

**CT Renaissance  
Patrick F. McAuliffe Center  
Referral Packet**

**70 Central Ave.  
Waterbury, CT 06702  
P: (203)346-1931  
F: (203)346-1935**

**Service Specialist (admissions): Jess Lemachko, B.A., CAC**

**CT Renaissance**  
**Patrick F. McAuliffe Center**  
**Referral Documents Checklist**

Hello,

If you have any clients interested in attending a short-term residential co-occurring program, please fax a referral to (203)346-1935 and make it attention to Jess.

Referrals should include:

- Client demographics (please include insurance info- we take most Medicare plans and all CT Medicaid)
- Negative COVID Test (Must be within 48hr of their admission here, if accepted)
- Biopsychosocial and Psychiatric Evaluation (from past 6 months)
- **Substance use disorder, moderate-severe AND diagnosed mental health disorder moderate-severe (DSM-V criteria)**
- Recent physical (**must be within 30 days** of their admission to our facility)
- TB test (**must be within 30 days** of their admission to our facility- skin test, chest x-ray, or quantiferon are all acceptable)
  - o If a skin test is done then both the **date it was planted and date it was read** must be provided in the results.
- Recent lab work if available (CBC and Metabolic Panel)
- Tox screen from **time of their admission to the hospital/detox**. If currently OP, then from **within last 2 weeks**
- Recent EKG (**only required if on methadone or upon request**)
- Medication list including methadone or Suboxone.
  - o \*If on Suboxone we will need a letter from the prescriber stating they will continue to prescribe for the client after their discharge from our program
- Completed application by client

\* While there is no longer a door-to-door policy per the 1115 Waiver, it is still HIGHLY recommended and STRONGLY preferred (List with some transitional bed options provided in this packet)

\* We do not accept anyone on the registered sex offenders list, history of sexual offenses, history of arson/fire setting, or anyone with active arrest warrants.

**CLIENT MUST BE OFF ALL BENZODIAZAPINES FOR AT LEAST 48 HOURS PRIOR TO ADMISSION.**

Once all of the above information is received and reviewed we will be able to schedule a short phone screening with them to go over their application and ask any additional questions or concerns we may have.

If you have any questions or need to check on the status of a referral, please contact the Service Specialist Jess Lemachko at (203)346-1931 Ext. 3106 or [jlemachko@ctrenaissance.org](mailto:jlemachko@ctrenaissance.org) (email is typically easier for me to communicate due to the high number of phone calls I receive)

**Some transitional housing options if needed:**

***Continuum of Care***

**Crisis and Respite (New Haven) (203)752-8710**

**Crisis and Respite (Bridgeport) (475)282-4985**

**CTS (475)227-3953 (For patients transitioning from Yale)**

***CHR***

**Oak Street Recovery House (Willimantic) (860)456-1663**

***MCCA***

**Danbury Sobering Center (203) 730-9947**

## The McAuliffe Center

### **\*\*\*Please give a copy of this to your client to review**

We are a 3.7RE LOC, short-term residential program located in downtown Waterbury. We are a treatment program for men with co-occurring disorders (mental health disorder and substance use disorder).

### **What is the setup like?**

There are 20 beds total in the house. The setup here is 4 separate apartments with a bathroom, living room, kitchen (fridge/freezer, microwave, sink), and then 2 double rooms and 1 single room in each one. Once you are checked into the program you may request a single room, but they are not guaranteed. There is a kitchen downstairs where lunch and dinner are served each day, breakfast items are in each apartment (cereal, oatmeal, toast, bagels, yogurt, coffee, etc.) There is a small gym with some cardio equipment, free weights, and a bench provided for those that would like to use it. Upstairs on the main level is a day room with books, vending machines (cash or card accepted), pool table, air hockey table, Wii, art supplies, board games, and cards. Outside is a small rec yard where clients go for smoke breaks. There is a basketball hoop and grill outside as well.

