

TEEN SUBSTANCE USE RESOURCE GUIDE

A GUIDE FOR PROVIDERS IN THE GREATER NEW HAVEN REGION

VERSION 3



PURPOSE OF THE GUIDE

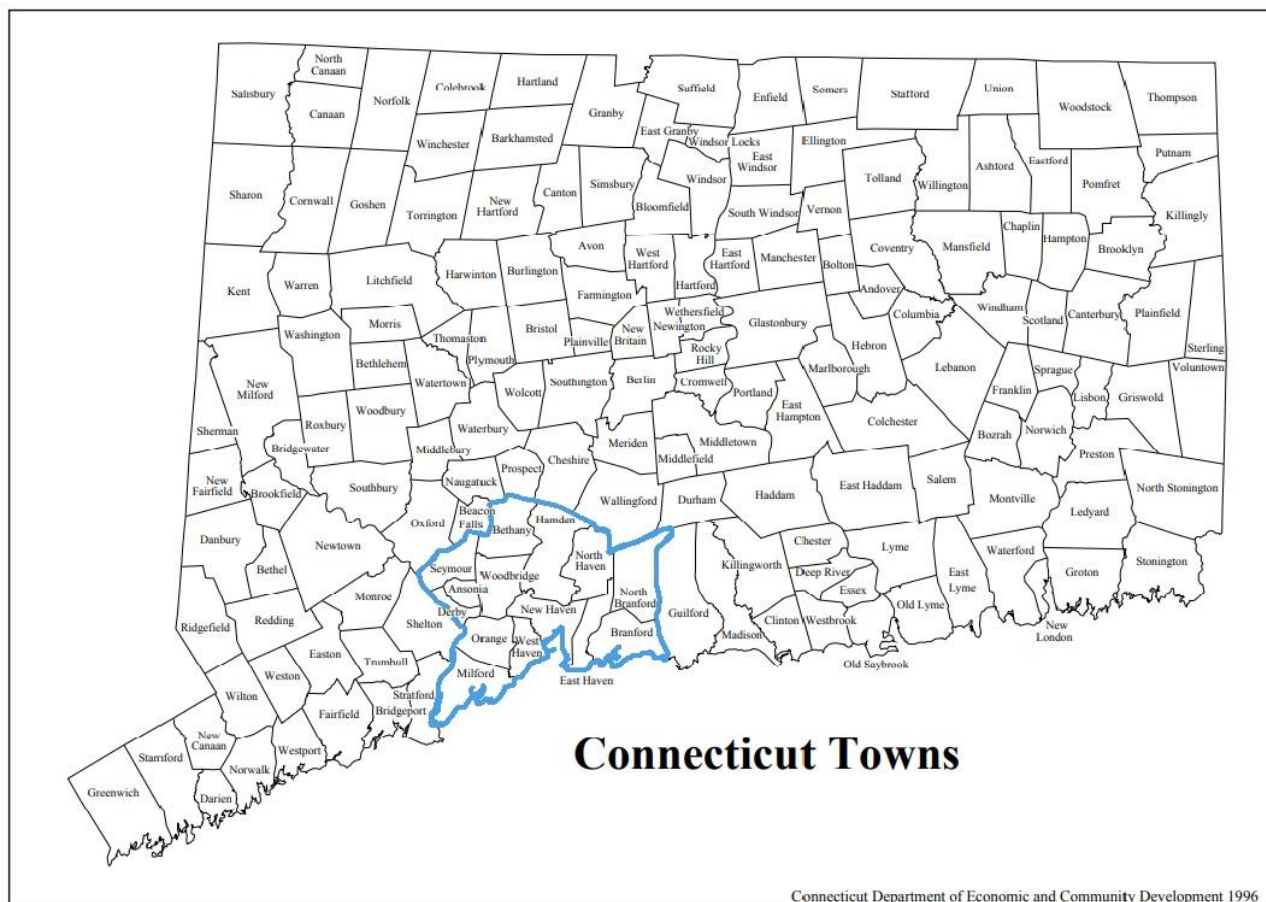
The purpose of this guide is to help **providers** as they try to connect teens who use substances (and their families and support systems) to beneficial resources. The creators of this guide recognize that it can be very overwhelming for youth and families to research resources and therefore caution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

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

- The SURGE Facebook Page: <https://www.facebook.com/Substanceuseresourceguideentity/>

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 one of the co-chairs of SURGE, Christine Hauser at Wakeman Hall: chauser@tccoh.org or Victoria Prestileo at Wheeler Clinic: vprestileo@wheelerclinic.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.

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

For more information, contact one of the co-chairs of SURGE, Christine Hauser at Wakeman Hall: chauser@tccoh.org or Victoria Prestileo at Wheeler Clinic: vprestileo@wheelerclinic.org.

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TREATMENT NAVIGATION

THE RECOVERY TEAM

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

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

For more information contact Deirdra Colavolpe at DColavolpe@tccoh.org or (475) 227-5834 (cell)

TREATMENT TYPES

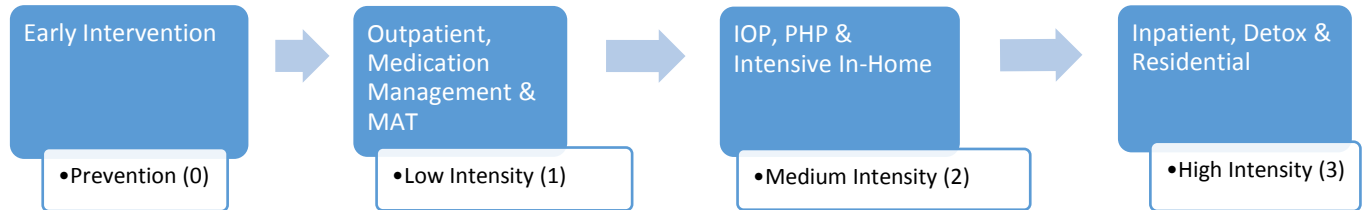


Figure 4. Treatment levels of care from low intensity to high intensity.

