

R.A.F.T. Referral Form

**R**ecovery **A**ssistance **F**or **T**eens

A Program of Merced County Behavioral Health and Recovery Services

1275 B Street Merced, CA 95340

(209) 381-6880 Voice (209) 724-4047 FAX

##### Referring Agency/Person Information:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Referral Date: | | | | Click here to enter a date. | | | | Appointment Date: | | | |  | | | | | | | | | |
| School/Agency | | | | Click here to enter text. | | | | Referring Person | | | | Click here to enter text. | | | | | | | | | |
| Phone | Click here to enter text. | | | | | | | Referring Person’s Title | | | | | Click here to enter text. | | | | | | | | |
| Address | | Click here to enter text. | | | | | | City / State/ZIP | | Click here to enter text. | | | | | | | | | | | |
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| Student Information | | | | | | | | | | | | | | | | | | | | | |
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| Student Name | | | | Click here to enter text. | | | | | | | Student ID# | | | | |  | | | | Grade |  |
| Address | | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| City/State | | | Click here to enter text. | | | Phone | | | Click here to enter text. | | | | | | DOB | | Click here to enter text. | | | | |
| Parents Name | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Parents Address | | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| Does the youth have any gang associations?  Yes  No If yes, which gang? | | | | | | | | | | | | | |  | | | | | | | |
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| The referral source is asked to provide as much of the following information as possible. This information will assist Alcohol and Drug Service staff in making a complete and accurate assessment of each referred individual. Please submit support information with this referral form. \*Current and past alcohol and other drug use history \*Known alcohol and/or other drug problems experienced by family members \*Results of most treatment involvement \*Other court ordered or voluntary services in which person is engaged. \*Any professional observations or formal document justifying a referral to Alcohol and Drug Services \*Any chronic medical condition and treatment (i.e. medications prescribed) \*Family maintenance agreement, minute order, court order, etc requiring substance abuse treatment. | | | | | | | | | | | | | | | | | | | | | |
| Please use this space to describe the incident or concern that resulted in the referral and any information outlined above: | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | |
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| **Type of Service Requested:**   Screening/Assessment and appropriate program placement | | | | | | | | | | | | | | | | | | | | | |
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| **Referring Person Signature** | | | | | |  | **Parent Signature** | | | | | | | | | | |  | **Date** | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | **Student Signature** | | | | | | | | | | |  | **Date** | | |
|  | | | | | | | | | | | | | | | | | | | | | |  |  |
| “Confidential Information” See Code of Federal Regulations (42 CFR Part 2, June 9, 1987) Regarding Confidentiality of Alcohol and Drug Abuse Patient Records. Redisclosure without written consent is prohibited. | | | | | | | | | | | | | | | | | | | | | |  |  |
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**Fax referral**: Send to Recovery Assistance for Teens at (209) 724-4047eFAX



**Recovery Assistance for Teens- R.A.F.T.**

A Program of Behavioral Health and Recovery Services (BHRS)

1275 B Street Merced, CA 95340

PH (209) 381-6880 (209) 724-4047 eFAX

We have a new referral/screening process that is required for the intake.

Please submit referral and Release of Information via fax to (209) 724-4047.

The RAFT program’s mission is to operate a seamless Continuum of Care for the prevention, early intervention, and treatment of substance abuse problems in the youth community appropriate for the diverse populations of Merced County. RAFT offers confidential alcohol and drug education, outpatient treatment, intensive outpatient program (IOP), and aftercare services for adolescents up to the day they turn 18.  Treatment services are provided at the RAFT Merced, Livingston and Los Baños clinics. The RAFT program will provide individualized treatment plans based on client’s strengths and positive character traits that are tailored to consumer-driven treatment. RAFT Counselors are trained in the utilization of evidenced based practices and motivational interviewing as a way of providing effective and research proven treatment for substance abuse disorders. The staff at RAFT has bilingual/bicultural capabilities to deliver appropriate services. Our staff specializes in working with youth and their families that are struggling with substance use issues.  All services are provided by certified SUD Counselors and are covered at 100% for clients that have obtained Medi-Cal coverage in Merced County. Frequency of sessions is based on the needs of the youth. An assessment (ASAM) is completed at intake and the level of care of substance use disorder services determined at that time.

**Prevention Services =**The Prevention Strategic Plan focuses on educating the community on risk factors to reduce substance use by youth in Merced County in working and partnering with local communities, educating parents and youth, and providing mentoring in schools for at-risk youth.

**Education Services:** = For youth who do not meet criteria for a substance use disorder but are at identified at risk or in need of education services. Initial assessment, Individual, and group education sessions are offered depending on individual need.

**Outpatient Treatment =** Outpatient SUD Treatment offers educational, individual, group, and family counseling. Our RAFT counselors are trained to work with parents by including them in drug education and recovery process.  Case management services are available to support and encourage our youth with social, educational, and vocational needs.  Collateral sessions are encouraged with Families, Probation, and School staff to coordinate services for clients. Appointments are available in the morning, afternoon and we coordinate with the parents and schools as needed. In addition, RAFT provides dual diagnosis and relapse prevention group counseling and a parent support group that is open to the community.

**Intensive Outpatient Treatment** = For youth with higher levels of need, individual, group, and family therapy are offered for 6 or more hours per week, depending on individual need.