

YOUTH ALCOHOL AND OTHER DRUG ABUSE INDICATORS

DIRECTIONS

This is not a diagnostic tool. It is a method to determine when a youth should be referred to a qualified substance abuse counselor for a drug and alcohol assessment, where the youth can be assessed for a substance abuse problem and need for treatment.

The following indicators are commonly associated with adolescent alcohol and drug abuse. Check either “Yes” or “No” for each listed indicator. Use the comments section to document any related pertinent information. When a “Yes” is checked for any *italicized* indicator, the worker should *immediately* refer the youth to a DASA/DCFS provider for an alcohol and drug assessment. Regional directories for DASA treatment providers funded to serve DCFS/POS adult and youth referrals may be accessed through the “Resource Links” on the DCFS D-Net, and the “Features” tab on the DCFS web page, www.state.il.us/dcfs. Directories are also available from the DCFS Division of Service Intervention.

Please be aware that you should contact one of the designated DASA/DCFS providers anytime you suspect a youth in your care may be using alcohol or drugs.

Youth’s Information

Youth’s Name: _____

Address: _____

Age: _____ Date of Birth: _____ Male Female

DCFS Case Number: _____ DCFS Case Name: _____

Screener’s Information

Person Completing Checklist: _____

DCFS Office/POS Agency: _____

Address: _____

Phone: _____ Date Completed: _____

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Individual Indicators

YES NO

- Youth admits to use of an illicit substance. If **YES**, circle all drugs that apply:
- Alcohol
 - Cannabis
 - Inhalants
 - Cocaine
 - Heroin
 - Crystal or methamphetamine
 - Ecstasy,
 - Others: _____
- Youth observed or suspected by parent(s) and/or other significant adult caregivers to be intoxicated or high
- Drugs and/or drug paraphernalia (e.g., alcohol bottles, pipes, cigarette papers, jewelry in the form of a coke spoon or a razor blade) found in the youth's possession
- Teen pregnancy
- Marked change in grooming, attitude in the home, family relationships, sleep and/or appetite as reported by youth or caregiver
- Alcohol or drug related arrest
- Delinquency or other juvenile justice system involvement
- Placement disruptions, runaways
- Marked weight loss
- Tobacco use
- Marked changes in mood (argumentative, defensive or angry)

Family Indicators

YES NO

- Parental abuse of alcohol, drugs
- Low parental support and/or monitoring
- Family condones teen alcohol and drug use
- Ineffective parenting skills, especially with children with learning disabilities or behavior problems

School Indicators

YES NO

- Observed by teacher or other school personnel to be high or intoxicated
- Withdrawn or aggressive classroom behavior (including repeated calls to family, caseworker or foster parent, truancy, school suspensions and/or expulsion)
- Drugs and/or drug paraphernalia found in youth's possession/locker
- Recent decline in academic performance
- Negative, disorderly and unsafe school climate
- Lack of commitment to school

Peer Group Indicators

YES NO

- Involvement with peers who use and/or condone alcohol and drug use
- Change in friends or peer group including loss of interest in familiar activities and/or friends
- Peer rejection
- Poor social skills
- Gang involvement

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Community Indicators

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | High rates of transitions and mobility in the community |
| <input type="checkbox"/> | <input type="checkbox"/> | Community norms that promote or permit substance use and gambling |
| <input type="checkbox"/> | <input type="checkbox"/> | Easy availability of drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of drug houses in the community |

Additional Screener Comments

When a referral for an assessment is warranted, please complete the section below and submit to an identified DASA/DCFS provider, along with a completed and signed **Consent for Disclosure, Substance Abuse Assessment and/or Treatment, CFS 440-7**.

Name of DASA Provider:

Address of DASA Provider:

Name of DASA Contact Person:

Telephone Number:

Appointment Date & Time:

Worker's Signature

Date

Supervisor's Signature

Date