



# TAYLOR COUNTY CSCD SUBSTANCE ABUSE TREATMENT FACILITY

**1133 South 27th Street**

**Abilene, Texas 79602**

**(325) 691-7407**

**[www.taylorcscd.org](http://www.taylorcscd.org)**

## Taylor County CSCD

### Substance Abuse Treatment Facility Program Overview

#### MISSION

The Taylor County Substance Abuse Treatment Facility's (SATF) mission is to teach recovery, rehabilitation, and relapse awareness to defendants in order to allow them the opportunity to gradually reintegrate into the community as a responsible and sober citizen. Community Correctional Facilities have a financial and moral responsibility to reintegrate defendants into society by providing protection to the community through supervision of the defendant, and opportunities for rehabilitation to the defendant by identifying the risk and the needs of an individual and applying the appropriate intervention, substance abuse treatment, family/anger issues, or financial/employment problems, as well as teaching cognitive skills which allows the resident to make positive changes. The rehabilitative programs provide a chance for defendants to choose to become productive, law-abiding citizens.

#### PROGRAM DESCRIPTION

**The SATF** is a 9-month, supportive residential treatment program with a cognitive behavioral approach providing residents a minimum of 6 hours of chemical dependency classes per week to include monthly individual counseling provided by Licensed Chemical Dependency Counselors who maintain a caseload of no more than 20 residents. The program addresses responsivity by determining the resident's risk and needs and providing evidenced based cognitive and behavioral models through class instruction or group counseling designed to promote self-awareness and correct negative thinking patterns vital to reducing recidivism.

**The Treatment Phase** of the program is a 6-month structured living environment where residents attend substance abuse education, cognitive skills classes, core beliefs, self-esteem, social skills, re-entry, 12 step study, HIV/STDs, process group, big group, anger management, financial management, relationship skills, stress management, employment skills, relapse prevention, as well as individual counseling and if warranted adult education and trauma group. Residents also participate in recreation time, 12 step meetings, and perform community service hours. Residents meet regularly with their Residential Supervision Officer (RSO). During the treatment phase and sometimes into the employment phase, the RSO helps the residents look into surcharges and classes working towards becoming a legal driver.

**The Employment Phase** of the program is 3 months continued in the structured living environment where residents begin working in the community. They are required to work a minimum of 40 hours per week. They are also required to attend 6 hours per week of substance abuse education classes. They may attend Straight Ahead, Relapse Prevention, Good Intentions/Bad Choices: Overcoming Errors in Thinking, The Employment Process Group, outside AA and NA groups, and/or Substance Abuse Treatment groups run by the CSCD for a combined total of the required 6 hours per week. All groups and classes focus on early recovery, relapse, relapse prevention, motivation and learning how to build and maintain a recovery support system, as well as process group and 12 step meetings. During the employment phase they pay room and board, transportation, laundry, commissary, and court ordered fees and have the opportunity to send money home to their families. In the event residents request money for the purchase of personal belongings or to be sent home to family, the requested amount will be matched and applied to delinquent court ordered fees.

**Aftercare** is a 12-month program, with the potential for early release after 8 months, for all Taylor and Callahan County residents and any resident who chooses to relocate to Taylor County. Aftercare begins with an approved housing plan or transitional housing requirement with SAT group requirements led by an LCDC/CI and 12 step meetings being required throughout the duration.

**Resident Responsibilities** During the treatment phase, scrubs will be provided to the residents. They do not have to pay room, board, transportation or laundry but are responsible for their commissary. If they do not have money, essential commissary items are provided for which they will reimburse the facility during the employment phase. A \$35.00 Program Fee for books and materials will be charged to each resident which will be collected at any point during their stay that they have the funds available. Best case scenario, residents would arrive with \$75.00 - \$100.00 to cover their program fee and commissary costs during treatment. During employment, they wear their own clothes, see approved list below. They will pay for room, board, transportation, laundry, and commissary. The SATF is a Tobacco Free Program; residents will not be allowed to use or possess any tobacco products during the program.

**Referral Process** Any county interested in placing a defendant on the waiting list may do so using the following contact information: Jennifer Cauthen at (325) 691-7407 or Email: [jcauthen@taylorcscd.org](mailto:jcauthen@taylorcscd.org). The referring county will provide the paperwork listed on the Intake Checklist below via email, mail or fax (325) 691-7432 and arrange for a complete medical evaluation, using the CCF Admission Health Screening Form and TB screening within 10 days of placement. Defendants must be in custody 10 days prior to placement and transported to the facility. If out of county defendants choose to remain within the jurisdiction following completion of the program, court ordered aftercare and transitional housing conditions will be required.