### **What is provided?**

Food is provided for you, if you would like to purchase your own groceries or order delivery then you are more than welcome to. There is access to a computer and telephone if needed; during the day it is for "business" only such as if you need to use it for matters related to discharge planning, DSS matters, etc. After the last group ends around 3pm then you may use them for personal use. There is no access to social media (Facebook, Instagram) or pornography sites on the computers. We also provide bed linens, pillow, blanket, towel, and washcloth. If you have your own linens you may bring them with you.

### **Can I have my cellphone/laptop/tablet/smart devices?**

We do not allow you to keep any kind of smart device on you. We keep them securely locked in personal belongings. If you need access to your phone to obtain a phone number that is fine, but for anything else you must speak to your clinician first.

### **Do you allow vaping?**

We do not allow vaping devices, chewing tobacco, or rolling your own cigarettes. There are 10 smoke breaks a day. Cigarettes are kept secured in the main office at all times. You are not allowed to keep cigarettes or lighters on you.

### **Can I go to the store if I need something?**

We do not bring clients to the store but if someone would like to drop something off to you at any point then that is okay. A staff member typically goes out once or twice a week to do a cigarette run for clients.

### **What am I allowed to bring with me?**

Please try to bring as minimal items as possible and limit it to two bags. You can bring your own clothing, razors, clippers, hygiene products, food (as long as it is unopened), bedding, etc. We do provide you with hygiene products, all meals/snacks, and bedding but if you wish to bring your own that is fine.

### **I don't have clothes or hygiene products, do you have items there?**

We have some donated clothing items here at the program as well as basic hygiene items such as bar soap, shampoo, toothbrush, and toothpaste. We also bring new clients to Acts 4 every Friday (pending staff availability). It's a donation center that provides clothing, shoes, and hygiene items.

### **Do we get to leave the house at all?**

Since we are an intensive residential program clients are not allowed to leave the premises on their own. We do our best to take clients on a walk depending on staff availability and weather permitting.

### **Are there visiting hours? Can family/friends bring me items?**

Currently, visiting hours are on Sundays from 1:30-3:30pm. You may have someone drop off items to you during the week if needed. If there is anyone you do not want allowed inside to visit you on Sundays you can let staff know during your intake.

### **Can I order stuff online?**

You may have mail sent here. If you order something from Amazon, Walmart, etc. that is fine as long as it does not become an everyday occurrence. A package here and there is okay.

### **I need to go the DMV, doctor's office, get my taxes done...**

If a client has urgent or necessary medical appointments, then we are usually able to accommodate that. Any non-urgent appointments such as the DMV or bank will have to be made for after discharge. If there is an emergency of any kind you will be brought to the ER or urgent care depending on the severity of the situation.

### **What about my medications?**

We have a psychiatrist via telehealth who prescribes and manages medications while in the program. Medications are delivered here from Genoa Pharmacy (969 West Main st). Upon discharge, our MD will call in a 30-day supply to your pharmacy of choice or whichever pharmacy your next program uses.

### **What is a typical day in treatment there like?**

Wake up is at 7am and you may come downstairs to obtain your morning meds, first group is at 9am (9-10am), second group begins at 10:30am, after 10:30 group ends there is about 1 ½-2 hr break where lunch is served and afternoon meds are called, the next group begins at 1:30pm, after 1:30 group there's dinner around 5pm and then evening meds. A couple nights during the week there is an additional group around 6-7pm. Last smoke break is at 10pm and then all clients must be back in their apartments for the night.

During the week, if you need to meet with the psychiatrist you can let your clinician know and they will schedule an appointment for that day or the next depending on the urgency and availability. Your clinician will also meet with you for one-on-one sessions, case management, discharge planning, etc. You will also have weekly sessions with a peer support specialist.

### **What kinds of groups do you do?**

These are some examples of the topics for groups that we have: co-occurring disorders, relapse prevention, 12-step, trauma-focused, mindfulness, music/movies related to substance use and/or mental health, grief, Cognitive Behavioral Therapy, SMART, goal setting, treatment planning, discharge planning etc.