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.

TELEHEALTH

Telehealth or Telemedicine: Is a virtual communication system where you can speak with a medical professional by computer, telephone, or tablet while social distancing.

Types of appointments allowed via telemedicine: Wellness visits and routine healthcare, Counseling, Medications.

SUBSTANCE USE TREATMENT PROGRAMS

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

TEENS

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering Telehealth/ Platform
Early Intervention (0)	Child & Family Guidance Cornell Scott Hill Health Center-Substance Use Education	400 Columbus Ave. New Haven, CT 06519 226 Dixwell Ave. New Haven, CT 06511	Columbus Ave. (203) 503-3055 Dixwell Ave. (203) 503-3458	http://cornellscott.org/component/mtree/services/behavioral-health/12-child-and-family-guidance?Itemid=3	Yes	Male & Female 3-18	Medicaid, private insurance or sliding fee scale	Anyone	Open	Telehealth & In-person options available. Doxy.me
Early Intervention (0)	PCRC Today's Choices	30 Elizabeth Street, Derby, CT 06418	(203) 954-0543 X4136	https://www.bhcare.org/page/32847	Yes	Male & Female 13-18	Commercial insurance & HUSKY	Anyone	Open	Yes Zoom
Medication Assisted Treatment (MAT) (2)	APT Foundation	1 Long Wharf Drive New Haven, CT 06514	(203) 781-4600	https://aptfoundation.org/	Yes	Male & Female 16+	Private insurance, Medicaid, Charter Oak, & Medicare. Sliding scale payment	Anyone	Open	Yes

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering Telehealth/ Platform
Medication Assisted Treatment (MAT) (2)	SATU	1 Long Wharf Drive New Haven, CT 06511	(804) 939-5214	https://medicine.yale.edu/psychiatry/care/cmhc/clinics/satu.aspx?organizationId=110597	Yes	Male & Female 16+	Medicaid, No Insurance	Anyone	Not Open Only open for medical emergencies	Yes Over the phone-Working on setting up a platform
Medication Assisted Treatment (MAT) (2)	Rushford (MATCH)	Multiple locations in CT	(855) 825-4026	https://rushford.org/addiction/medication-assisted-treatment-close-to-home	Yes	Male & Female 16+			Open	Yes
Outpatient (1)	The Children Center of Hamden, Wakeman Hall Outpatient (A-CRA/ACC)	1400 Whitney Ave. New Haven, CT 06517	(203) 248-2116	www.tccoh.org	Yes	Male & Female 12-18	Medicaid, Private insurance or sliding fee scale	Anyone	Open	Yes GoToMeeting
Intensive Outpatient (2)	The Children Center of Hamden, Wakeman Hall Outpatient	1400 Whitney Ave. New Haven, CT 06517	(203) 248-2116	www.tccoh.org	Yes	Male & Female 12-18	Medicaid, Private Insurance or sliding fee scale	Anyone	Open 3 days per week, but reduced duration to 20-30 min. instead of 2.5 hrs.	Yes GoToMeeting

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering Telehealth/ Platform
Intensive Outpatient (2)	Project Courage	130 Elm Street, Old Saybrook CT, 06475	(860) 744-9878	https://projectcourageworks.com/intensive-outpatient/	Yes	Male & Female 14+	Anthem & Aetna OON with other private insurances	Anyone	Open In-person screening, PPE, and distancing in facilities.	TeleHealth & In-person options available. Doxy
Intensive Outpatient/ Partial Hospital Program (2)	The Rushford Center (Seven Challenges)	110 National Drive Glastonbury, CT 06033	(860)657-8910	https://rushford.org/programs-services/adolescent-services/departments-services/outpatient-addiction-treatment		Male & Female			Open No in-person contact	Yes Zoom
Intensive In-Home (2)	Wheeler Clinic (MDFT)	458 Grand Ave New Haven, CT 06513	(888) 793-3500	www.wheelerclinic.org	Yes	Male & Female 9-18	All insurance types	Anyone	Open	Yes Microsoft Teams
Intensive In-Home (2)	Wheeler Clinic (MST)	458 Grand Ave New Haven, CT 06513	(888) 793-3500	https://www.wheelerclinic.org/services/wheeler-services/multisystemic-therapy	Yes	Male & Female 12-18	All insurance types	Anyone	Open	Yes Microsoft Teams

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering Telehealth/ Platform
Intensive In-Home (2)	Wheeler MDFT ATM Program	74 East Street Plainville, CT 06062	(860) 810-0857		Yes			Will travel to areas for opioid users. MAT available for people using this.	Open	Yes Microsoft Teams
Intensive In-Home (2)	Aware Recovery Care	556 Washington Ave, Unit 201 North Haven, CT 06473	(203) 779-5799	https://www.awarecoverycare.com/locations/connecticut/	Yes	Male & Female, 16-18	Anthem BCBS	Any	Open Over the phone screening before in-person visit	Yes
Intensive In-Home (Statewide) (2)	Project Courage	130 Elm Street, Old Saybrook CT, 06475	(860) 744-9878	https://projectcourageworks.com/recovery-support-services/	Yes	Male & Female 14+	Anthem & Aetna OON with other private insurances	Any	Open	Yes Zoom/ Doxy.me
Residential (3)	Newport Academy	Connecticut	(877) 628-3367	https://www.newportacademy.com/	Yes	Male & Female, 12-20	Yes		Open Virtual Family Therapy	Yes