**Eligibility Requirements** These requirements were developed to ensure compliance with CJAD standards and to reduce the number of inappropriate placements into the facility. Non-title 5, felony and misdemeanor defendants 17 years old or older who have a drug and/or alcohol problem and are employable. Defendants prescribed narcotics, sleep aids, psychotropics, or other mood-altering medications are not eligible. A list of disapproved medications is listed below. Defendants who are currently taking approved prescription medication must bring a 30 supply. Both felony and misdemeanors defendants are court ordered by their respective judge in lieu of incarceration, not to exceed 24 months. See example court order below. Defendants who have any pending cases are not eligible until the cases are resolved. Defendants must be in custody 14 days prior to placement and transported to the facility.

**The Taylor County SATF conducts intakes monthly and typically has no waiting period other than the time between intakes.**

Call or Email Jennifer Cauthen to place a defendant on the waiting list.

Phone (325)691-7407

Fax (325)691-7432

Email: [jcauthen@taylorcscd.org](mailto:jcauthen@taylorcscd.org)

**TAYLOR COUNTY CSCD SATF  
RESIDENT INTAKE CHECKLIST**

**DEFENDANT'S NAME:** \_\_\_\_\_

- \_\_\_\_\_ Amended Conditions of Probation for Placement
- \_\_\_\_\_ Original Conditions of probation
- \_\_\_\_\_ Copies of all other Modifications to Probation
- \_\_\_\_\_ PSI
- \_\_\_\_\_ Offense Report
- \_\_\_\_\_ Transfer /Transmittal Form, including OID and PID Numbers
- \_\_\_\_\_ CCF Physical Exam Form
- \_\_\_\_\_ Uniform Health Status Updated (Completed only if prior medical history exists)
- \_\_\_\_\_ TB Test Results
- \_\_\_\_\_ TX ID, DL or Certified copy of Birth Certificate and SSC
- \_\_\_\_\_ Proof of Education/Assessment Given
- \_\_\_\_\_ Any discharge summaries from prior treatment or psychological reports
- \_\_\_\_\_ SASSI 3 or SASSI 4 or a comparable substance abuse assessment tool

**Example Court Order for Admission to SATF**

CAUSE # \_\_\_\_\_

THE STATE OF TEXAS

IN THE \_\_\_\_\_TH DISTRICT COURT

VS.

OF

\_\_\_\_\_

\_\_\_\_\_ COUNTY, TEXAS

ORDER AMENDING CONDITIONS OF COMMUNITY SUPERVISION

On this date, the Supervision Officer requested the conditions of Community Supervision in the above numbered Cause be amended. It is the finding of this Court that this request is in the best interest of the public as well as the defendant, and it is the Order of this Court that the original Order Granting Community Supervision dated the \_\_\_\_\_, under the Community Supervision Law be amended to read as follows:

Condition ( ) amended as follows: Defendant is to self-surrender by Insert Time on Insert Date to Taylor County Adult Detention Center and remain in custody until placed into the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility;

Condition( ) amended as follows, effective Insert Date: As an alternative to incarceration in the Institutional Division, Texas Department of Criminal Justice, you shall serve an alternative Community Supervision sentence of up to twenty four months in the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility. You will:

1. Remain within the confines of the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility at 1133 South 27th Street, Abilene, Texas, unless otherwise authorized by the Center Director or his/her designee.
2. Participate and complete all programs as determined by the Treatment Team.
3. Obey all rules and regulations of the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility.
4. Pay as required, a percentage of your income to the Taylor-Callahan-Coleman Counties Substance Abuse Treatment Facility for room and board, transportation and laundry.
5. Pay a percentage of your salary, as required, to your dependents for their support while you are in the employment component.

CONTINUED NEXT PAGE

DATE FILED

### RESIDENT'S LIST OF APPROVED BELONGINGS IN TREATMENT

Valuable or sentimental items discouraged as the facility is not responsible for loss or damage.

ITEMS	AMOUNT	DESCRIPTION
UNDERGARMENTS	4 each 1	underwear, socks thermal bottom
SHOES	2 pair 1 pair	tennis shoes, boots, loafers, work boots shower shoes
BOTTOMS	3	any combination – pants, jeans, shorts, sweats
TOPS	4	any combination – shirts, t-shirts, sweatshirts (no hoodies allowed)
HEADGEAR	1 1	do-rag/skull cap for sleeping/in room only, no red or blue bandanas ball cap/toboggan for Outside CSR and Outside Rec
JACKETS	1	jacket/sweatshirt for Outside CSR and Outside Rec (jackets with hoods or zip-out linings not allowed)
COMB/BRUSH/ PLASTIC PICK	1 – from commissary	of each (no pointed or metal combs, picks)
JEWELRY	1 each	Watch, Wedding ring, Religious Jewelry (kept in locker)
BIBLE/SPIRITUAL BOOK	1	
ASSESSORIES	1 each	Belt, pair glasses, pair sunglasses, pair weight lifting gloves