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**Application**

Date completed: \_\_\_\_\_

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

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

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: NM M D W Race: \_\_\_\_\_

Employment/School: \_\_\_\_\_ Highest Level of Education Completed: \_\_\_\_\_

US Citizen: Y / N Have you ever served in the military? Y / N If Yes, dates of service and branch: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_ Sexual Identity: M F Other \_\_\_\_\_

Allergies: \_\_\_\_\_ Can you ambulate stairs independently? Y / N

Do you need any assistance walking? Y / N If yes, please explain: \_\_\_\_\_

Do you have a physical, mental, or emotional disability preventing employment? \_\_\_\_\_

Do you have a PCP? Y / N Who/Where? \_\_\_\_\_

Do you have any physical medical issues? \_\_\_\_\_

What stressors/event brought you there to the hospital/detox? (presenting problem):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you smoke cigarettes? Yes No If yes, how much do you smoke in a day? \_\_\_\_\_

How would you rate the severity of your MH issues? (0=not severe, 5= extremely severe) 0 1 2 3 4 5

Current mental health symptoms (circle all that apply): depression anxiety racing thoughts mood swings paranoia  
auditory hallucinations visual hallucinations delusions difficulty sleeping difficulty concentrating suicidal ideation  
homicidal ideation panic attacks irritability flashbacks nightmares NONE Other: \_\_\_\_\_

Current withdrawal symptoms:  None \_\_\_\_\_

Any history of the following related to withdrawals?:  Seizures  Delirium Tremens (DTs)  Intubation or other complications  None

How would you rate the severity of your SA issues? (0=not severe, 5= extremely severe) 0 1 2 3 4 5

What has been your longest period of sobriety (outside of incarceration)? \_\_\_\_\_

When you are NOT experiencing MH symptoms, how would you describe your substance use? (does it get better, worse, same?)

What age did you first experience MH issues? \_\_\_\_\_

Prior treatment for mental health/substance use:

Facility name	Inpatient or Outpatient?	Year attended	Did you complete the program?

Have you been to the McAuliffe Center before? If so, when? \_\_\_\_\_

What medications are you currently taking? If on methadone or Suboxone, what dose and who is your provider?

SI: Have you ever thought of hurting yourself or ending your life? Any suicide attempts, if so, when and by what method?

Today? Y/N Most recently? Y/N In the past? Y/N

HI: Have you ever felt like you wanted to hurt or kill someone else?

Today? Y/N Most recently? Y/N In the past? Y/N

AH: Do you ever hear things or voices other people can't hear?

Today? Y/N Most recently? Y/N In the past? Y/N

VH: Do you ever see things other people can't see?

Today? Y/N Most recently? Y/N In the past? Y/N

Paranoia/Delusions: Do you ever feel like people are watching you or out to get you?

Today? Y/N Most recently? Y/N In the past? Y/N

How would you describe your activity level? Low Normal High

How would you describe your impulse control? Low Normal High

Substance use history: (Please answer How Often and How Much with most recent use)

<u>Substance</u>	<u>Age of first use</u>	<u>Route of adm. (IV, smoke, etc.)</u>	<u>How often</u>	<u>How much</u>	<u>Date of last use</u>

Unintentional OD? Y / N

If yes, what substance and when? \_\_\_\_\_

Do you have a history of: Violence? Y / N Arson? Y / N Sex offenses? Y / N

If yes, explain: \_\_\_\_\_

Do you have any current legal issues? Y / N If yes, explain: \_\_\_\_\_

Have you ever been arrested? Y / N If yes, how many times? \_\_\_\_\_ Date of last arrest: \_\_\_\_\_

For what? \_\_\_\_\_

Have you ever been incarcerated? Y / N If yes, for how long? \_\_\_\_\_

For what? \_\_\_\_\_

Are you currently on probation? Y / N Are you currently on parole? Y / N

Legal officer's name, location, and phone number: \_\_\_\_\_

Discharge plan: What would be your next step in recovery after completing the program at McAuliffe Center?

Are you willing to commit to a short-term program and attend/participate in ~30 hours of group therapy, individual therapy each week?

Why are you seeking treatment? What is motivating you to make this commitment to change?



**Did you read the overview/rules for our program and do you have any questions about it?**

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**Other additional comments:**

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**Person filling this form out:** \_\_\_\_\_

**Signature of client:** \_\_\_\_\_