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering Telehealth/ Platform
Residential (3)	Rushford Center-Stonegate	459 Wallingford Rd Durham, CT 06422	1-877-577-3233	https://rushford.org/teen-services/addiction-treatment/residential-treatment		Male Only 13-18 (18 if enrolled in school)	Loans, private insurance, major insurance	Any	Open Limited Visitors	Yes
Residential (3)	Teen Challenge	86 Spring Street New Haven, CT	203-789-6172	www.tcconnecticut.org	No	Males Only			Open	Yes Doxy.me
Residential (3)	CT Junior Republic Residential Program (CJRRP)	550 Goshen Road P.O. Box 161 Litchfield, CT 06759	(860) 567-9423	https://www.ctjuniorrepublic.org/page.cfm?p=556		Males 14-18		Court and DCF referrals only		
Outpatient & Detox (3)	The West End Clinic-ARMS	16 Bloom Street Boston, MA 02114	617-643-4699	https://www.massgeneral.org/psychiatry/services/treatmentprograms.aspx?id=2090	Yes	Male & Female 14-26	Yes	Anyone	Open All staff PPE, Screened, & Tested	Telehealth & In-person Patient Gateway

Treatment Type/ Intensity	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering Telehealth/ Platform
Inpatient & Detox (3)	Caron Pennsylvania	243 N Galen Hall Road Wernersville, Pennsylvania 19565	844-260-1324	https://www.caron.org/what-to-expect/detox-services	Yes	Male & Female 13-18	Yes	Anyone	Open All staff PPE, Screened, & Tested. Patients tested before admission	Yes Zoom
Inpatient & Detox (3)	St. Charles Hospital	200 Belle Terre Rd Port Jefferson, NY 11777	631-474-6797	https://stcharleshospital.chsli.org/drug-and-alcohol-detoxification	Yes	Males & Females 12-18	Medicare & Medicaid	Anyone	Open Patients tested before admission	No
Inpatient (3)	Yale New Haven Psychiatric Hospital	184 Liberty Street New Haven, CT 06510	203-688-9704	https://www.ynh.org/psychiatric/services/adolescents.aspx	Yes	Male & Female		Anyone	Open Patients tested before admission	No

TRANSITION AGE YOUTH

Treatment Type	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering TeleHealth / Platform
Peer Recovery Telephone Support (1)	CCAR- Young Adult Family Project	223 Elizabeth Street Derby, CT 06418	203-870-9132	https://ccar.us/services/young-adult-family-project/		18+			Open	Yes
Outpatient (1)	Bridges Healthcare	949 Bridgeport Avenue Milford, CT 06460	(203) 878-6365	https://www.bridgesct.org/	Yes	Transit on Age Men & Women (18+)			Open Available for an array of services but no in-person	Yes Phone & Video
Outpatient (1)	Turnbridge	189 Orange Street New Haven, CT 06510	(203)937-2309	https://www.tpadddictiontreatment.com/		Transit on Age Men & Women (18+)			Open All staff PPE, Screened, & Tested	Yes
Outpatient (1)	Project Courage	130 Elm Street Old Saybrook, CT 06475		https://projectcourageworks.com/recovery-support-services/	Yes	Transit on Age Men & Women (14+)	Anthem & Aetna OON with other private insurances	Any	Open	Yes Zoom/ Doxy.me

Treatment Type	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering TeleHealth / Platform
Intensive In-Home (2)	NAFI Connecticut (MST-EA)/ DCF Teams	295 Washington Ave, Suite 2 Hamden, CT 49-51 Wethersfield Ave. Hartford, CT	(860)716-5932	https://www.nafict.org/services/community-programs/mst-ea/		Transition Age Men & Women 17-21		DCF	Open	Yes
Intensive In-Home (Statewide)(2)	NAFI Connecticut (MST-EA)/ CSSD Teams	295 Washington Ave, Suite 1 Hamden, CT 49-51 Wethersfield Ave. Hartford, CT	(860)716-5932	https://www.nafict.org/services/community-programs/multisystemic-therapy-eacssd/		Transition Age Men & Women 17-26		Court Support Services Division/ Adult Probation	Open	Yes
Intensive In-home (2)	Aware Recovery Care	556 Washington Ave, Unit 201 North Haven, CT 06473	(203) 770-5799	https://www.awarerecoverycare.com/locations/connecticut/	Yes	Transition Age Men & Women 18-25	Anthem BCBS	Any	Open All staff PPE, Screened, & Tested	Yes Health Assessment over the phone before in-home visit.
Residential (3)	Turnbridge	189 Orange Street New Haven, CT 06510	203-937-2309	https://www.tpadddictiontreatment.com/		Transition Age Men & Women (18+)			Open All staff PPE, Screened, & Tested	Yes

Treatment Type	Program	Address	Phone	Website	Prescribes Medication	Ages/ Gender Served	Insurance Accepted	Referral Sources	Open / Changes due to COVID-19	Offering TeleHealth / Platform
Inpatient & Detox (3)	Adult and Teen Challenge Pennsylvania		844-888-8085	https://www.paatc.org/get-help/detox/	Yes	Transition Age Men & Women (18+)	Accepts insurance	Anyone	Open All staff PPE, Screened, & Tested	Yes

PRIVATE PRACTICE PROVIDERS

Practitioner	Phone Number	Address	Age/ Gender Served	Insurance	Website	Open / Changes due to COVID-19	Offering Telehealth/ Platform
Rodney Denson	203-409-8676	451 State St. Suite A Unit 3 North Haven CT	Males & females 14+	Sliding scale fee Accepts insurance Medicare/ Medicaid	https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/144073?sid=5c869147d7631&spec=182&ref=13&tr=ResultsPhoto	Open Telehealth Only.	Yes Call for more information
Deborah Malatesta	203-930-1836	14 Trumbull St Ste 103 New Haven, CT 06511	Males & females 14+	Sliding scale fee Accepts insurance Medicaid	https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/252297?sid=5c869147d7631&spec=182&ref=15&tr=ResultsName	Open Telehealth only.	Yes Simple Practice for Telehealth
Marissa Ryan Caiafa	203-344-7453	MC Counseling and Wellness 375 Mather Street Suite 11 Hamden, CT 06514	Males & females 14+	Sliding scale fee Accepts insurance	https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/403973?sid=5c869147d7631&spec=182&ref=2&tr=ResultsPhoto		Yes
Thomas Reilly	203-819-7650	TR Counseling & Wellness, LLC 30 Hazel Terrace Suite 11 Woodbridge, CT 06525	Males & females 14+	Sliding scale fee Accepts insurance	http://www.trcounseling.org/index.html	Open	Yes Theranest

