Introducing:

Youth & Family Navigators

Services for Adolescents at Risk of Suicide

The Maine Center for Disease Control & Prevention (CDC) in partnership with Aroostook Mental Health Center (AMHC), Crisis & Counseling Centers (C&C), and The Opportunity Alliance (TOA), are excited to announce the creation of *Youth & Family Navigators*. The *Youth and Family Navigators* are responsible for creating a critical safety-net that offers opportunities for early intervention, continuous care coordination, and follow-up to ensure safety, as well as providing support to adolescents in Maine.

This FREE service provides support and interventions for youth and their families who are struggling with their mental health or who may be at risk for suicide.

Who is eligible for services?

Any adolescents, ages 10-24, and their families are eligible to receive services.

What services do Youth & Family Navigators provide?

For as long as needed Youth & Family Navigator can provide:

- Support and intensive care coordination services
- Follow-up support to youth and family members after a mental health crisis or suicide attempt
- Suicide risk screening (Columbia Suicide Severity Rating Scale)
- Collaborative safety planning
- Connections to appropriate treatment
- Referrals to services or available supports in community
- Consultation and resources to schools, social service agencies, health care providers, and families to ensure youth in need of services are connected to care

How do I make a referral?

Anyone can make a referral, and support is available for families & youth for as long as needed.

To make a referral in Androscoggin, Oxford, Franklin, Somerset, Kennebec, Sagadahoc, Lincoln, Knox, or Waldo counties:
please fax referral form on reverse side to 207-626-7579.

Questions? Call C&C's Youth & Family Navigators at 207-213-4523

Youth & Family Navigators Referral

Who is Referring?
(Please include current ROI for Crisis & Counseling Centers)

Name: _____

Agency/Organization: _____

Phone #: _____

Client First/Last Name *(legal)*:	**DOB:** **Age:**
Client Chosen/Preferred Name *(if applicable)*:	**Pronouns** *(if known)*: ☐She ☐He ☐They Other _____
Address: **Okay to send correspondence?** ☐Yes ☐No	**Referral Date:** **Referral Time:** ☐AM ☐PM
Primary Contact/ Phone # **Okay to leave message?** ☐Yes ☐No	**Secondary Phone #** **Okay to leave message?** ☐Yes ☐No

Primary Legal Guardian Name:	**Relationship/Type:** **Phone #** *(if different then above)* **Okay to leave message?** ☐Yes ☐No
Additional Legal Guardian Name:	**Relationship/Type:** **Phone #** *(if different then above)* **Okay to leave message?** ☐Yes ☐No

Current Situation *(please select all that apply)*:

☐Suicidal Thoughts	☐Depression/Anxiety	☐Anger/Impulse Control
☐Self-Injurious Acts	☐Bullying/relationships	☐Substance Use/Risky Behaviors
☐Home Life Stressors	☐School stressors	☐Other: _____

Additional Information: _____

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