ____________________________</td>
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<th>REASON FOR REFERRAL:</th>
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<tr>
<td>Current substance use (describe):</td>
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<td>____________________________________________________________________________</td>
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</table>
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:

<table>
<thead>
<tr>
<th>Institution/Agency</th>
<th>Dates of Service</th>
<th>Type of Service (individual therapy, inpatient, outpatient)</th>
<th>Discharge Status (successful / unsuccessful)</th>
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DIAGNOSES:
DSM IV Axis I: __________________________________________________

Axis II: __________________________________________________

CURRENT MEDICATION:

<table>
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<tr>
<th>Name</th>
<th>Dose/Frequency</th>
<th>Prescribing Physician</th>
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</table>
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-Disposition 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:

Name  Age  Relationship to Client

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: ☐
<table>
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<tr>
<th>Institution/Agency</th>
<th>Dates of Service</th>
<th>Type of Service (individual therapy, inpatient, outpatient)</th>
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**DSM-IV DIAGNOSES:**
- **Axis I:**
- **Axis II:**
- **Axis III:**
- **Axis IV:**
- **Axis V./GAF:**

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

Please note any additional pertinent case information:
**REFERRAL SOURCE ONLY NEEDS TO COMPLETE ITEMS MARKED WITH * BUT PLEASE COMPLETE ALL ITEMS THAT YOU KNOW.**

**YOUNG ADULT SUCCESS PROJECT- Client Information**

<table>
<thead>
<tr>
<th><strong>CLIENT'S PREFERRED NAME:</strong></th>
<th><strong>FIRST NAME:</strong></th>
<th><strong>MIDDLE NAME:</strong></th>
<th><strong>LAST NAME:</strong></th>
<th><strong>DATE:</strong></th>
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<tr>
<th><strong>SEX:</strong></th>
<th><strong>M</strong></th>
<th><strong>F</strong></th>
<th><strong>BIRTH DATE:</strong></th>
<th><strong>IF NATIVE AMER., TRIBE:</strong></th>
<th><strong>AGE:</strong></th>
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<th><strong>BILINGUAL REQUIRED:</strong></th>
<th><strong>RACE:</strong></th>
<th><strong>ETHNICITY:</strong></th>
<th><strong>SECONDARY LANGUAGE:</strong></th>
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<tr>
<td><strong>Yes</strong></td>
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**MST-EA CRITERIA (Call MST-EA Supervisor if you have any questions or want to discuss a case)**

- **CLIENT'S AGE IS 17-20 (before 21st birthday)?**
- **CLIENT WILL RESIDE IN: Greater New Haven, Bridgeport, Meriden, Middletown, Waterbury, Greater Hartford, Enfield, New Britain, Norwich, Manchester, Bristol?**
- **EVIDENCE OF STABLE HOUSING** or plan for stable housing in the community upon discharge. Community means non-hospital, non-residential treatment, non-detention/jail/prison. Group homes, foster home, and supervised living can be accepted. Cannot currently be homeless, in a shelter, or couch surfing.

<table>
<thead>
<tr>
<th><strong>MENTAL HEALTH:</strong></th>
<th><strong>CRIMINAL INVOLVEMENT:</strong></th>
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</table>

- **Seems to have a mental health problem (Mood, Anxiety, and/or Psychotic Disorders – MST-EA will screen)?**
- **Does Not have Autism, Pervasive Developmental Disorders, or Intellectual Disability.**
- **NOT currently suicidal or homicidal.**
- **Arrested and/or released from jail/prison/detention in past 18 months (more than simple probation violation)?**
- **Severity of any pending charges at referral IS NOT likely to result in incarceration.**
- **NO recent history or a pattern of problem sexual behaviors.**

<table>
<thead>
<tr>
<th><strong>DIAGNOSES, MEDS, SYMPTOMS/BEHAVIORS YOU KNOW OF:</strong></th>
<th><strong>PROVIDE ARREST DATES, CHARGES, AND/OR RELEASE DATES:</strong></th>
</tr>
</thead>
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</tbody>
</table>