Eric Vingo	203-800-3868	284 Racebrook Rd Ste218 Orange, CT 06477	Males & females 14+	Sliding scale fee Husky Pending in network Insurance	https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/444058?sid=5c869147d7631&spec=182&ref=1&recnext=21&tr=ResultsPhoto	Open	Yes Doxy.me
Susan Hogan	203-304-7572	3013 Dixwell Ave Hamden, CT 06512	Males & females 11+	Sliding scale fee Accepts insurance	https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/118661?sid=5c869147d7631&spec=182&ref=1&tr=ResultsPhoto	Closed New Haven County In-Home visits	Yes Zoom & Phone
Marc Tobin	203-376-3776	147 Bishop St. New Haven, CT 06511	Males & females 14+	Sliding scale fee Accepts insurance	https://www.psychologytoday.com/us/therapists/adolescents-teenagers-14-to-19/06514/63359?sid=5c869147d7631&spec=182&ref=6&tr=ResultsRow	Open Telehealth only.	Yes Doxy.me
Benjamin Backes	203-671-0917	173 Montowese St., Branford, CT 06405	Males & females 11+	Sliding scale fee Husky Accepts insurance	https://www.psychologytoday.com/us/therapists/benjamin-backes-north-haven-ct/455613	Open	Telehealth & In-person Doxy.me
Sheila Owen	203-200-7196	One Evergreen Ave Suite LL1 Hamden, CT 06518	Males & females, 12-18	Sliding scale fee Husky Accepts insurance	www.peachtreetherapeutics.com	<u>Open</u>	<u>Yes</u> <u>Theranest</u>

SUPPORT GROUPS

FAMILIES

Type of group	Organization	Address	Day & Time	Contact	Website	Open / Changes due to COVID-19	Offering Telehealth/ Platform
SMART Family & Friends	The Children's Center of Hamden	1400 Whitney Ave, Wakeman Hall (Bldg. #1) Hamden, CT 06517	Monday, 6:30-7:30 pm	Gaboury Benoit (203)401-1556, gabouryb@gmail.com	www.smartrecovery.org	Virtual Only Anyone can attend	Zoom ID: 636 287 458
Nar-anon	Harborside Health Care-Arden House	850 Mix Ave, Board room Hamden, CT	Thursday, 7:00 pm	Rose (203) 641-9380 Maxine (203) 215-6961	http://www.nar-anon.org/find-a-meeting/	Virtual Only Anyone can attend	Zoom ID: 366 111 442 PW: 932690
Nar-anon	Christ & The Epiphany Church	39 Park Place, East Haven, CT	Tuesday, 7:00 pm	Karen M (203) 804-5406 Maria P (203) 815-4688	http://www.nar-anon.org/find-a-meeting/	Virtual Only Anyone can attend	Zoom ID: 542 755 659
Nar-anon	Christ & The Epiphany Church	39 Park Place, East Haven, CT	Saturday, 10:00 am	MaryEllen (203) 848-8245	http://www.nar-anon.org/find-a-meeting/	Virtual Only Anyone can attend	Zoom ID: 818 935 0076 PW: 170538
Hope & Support Group	TriCircle, Inc	Wallingford Stop-n-Shop Community Room 2nd Fl 930 N Colony Road Wallingford, CT 06492	9am-10:30am 1st Sunday of each month	(203) 631-1743	https://www.tricircleinc.com/	Programs Cancelled	Yes Zoom

TEENS

Type of group	Organization	Address	Day & Time	Contact	Website	Open / Changes due to COVID-19	Offering Telehealth/ Platform
Teen SMART	The Children's Center of Hamden	1400 Whitney Ave, Wakeman Hall (Bldg #1) Hamden, CT 06517	Thursday, 5pm-6pm	Deirdra Colavolpe (475) 227-5834 DColavolpe@tccoh.org	www.smartrecovery.org	Open Limited in-person interaction	Zoom ID: 423 838 5515 ID: 224 820 8046 PW: 2w987d
Alateen	Alanon	1 st Church of Christ 5 Meetinghouse Lane, Woodbridge CT	Tuesdays, 7:30pm		https://www.ctalanon.org/meetings/alateen-meetings-by-town	Cancelled until further notice	Contact alateen@ctalanon.org to find a virtual meeting

RECOVERY COMMUNITY CENTER

Community Center	Programs Offered	Address	Hours	Phone Number	Website	Open / Changes due to COVID-19	Offering Telehealth/ Platform
CCAR New Haven	All-Recovery Meetings (ARM) Recovery Training Series Family Support Groups Recovery Coaching Recovery Social Events Telephone Recovery Support	1435 Chapel St. 1 st Floor	10 AM-4 PM	203-672-4115	https://ccar.us/ccar-new-haven/	Open	Yes Zoom

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.

Naloxone can also be prescribed through your primary doctor or local urgent care facility. Refer to this website for further information,

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

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
- Connecticut Beacon Health Options Warm Line: 877-552-8247
- 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)

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.

