The Village
Where real change happens®

Sub-Acute Crisis Stabilization

The SACS program is a short-term residential stabilization service for youth ages 5-18 years old who are working through a mental health crisis.

At SACS, trained staff support the stabilization of both youth and their family by providing:

- Individual, family and group therapy
- Psychiatric consultation and medication management
- Safety and stabilization support
- Skills development for parents and youth
- Care coordination

While youth are in care, SACS assists with:

- Food and nutrition
- Hygiene items
- Family engagement and support

Youth can stay in the program up to 14 days, with shorter stay options available. Acceptance into the program is contingent on availability and appropriateness.

Contact:

(860) 297-0536
sacsreferrals@thevillage.org

Location:

1680 Albany Avenue
Hartford, CT

Referrals:

Scan below to submit a referral or visit:
thevillage.org/SACS-referral

Please review important details on the reverse side of this flyer.

Food

SACS provides all meals, including nutritious snacks in the afternoon and evening, and can accommodate specific dietary needs and food allergies. If your child has specific needs, please indicate this during the admission referral phone call. Parents are unable to bring food for their child during visits unless deemed appropriate by clinical staff. Foods dropped off via Uber Eats or other platforms are prohibited.

Clothing

Caregivers and legal guardians are asked to provide a week's worth of clothing. A washer/dryer is available for youth and staff will assist as necessary. SACS is not responsible for lost or ripped clothing. Strings that are attached to clothing must be removed prior to admission. Shoes with strings are allowed during outdoor activities but will be safely secured while indoors. Expensive clothing and shoes are strongly discouraged. Your child is expected to dress in an appropriate manner. Inappropriate clothing will be confiscated and stored for the youth to take home after their stay. Youth must adhere to the following:

- Skirts or shorts should be no shorter than the midthigh and should not be revealing
- No tops that show the midriff
- No see-through or sheer clothing
- Clothing with inappropriate, violent or graphic images is prohibited.

Hygiene Items

Soap, shampoo and other hair items are provided. Families will need to provide some hygiene products, specialized lotions and menstrual products. If there is specific accommodation regarding the use of menstrual products, please inform staff during the admission process. Razors are not permitted.

Medication

If the youth is prescribed medications, SACS requires the following documentation at admission:

- Copy of insurance card
- 14-day supply of verified medications (in original pharmacy bottle)
- Permission for medical treatment
- Copy of annual physical and immunizations
- Guardian's permission to continue medication

Transportation

The SACS program supports youth attending school when clinically appropriate, as well as youth participation in family activities, medical and counseling appointments, and school activities. Transportation to school and other appointments must be arranged by the legal guardian.

Written and Electronic Media

Any reading materials, television programs, movies or music that contains graphic sexual, violent or demeaning content are not allowed. MP5 players with speakers will be provided to youth. Wired earbuds are not permitted. SACS will provide censored movies on Netflix and Disney Plus. Youth can also access edited content on YouTube Kids.

Family Engagement

The SACS program involves a high level of family engagement and frequent family sessions. Due to the number of face-to-face interactions, there are no set visitation times outside of treatment. Caregivers can request off-ground visits for up to 4 hours for prior arranged events/activities. Staff will allow phone calls between youth and caregivers if clinically necessary or in emergency situations.

Acceptable items to bring

Personal clothes, shoes, toiletries and books (to be approved) are permitted. The program will not reimburse items lost, stolen or damaged.

Prohibited Items

Youth are strongly discouraged from bringing expensive or irreplaceable items into SACS. The following items are not permitted: any money, cameras, personal video games, computers, gaming systems, cell phones, vapes and any contraband.

Personal Belongings

SACS will secure any items left at the program post discharge for a total of 30 days. After 30 days, items left behind will be discarded.

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Subacute Crisis Stabilization Program
(SACS) Referral Form

Please email referral form to sacsreferrals@thevillage.org

The SACS program serves youth ages 5-18 years of age who are experiencing a behavioral health crisis, requiring more than 24 hours for full stabilization and no more than a 14 day stay. Youth will be assessed daily for appropriateness to return to home/school/community.

Consideration for admission could include the following: high risk of hospitalization/re-hospitalization or emergency department use; high likely of continued substance abuse, symptoms are significantly interfering with functioning in the home/community; behaviors have recently escalated; harm to self or other but can likely be prevented through appropriate supervision; youth cannot be fully stabilized without 24-hour observation and cannot be safety maintained in the home or in a lower/intermediate level of care; youth is not acutely dangerous to self or others, not gravely disabled and not a high risk of running away.