**CLIENT (IF NEEDED, ALSO GUARDIAN) HAS SIGNED RELEASE OF INFORMATION & GIVEN PERMISSION TO MAKE REFERRAL?**

<table>
<thead>
<tr>
<th><strong>ANY OTHER REASON(S):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>brief summary of any other referral reasons. Include *safety concerns the program should be aware of.</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th><strong>CLIENT'S PHONE #(#):</strong></th>
<th><strong>CLIENT'S CURRENT ADDRESS:</strong></th>
<th><strong>HAS LEGAL GUARDIANSHIP OF CLIENT?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CLIENT'S MOTHER:</strong></th>
<th><strong>PHONE(S):</strong></th>
<th><strong>ADDRESS:</strong></th>
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<tbody>
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<table>
<thead>
<tr>
<th><strong>CLIENT'S FATHER:</strong></th>
<th><strong>PHONE(S):</strong></th>
<th><strong>ADDRESS:</strong></th>
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<tbody>
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<table>
<thead>
<tr>
<th><strong>OTHER CONTACT:</strong></th>
<th><strong>PHONE(S):</strong></th>
<th><strong>ADDRESS:</strong></th>
<th><strong>HAS LEGAL GUARDIANSHIP OF CLIENT?</strong></th>
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<tbody>
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<td></td>
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<td><strong>Yes</strong></td>
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</tbody>
</table>

- **WHO HAS LEGAL GUARDIANSHIP/CUSTODY OF CLIENT:**
- **See above notations**
- **Client is legal adult**
- **Other (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**

<table>
<thead>
<tr>
<th><strong>Referral Date:</strong></th>
<th><strong>Screening Date:</strong></th>
<th><strong>Intake Date:</strong></th>
<th><strong>Team:</strong></th>
<th><strong>Therapist:</strong></th>
<th><strong>Coach:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>REFERRAL SOURCE'S NAME:</strong></td>
<td><strong>AGENCY/DCF Region:</strong></td>
<td><strong>PHONE(S):</strong></td>
<td><strong>EMAIL:</strong></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>REFERRAL SOURCE'S SUPERVISOR:</strong></th>
<th><strong>SUPERVISOR'S TITLE:</strong></th>
<th><strong>SUPERVISOR'S PHONE:</strong></th>
<th><strong>SUPERVISOR'S EMAIL:</strong></th>
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<tbody>
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</table>

**PROVIDERS & PROGRAMS CLIENT IS INVOLVED IN** (*fill in all that apply/are known*)

<table>
<thead>
<tr>
<th>SCHOOL PROGRAM:</th>
<th>CONTACT PERSON:</th>
<th>PHONE(S):</th>
<th>JOB TITLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>DCF:</th>
<th>CONTACT PERSON:</th>
<th>PHONE(S):</th>
<th>JOB TITLE:</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
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</table>

**REASON FOR DCF INVOLVEMENT:**

<table>
<thead>
<tr>
<th>DMHAS:</th>
<th>CONTACT PERSON:</th>
<th>PHONE(S):</th>
<th>JOB TITLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</table>

**REASON FOR DMHAS INVOLVEMENT:**

<table>
<thead>
<tr>
<th>PROBATION/ PAROLE:</th>
<th>CONTACT PERSON:</th>
<th>PHONE(S):</th>
<th>JOB TITLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>COURT/DOC PROGRAM:</th>
<th>CONTACT PERSON:</th>
<th>PHONE(S):</th>
<th>JOB TITLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>CURRENT CHARGES:</th>
<th>PENDING CHARGES:</th>
<th>LEGAL STATUS:</th>
<th>PROB./PAR. END DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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<td>N/A</td>
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**EMERGENCY CONTACT:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>Phone #(s):</th>
</tr>
</thead>
<tbody>
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</table>

**INSURANCE:**  
Y N  
NAME OF POLICY HOLDER:  
RELATIONSHIP TO CLIENT/SELF:  
POLICY ID NUMBER:  
COMPANY:  
POLICY HOLDER DOB:  

**CLIENT'S CURRENT MEDICATIONS:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOSAGE</th>
</tr>
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<tbody>
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</tbody>
</table>

**CLIENT'S PRIMARY CARE PHYSICIAN:**

<table>
<thead>
<tr>
<th>NAME &amp; AGENCY:</th>
<th>ADDRESS &amp; PHONE:</th>
</tr>
</thead>
<tbody>
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</table>

**CLIENT'S PSYCHIATRIST:**

<table>
<thead>
<tr>
<th>NAME &amp; AGENCY:</th>
<th>ADDRESS &amp; PHONE:</th>
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</table>

**PREFERRED HOSPITAL:**

<table>
<thead>
<tr>
<th>HOSPITAL ADDRESS:</th>
<th>HOSPITAL PHONE:</th>
<th>HEALTH NOTES:</th>
</tr>
</thead>
<tbody>
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**CLIENT ADVANCE INSTRUCTIONS/ADVANCE DIRECTIVE:**  
☑ YES [see records in client file]  
☐ NO  

**MAJOR SAFETY CONCERNS FOR THE HOME OR CLIENT:**

Disposition:  
☐ Determined Ineligible  
☐ Referral Incomplete  
☐ Declined Screening  
☐ Screening Conducted