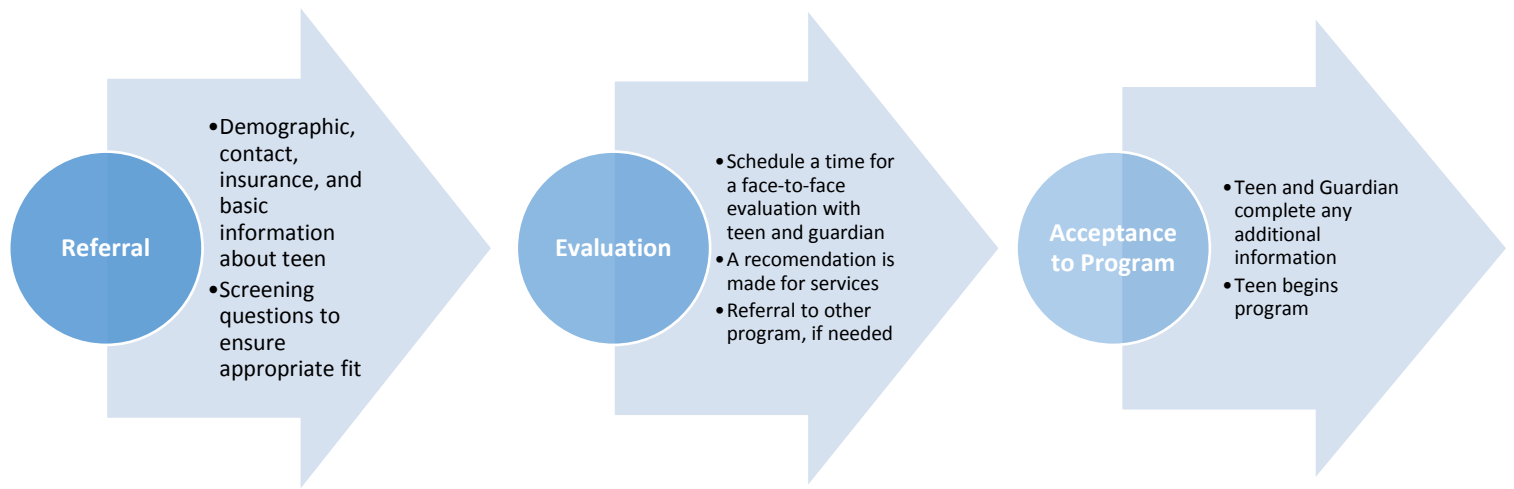


Figure 3. Steps to making a referral.

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?

EDUCATIONAL RESOURCES

DEFINITIONS

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

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

1. What is Drug Addiction?

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

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

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

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

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

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

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

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

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

RISK AND PROTECTIVE FACTORS

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

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

Risk Factors	Domain	Protective Factors
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

THE REASONS WHY PEOPLE USE SUBSTANCES

Why do teens use substances?	
To Fit In	They want to be accepted by friends or peers who are doing drugs
To Feel Good	Feeling like they need the physical effects of a high or low to physically feel better. Substance use can produce feelings of pleasure.
To Feel Better	Some young people suffer from depression, anxiety, stress-related disorders, and physical pain. They may use substances to get relief and fill a void in their lives.
To do better in Academics & Sports	Some young people may try stimulants for studying or anabolic steroids to improve their performance.
To Experiment	Young people often want to try new experiences especially ones that they think are thrilling or daring.

<https://medlineplus.gov/drugsandyoungpeople.html>

BIOLOGY OF DRUG & ALCOHOL USE AND WHAT IT DOES TO THE HUMAN BRAIN

Our brain manages our body's basic functions; such as our, emotions, thoughts, behavior, interpretation, and responses. Our brain also regulates our basic functions that are critical to life, such as our heart rate, breathing, and sleeping. When using substances, these basic functions can be altered. They can cause an addiction, which is a complex brain disease, that allows drugs to change the structure and functioning of our brain. Drugs can also alter our senses, and our ability to think, plan, solve problems, and make decisions. Our brain has a "reward circuit" that is responsible for our perception of emotions and links together structures

of the brain that control and regulate our ability to feel pleasure. Drugs target the brains “reward circuit” and flood the circuit with dopamine. Dopamine at normal levels, rewards our natural behaviors, but when our “reward circuit” is flooded with dopamine it strongly strengthens the behavior or pleasure of the feeling from the drug, teaching the user to repeat the drug usage and hook them into wanting more. Repeated use of drugs can damage the essential decision-making center which can cause long-term consequences.

https://www.drugabuse.gov/sites/default/files/soa_2014.pdf

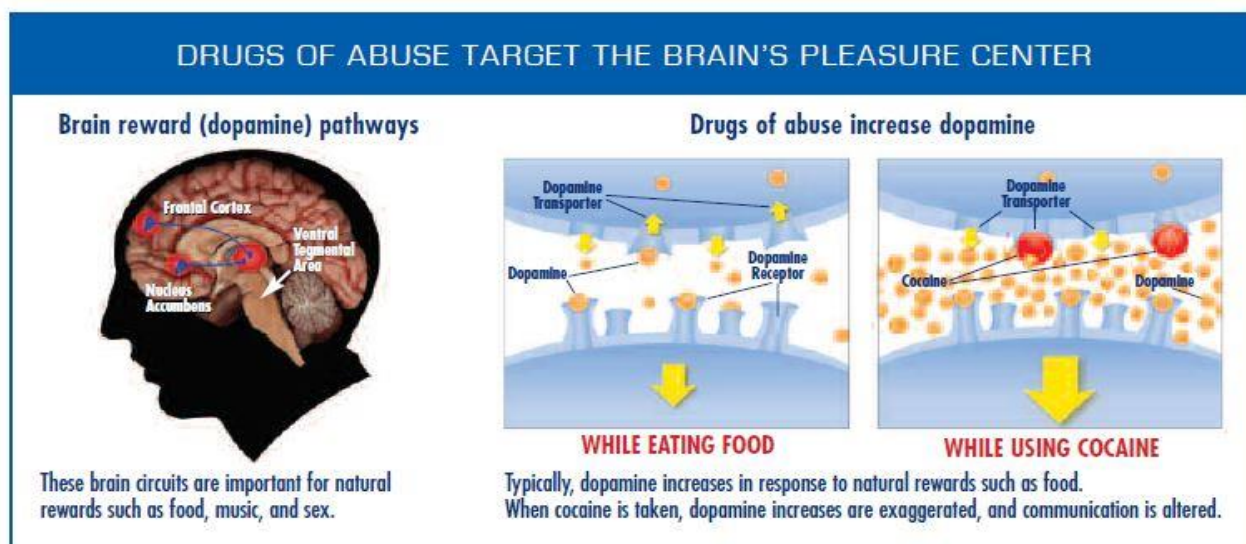


Figure depicting the brain reward dopamine pathway and a side by side comparison of the amount of dopamine produced by eating versus cocaine use.