REFERRAL SOURCE

Referring Agency: _____

Level of Care: ☐ In-patient ☐ Emergency Room ☐ Other

Contact person: _____

Phone number: _____ Email: _____

DEMOGRAPHICS

Youth name/Preferred Pronouns: _____

Date of Birth: _____ Age: _____

Gender: _____ Preferred Language(s): _____

Ethnicity: ☐ Asian American ☐ Hispanic/Latino ☐ Black ☐ White

☐ Native American ☐ Pacific Islander ☐ Other: _____

PARENT/CAREGIVER/LEGAL GUARDIAN

Legal Guardian: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Preferred Language: _____

Primary Caregiver: _____ Relationship: _____

*Revised April 2024

Phone: _____ Email: _____

Address: _____

Primary Language: _____

DCF INVOLVEMENT

- ☐ Not DCF involved
- ☐ Not DCF-Probation with Placement
- ☐ Voluntary Services Program
- ☐ Termination of Parental Rights
- ☐ Child Protective Services- In home
- ☐ Child Protective Services- out of the home
- ☐ Family Assessment Response
- ☐ Not DCF- Probation-in home or Parole
- ☐ Not DCF- Other Court Involved
- ☐ Probate

DCF Case Worker: _____ Phone: _____
DCF Supervisor: _____ Phone: _____
Case ID Link #: _____

When did DCF get involved with the family? _____
Why? _____

REASON FOR REFERRAL: (Presenting problem, impact of youth's behavior on family, family dynamics, how can family benefit from services)

*Revised April 2024

PRESENTING CONCERNS:

Please indicate behaviors that the youth demonstrates on the chart below.

Behavior	**Current**	**History**	**Explanation**
Self-Injury			
Aggression toward others			
Property Destruction			
Hallucinations/Delusions			
Suicidal Ideation			
Homicidal Ideation			
Sexualized Behaviors			
Stealing			
Lying			
Temper Tantrums			
Depression			
Anxiety			
Running Away			
Child Trafficking			
Truancy			
Substance Abuse			
Cognitive Limitations			
Developmental Delays			
Enuresis/Encopresis			
Other			

*Revised April 2024

TRAUMA HISTORY

Has the youth been exposed to any of the following traumatic experiences?

☐ Physical Abuse ☐ Witness to Domestic Violence ☐ Community Violence

☐ Sexual Abuse ☐ Significant Loss ☐ Serious Accident/Injury

☐ Neglect ☐ Other: _____

PRIOR HOSPITALIZATIONS

Dates	Facility

DIAGNOSES

Diagnosis	Code

*Revised April 2024

MEDICATIONS (prescribed, over the counter, PRN's)

Name of medication	Dosage	Time	Route

CURRENT PROVIDERS

Primary Care Physician: _____ Phone: _____
Address: _____
Date of last physical examination: _____

Treatment Provider/Agency: _____ Phone: _____
Address: _____
Type of treatment: _____

Prescribing Medical Provider: _____ Phone: _____
Address: _____

Other: _____ Phone: _____
Address: _____

Local Pharmacy: _____ Phone: _____
Address: _____

INSURANCE

Insurance Company Name: _____

Subscriber: _____ Policy #: _____

ID #: _____

*The Subacute program is not a billable service however insurance information is obtained for prescription use at our pharmacy.

CHILDHOOD ILLNESS:

Illness	Current	History	Explanation
Problems with feeding or eating			

Sleep apnea			
Irregular heartbeat or heart murmur			
Asthma or other breathing problems			
Diarrhea			
Constipation			
Nausea or vomiting			
Kidney or bladder problems such as frequent UTIs			
Seizures			
Frequent headaches			
Diabetes			
Anemia or sickle cell disease			
Cancer			
Scoliosis or other problem with back or spine			
Other			

Any known allergies? (food, medication, environment)? Y/N
(If yes, please list) _____

Does your child need any accommodation for daily functioning (wheelchair, visual or hearing devices)? Y/N
(If yes, please list) _____

Referral from Hospital : Has the child had a COVID test within the last 72hours? Please fax or email results. Vaccination status?

Referral from Home: Testing will be done upon admission.

EDUCATION INFORMATION

School name: _____Phone: _____

Address: _____ Grade: _____

Special Education: ☐ Yes ☐ No 504 Plan: ☐ Yes ☐ No

*Revised April 2024

IEP Classification: _____

School Contact: _____ Phone: _____

Extracurricular Program: _____ Phone: _____

It is not recommended that the youth attends school while participating in our program but, if chosen to attend, the family/caregiver understands they must provide all transportation.

- ❑ Yes, the child will attend school and transportation arrangements will be made.
- ❑ No, the child will not attend school.

If yes, please provide transportation information below:

Transportation Company: _____Phone: _____

Transportation Contact: _____Email: _____

Pick-up time: _____ Drop-off time: _____

DISCHARGE PLAN
(pending referrals, treatment plan for time of discharge, discharge residence)

YOUTH & FAMILY INVOLVEMENT

If both the youth and family agree to willingly participate in the SACS program, the staff will work with the youth/family to develop a treatment plan following the intake assessments and diagnostic evaluation. Treatment will be tailored to the needs of the youth and support maintaining their stabilization and preparing them to return to their home environment, school, and community with the necessary resources to be successful. Family involvement will include family sessions, daily check-ins, and onsite visits.