<https://psu.pb.unizin.org/bbh143/chapter/4-3-drugs-and-the-brain/>

DRUG IDENTIFICATION TOOLS

Type of Tool	Website or App	URL	Cost
Pill Identifier	Website	https://www.webmd.com/pill-identification/default.htm	Free
Pill Identifier	Website	https://www.cvs.com/drug/pill-identifier	Free
Pill Identifier	Website Phone App	https://www.drugs.com/imprints.php	Free
Pill Identifier	Website	https://reference.medscape.com/pill-identifier	Free

Type of Tool	Website or App	URL	Cost
Illegal Drug Identifier	Phone App/Home Kit	https://www.detectachem.com/mobiledetect-app	*Free App, \$30.00 for Home Kit

SUBSTANCES USED

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

Substance	Subtypes	Other Names
Alcohol	<ol style="list-style-type: none"> 1. Wine, beer, liquor 2. Promethazine with Codeine (Lean) 	<ol style="list-style-type: none"> 1. Booze, Brew, Guzzle, Sauce, Sip, Spirits, Lick 2. Act, Dirty Sprite, Drank, Lean, Purple, Purple Drank, Skittles, Sizurup, Sizzurp, Syrup
Marijuana	<ol style="list-style-type: none"> 1. Plant-Based 2. Concentrates 3. Synthetics (K2) 4. Hash 	<ol style="list-style-type: none"> 1. Boom, Bud, Chronic, Gangster, Ganja, Grass, Herb, Kif, Mary Jane, MJ, Pot, Reefer, Skunk, Weed 2. 246, 710, Black Glass, Badder, Budder, Butane Hash Oil, Butane Honey Oil (BHO), Butter, Dabs, Eerl, Ear Wax, Honey Oil, SAP, Shatter, Wax 3. Black Mamba, Bliss, Bombay Blue, Fake Weed, Genie, K2, Moon Rocks, Skunk, Yucatan Fire, and Zohai 4. High Concentration, Sticky Resin
Nicotine (Tobacco)	<ol style="list-style-type: none"> 1. Cigarettes 2. Vaping (Juuling) 3. Smokeless tobacco 4. Clove Cigarettes 5. Hookahs 	<ol style="list-style-type: none"> 1. Bogeys, Butts, Cigs, and Smokes 2. E-cigarettes, E-cigs, Ego, E-juice, E-liquid, Juice, Juul, Mods, Pen, PV (Personal Vaporizer), Smoke Juice, Vapes 3. Chewing tobacco, Dip, Snuff, Snus, Spit Tobacco, 4. Bidis, Kreteks

Substance	Subtypes	Other Names
	6. Cigars & Pipes	5. Goza, Hubble-bubble, Narghile, Shisha, Waterpipe
Opioids	1. Heroin 2. Painkiller medication (Oxy, Percocet) 3. Fentanyl 4. Opium	1. Black tar, H, Horse, Junk, Ska, Smack 2. Happy Pills, Hillbilly Heroin, OC, Oxy, Oxycotton, Percs, Vikes 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 & Cash, Toe Tag Dope, White Girl 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, Incense, Joy Plant, Midnight Oil, Opio, Pen Yan, Pin Gon, Pin Yen, Pox, Skee, Toxy, Toys, When-Shee, Zero
Stimulants	1. Cocaine/Crack 2. Amphetamines (Adderall) 3. Methamphetamine	1. Blow, Bump, C, Candy, Charlie, Coca, Coke, Flake, Rock, Snow, Toot 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

Substance	Subtypes	Other Names
Depressants	<ol style="list-style-type: none"> 1. Benzodiazepines (Xanax, Ativan, Klonopin) 2. Hypnotics (Ambien, sleep meds) 	<ol style="list-style-type: none"> 1. A-minus, Barbs, Candy, Downers, Phennies, Red Birds, Reds, Sleeping Pills, Tooies, Tranks, Yellows, Yellow Jackets, Yellows, Zombie Pills
Hallucinogens	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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 4. Blind Squid, Cat Valium, Green, Honey Oil, Jet, K, Keller, Kelly's Day, K-Hold, K-Ways, Special K, Super Acid, Vitamin K 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 9. Black Button, Britton, Button, Cactus, Green Button, Half Moon, Hikori, Hikuli, Hyatari, Nubs, Seni, Shaman, Tops 10. Anabolic-androgenic Steroids, Juice, Roids

Substance	Subtypes	Other Names
Other	<ol style="list-style-type: none"> 1. Cough Medicine (DXM and Codeine Syrup) 2. Synthetic Cathinones (Bath Salts) 3. Salvia 4. Kratom 	<ol style="list-style-type: none"> 1. Candy, Dex, Drank, Lean, Robo, Robotripping, Skittles, Triple C, Tussin, Velvet 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

HIERARCHY OF NEEDS

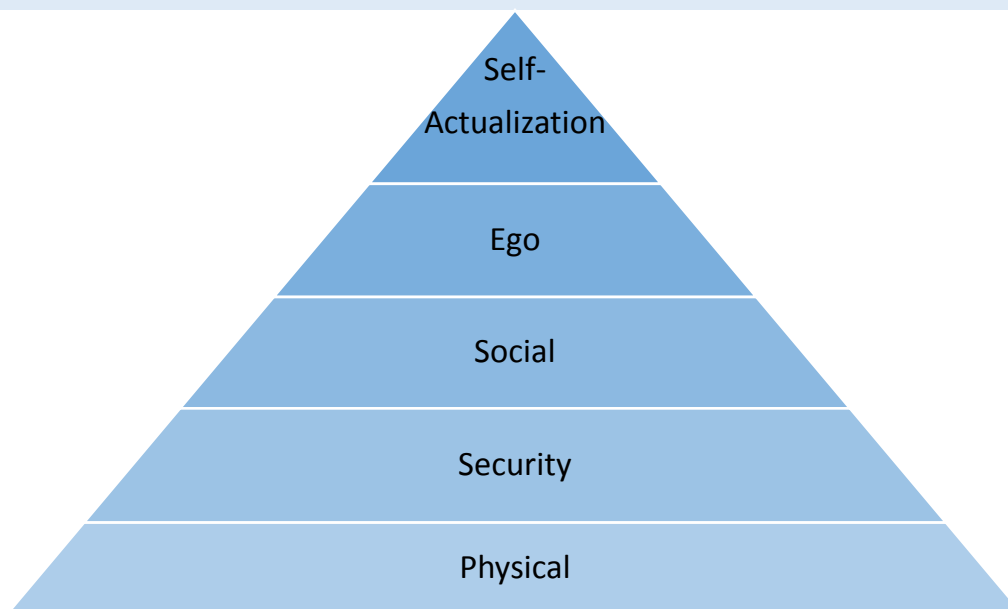


Figure 1. Maslow's Hierarchy of Needs.

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

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

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

STAGES OF CHANGE

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

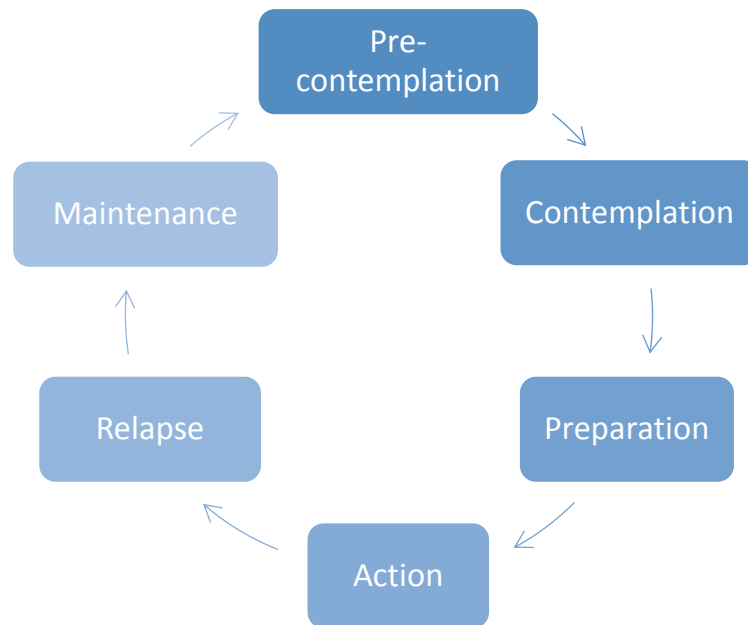


Figure 2. Stages of Change Model where the client can enter or reenter at any stage.

1. Pre-contemplation– No intention of taking immediate action. Unaware that their behavior is problematic or has negative consequences. Underestimate the pros of changing behavior, emphasizing the cons.
2. Contemplation- Intending to take immediate action. Recognize their behavior might be problematic and take into consideration, with equal emphasis, the practical pros and cons of changing their behavior.
3. Preparation- Ready to take action by taking small steps towards changing their behavior because they believe doing so can lead to a healthier life.
4. Action- Recently changed their behavior and intend to continuously move forward with their behavior change.
5. Maintenance- Sustained their behavior change for a while and intend to maintain their behavior change. Work on preventing relapse to earlier stages.
6. Relapse- A person in recovery for any amount of time can fall back into their old ways and use substances. A lapse is also part of this which is a small. Not everyone goes through this stage but it could be a part of recovery.

SCREENING TOOLS

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

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

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

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

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

More information regarding Drug Screening Tools can be found at:

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

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

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

TALKING TO TEENS AND CAREGIVERS ABOUT SUBSTANCE USE

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.

SEQUENCE FOR PROVIDERS TO TALK TO TEENS AND CAREGIVERS ABOUT SUBSTANCE USE

- Set the stage: Have a conversation
 - Set up for success- Provide them with a safe, open and comfortable space
 - Encourage the teen to meet with you sober, make sure there are no distractions, & set goals
- Establish good connection
 - Speak and listen from a place of support and concern
 - Stay calm & keep focus
 - Watch your tone of voice & body language
 - Focus on the child, listen as much as you talk, don't be defensive, and have an open mind
- Now you're talking
 - Let them know you hear them & listen to them vent
 - Offer empathy, compassion, & show concern
 - Try to offer hope that there can be change
 - Express the value of their honesty
 - Ask them open ended questions, be direct
 - Thank them for talking
- Break through Barriers
 - Ask for permission to give feedback
 - Be firm & direct
 - Focus on behavior and why it worries you or their caregiver
 - Encourage the value of telling the truth
- Keep conversations going
 - Review goals, see which goals were met & reflect on what went right
 - Make a list and tackle any follow up items
 - Encourage family meetings
- Next Steps: Set limits and monitor
 - Use positive feedback, rewards & encouragement to help change behavior
 - Provide them with the skills to help them heal
 - Help them get the treatment needed and provide them with the resources needed to succeed