*Revised April 2024

Please check the following:

☐ The family was informed of their role in child's treatment.
☐ The youth agrees with placement
☐ The family agrees with placement.

By initialing, the referral source is indicating that this information was shared with the youth and family and all parties agree with the placement. _____ (initial here)

_____ _____

Signature of Referral Source **Date**

*Revised April 2024

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Urgent response for your child's mental health crisis.

- Thoughts of suicide or self-injury
- Feelings of depression, anxiety or hopelessness
- Out-of-control behaviors
- Substance misuse
- Any mental health crisis

No appointment needed

At The Village's walk-in **Urgent Crisis Center (UCC)** for children and adolescents ages 18 and under, our trained staff will:

- **De-escalate the crisis**
- **Complete an evaluation**
- **Connect you to services**

Village Urgent Crisis Center

1680 Albany Avenue, Hartford, CT 06105
(860) 297-0520 - thevillage.org/UCC

Scan for hours

We accept Medicaid, most commercial insurance and self-pay.
No one will be denied service based on inability to pay.

This program is not an Emergency Department. If a youth needs immediate medical attention, call 9-1-1 or go to the nearest hospital.

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Respuesta urgente para la crisis de salud mental de su hijo.

- Pensamientos suicidas o autolesiones
- Sentimientos de depresión, ansiedad o desesperanza
- Comportamientos fuera de control
- Uso indebido de sustancias
- Cualquier crisis de salud mental

No se necesita cita previa

En el **Centro de Crisis Urgentes (UCC)** sin citas de The Village para niños y adolescentes menores de 18 años, nuestro personal capacitado logrará:

- **Aliviar la crisis**
- **Completar una evaluación**
- **Conectarle con los servicios**

Centro de Crisis Urgente de la Aldea

1680 Albany Avenue, Hartford, CT 06105
(860) 297-0520 - thevillage.org/UCC

Escanee para conocer el horario

Aceptamos Medicaid, la mayoría de los seguros comerciales y pagos por cuenta propia. A nadie se le negará el servicio por incapacidad de pago.

Este programa no es un Departamento de Emergencias. Si un joven necesita atención médica inmediata, llame al 9-1-1 o vaya al hospital más cercano.

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If your child is experiencing a mental health crisis, you have options.

Mobile Crisis Intervention Services (MCIS) & Urgent Crisis Center (UCC) QUICK FACTS

When to choose MCIS?

- Personal choice
- Family would prefer a behavioral health assessment at their home, elsewhere in the community, or the child won't leave the home
- Guardians cannot be present for an assessment but are in agreement, and another adult is present
- The family does not have transportation

When to choose UCC?

- Personal choice
- Family prefers a behavioral health assessment to take place in a calm, quiet, spacious office setting
- Medical assessment by a Registered Nurse or psychiatric provider would be beneficial

When to choose the Emergency Room?

- Personal choice
- Require immediate medical intervention
- Require withdrawal management and detox
- Immediate safety cannot be maintained

	MCIS	UCC
Age	Birth-17 and 18 year olds still in high school.	Birth-18, or up to 21 if in DCF custody.
How to access care	Dial 211, press 1, and press 1 again. (24 hours per day, 7 days per week, 365 days per year) You can also use 988. (National Suicide Prevention Hotline)	Walk-in or call (860) 297-0520 to ensure there is no wait times for intervention.
Cost	No out-of-pocket cost, regardless of if the family has insurance.	All insurance accepted. Sliding scale and fee reduction also available. No services will be denied due to inability to pay.
Location	Assessments can take place anywhere in the community; how ever, permission is required to conduct assessments in their homes.	The Village 1680 Albany Avenue, Hartford, CT 06105 (860) 297-0520 - thevillage.org/UCC
Who will meet my child?	A master's level clinician will meet with your child and perform assessment.	A comprehensive, multidisciplinary team.
Guardian information	While consent from parents/guardians is required, they do not have to be present if another adult is present. MCIS will follow up with parents/guardians after the assessment.	A legal guardian must be present for the entire assessment. We partner with guardians throughout the process to provide hope, motivation, and empower you to advocate for your family's needs.
Length	Assessments take an average of 2 hours.	Assessments take a minimum of 4 hours.
What happens after?	MCIS follows up with current providers, pediatricians, schools, etc. If there are not clinical services in place, we can make referrals, and may stay involved for up to six weeks or until long-term services are able to start.* *Signed consent by legal guardian required	UCC follows up with your current provider or helps link your family to services in the community, providing a warm hand off to a new provider. We'll follow up with you and your child between your visit and your first session with your provider.