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

COMMUNITY PARTNERS

Recovery Coaches in Connecticut Hospitals

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

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

AmeriCorps Prevention Corps

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

Contact: Sheila Wylie

RYASAP Prevention Corps Member Manager

Office: 203-989-0787

Local Prevention Councils

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

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

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

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

TRAININGS

Drug Trends

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

A-SBIRT

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

Motivational Interviewing

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

Narcan

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

Mental Health First Aid

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

Other Trainings on Substance Use

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

FURTHER RESOURCES

WEBSITE

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

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

APPENDIX: REFERRAL FORMS

CORNELL SCOTT HILL HEALTH CENTER



Mental Health Referral Form

Child & Family Guidance Clinic

☐ 428 Columbus Ave ☐ 226 Dixwell Ave

☐ Substance Abuse ☐ Mental Health ☐ SBHC
☐ Boys & Girls Club ☐ TF-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 ☒ 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

Fax: 203.287.9815

Referral Source:

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

Reason for Referral:

Youth:

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

Caregiver/Guardian:

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

Youth's current and past behavioral health treatment providers:

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

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

Youth's current medications:

Youth history (check all that apply):

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

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

I.

CLIENT INFORMATION:

Name: _____ DOB: _____

SS# _____ Race: _____

Gender: _____ Primary Language spoken in home: _____

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: _____

III.

REASON FOR REFERRAL:

Current Substance use

(describe): _____

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

MDFT Referral 2
CONNECTICUT MDFT REFERRAL FORM (Wheeler Clinic)

IV

BACKGROUND INFORMATION:

Does child live with parent(s)? Yes_____ No_____

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

Name: _____ Relationship: _____

Address: _____ Phone: _____

PARENTS:**Legal Guardian**

Mother's name: _____ Yes_____

No_____

Address: _____ Phone: _____

Legal Guardian

Father's name: _____

Yes_____ No_____

Address: _____ Phone: _____

OTHERS LIVING IN THE HOME:

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

SCHOOL:

Current School: _____ Grade: _____

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

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

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 _____
Court: _____

III

REASON FOR REFERRAL:

Current substance use (describe):

CONNECTICUT MST REFERRAL FORM (Wheeler Clinic)

IV

BACKGROUND INFORMATION:

Legal Guardian? _____ Relationship: _____

Does child live with parent(s)? ____yes ____no

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

Name: _____ Relationship: _____

Address: _____ Phone: _____

PARENTS:

Mother's name _____

Address: _____ phone: _____

Father's name: _____

Address: _____ phone: _____

OTHERS LIVING IN THE HOME:

Name Age Relationship to Client

SCHOOL

Current School _____ Grade: _____

Contact person: _____

School concerns? _____

YOUTH'S CURRENT/PAST TREATMENT HISTORY:

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

DIAGNOSES:

DSM IV Axis I: _____

Axis II: _____

CURRENT MEDICATION:

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: _____

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: _____



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



DSM-IV DIAGNOSES:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V./GAF:

CURRENT MEDICATION:

Name

Dose/Frequency

Prescribing Physician

Please note any additional pertinent case information:



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

New Haven, Bridgeport, Meriden, Middletown, Waterbury
Fax to: (203) 773-1503 Attention: MST TAY
Questions? Call Supervisor Kaitlin Bregel (203) 228-4286
Hartford, Enfield, New Britain, Norwich, Manchester, Bristol
Fax to: (860) 560-0769 Attention: MST TAY
Questions? Call Supervisor Laura Pazda (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:		
MST-EA CRITERIA (Call MST-EA Supervisor if you have <u>any</u> questions or want to discuss a case)							
*CLIENT'S AGE IS 17-20 (before 21 st birthday)?			Yes <input type="checkbox"/> *CLIENT WILL RESIDE IN: Greater New Haven, Bridgeport, Meriden, Middletown, Waterbury, Greater Hartford, Enfield, New Britain, Norwich, Manchester, Bristol? Yes <input type="checkbox"/>				
*EVIDENCE OF <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"/>							
MENTAL HEALTH:				CRIMINAL INVOLVEMENT:			
*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/BEHAVIORS</u> YOU KNOW OF:				*PROVIDE ARREST DATES, CHARGES, AND/OR RELEASE DATES:			
*CLIENT (IF NEEDED, ALSO GUARDIAN) HAS SIGNED RELEASE OF INFORMATION & GIVEN PERMISSION TO MAKE REFERRAL? Yes <input type="checkbox"/>							
*ANY OTHER REFERRAL REASON(S):	Brief summary of any other referral reasons. Include *safety concerns the program should be aware of.						
THESE MAY SUGGEST MENTAL ILLNESS, BUT WE CONDUCT A SCREENING TO CONFIRM DIAGNOSIS: a written diagnosis, referral for court evaluation for mental health, treatment in a psychiatric hospital or residential setting, physical or sexual abuse history, prescribed psychotropic medications							
*CLIENT'S PHONE #(s):				*CLIENT'S CURRENT ADDRESS:			
*CLIENT'S MOTHER:				ADDRESS:	*HAS LEGAL GUARDIANSHIP OF CLIENT? Yes <input type="checkbox"/>		
<input type="checkbox"/> N/A PHONE(S):							
*CLIENT'S FATHER:				ADDRESS:	*HAS LEGAL GUARDIANSHIP OF CLIENT? Yes <input type="checkbox"/>		
<input type="checkbox"/> N/A PHONE(S):							
*OTHER CONTACT:				ADDRESS:	*HAS LEGAL GUARDIANSHIP OF CLIENT? Yes <input type="checkbox"/>		
<input type="checkbox"/> N/A PHONE(S):							
*WHO HAS LEGAL GUARDIANSHIP/CUSTODY OF CLIENT?	<input type="checkbox"/> See above notations <input type="checkbox"/> Client is legal adult <input type="checkbox"/> Other (Explain)			Explain:			
Legal guardian must sign all releases of info, client contract, and relevant forms and should be present for screening/intake if client is under 18.							
NAFI USE ONLY	Referral Date:			Screening Date:			Intake Date:
	Team:			Therapist:			Coach:

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