### RESIDENT'S LIST OF APPROVED BELONGINGS IN EMPLOYMENT

ITEMS	AMOUNT	DESCRIPTION
UNDERGARMENTS	4 each	underwear, socks, and 1 thermal bottom
SHOES	3 pair 1 pair	tennis shoes, boots, loafers, work boots/shoes shower shoes
BOTTOMS	6	any combination – pants, jeans, shorts, sweats
TOPS	6	any combination – shirts, t-shirts, sweatshirts (no hoodies allowed)
HEADGEAR	1 1	do-rag/skull cap for sleeping/in room only ball cap/toboggan, no red or blue bandanas
JACKETS	1	jacket/sweatshirt (jackets with hoods or zip-out linings not allowed)
COMB/BRUSH/ PLASTIC PICK	1 – from commissary	of each (no pointed or metal combs, picks)
JEWELRY	1 each	Watch, Wedding ring, Religious Jewelry (kept in locker)
BIBLE/SPIRITUAL BOOK	1	
ASSESSORIES	1 each	Pair glasses, pair sunglasses, pair weight lifting gloves, and 2 belts
WORK UNIFORMS/CLOTHES	1 each	work jacket or coveralls, work hat Uniforms issued by employer; number determined by employer

**D.O.B.** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** ☐ F ☐ M **Race:** \_\_\_\_\_ **Bldg./Dorm/Unit:** \_\_\_\_\_

**Blood Pressure:** \_\_\_\_/\_\_\_\_ **Temperature:** \_\_\_\_ **Pulse:** \_\_\_\_ **Respirations:** \_\_\_\_

**Allergies (drugs):** \_\_\_\_\_ **Type of reaction:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_ **Type of reaction:** \_\_\_\_\_

**Environmental Allergies** (cedar, mold, pollen, etc.): \_\_\_\_\_ **Type of reaction:** \_\_\_\_\_

**Current Weight:** \_\_\_\_\_ lbs.      **Height:** \_\_\_\_\_ ft. \_\_\_\_\_ in.

Recent unplanned weight loss: Yes \_\_\_\_ No \_\_\_\_      Recent unplanned weight gain: Yes \_\_\_\_ No \_\_\_\_

If the answer is yes how much weight in what length of time? \_\_\_\_\_

**TB skin test to be administered and read within 7 calendar days prior to admission or after admission to facility:**

### Current TB skin test:

Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ Results: \_\_\_\_\_ mm.

**If past history of previous positive TB skin test, give date \_\_\_\_\_ and results \_\_\_\_\_**

**TB Symptoms Screening Questionnaire Completed: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Date: \_\_\_\_\_**

**Symptomatic: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, referred for medical evaluation: \_\_\_\_\_**

**Chest x-ray results (only if applicable):** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

## Medication History

**List prescription drugs and over-the counter drugs currently being taken including herbal preparations, vitamins and other supplements**

Name of Medication	Dosage	Frequency/Instructions	Reason for Medication	Last Time Taken
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[illegible]



### Family Medical History

**Does anyone in your family have a history of any of the following?**

Health Problem	Yes	No	Who (mother, father, grandparent or sibling)	Health Problem	Yes	No	Who (mother, father, grandparent or sibling)
Alcoholism				Epilepsy / Seizures			
Arthritis				High Blood Pressure			
Cancer				Kidney Disease			
Bleeding Disorder				Mental Illness			
Diabetes				Mental Retardation			
Drug Addiction				Stroke			
Heart Disease				Thyroid Disease			

**Past Medical History:** (accident, injury, major hospitalizations, surgery): \_\_\_\_\_

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

**Last tetanus immunization:** \_\_\_\_\_ **Recent fall, head injury or surgery:** \_\_\_\_\_

**Do you now have or have you ever been told that you have any of the following problems?**

	Yes	No	Swelling of	Yes	No		Yes	No		Yes	No
Alcoholism			Ankles/Legs			Syphilis			Drug abuse		
Allergies			Gout			Gonorrhea			Seizures		
Anemia			Cancer			Herpes			Stroke		
Asthma			Diabetes						Slurred Speech		
Bronchitis			Thyroid disease			Other STD's			Numbness		
Chronic Cough			Kidney disease			Broken bones			Paralysis		
Frequent colds			Gallbladder			Back problems			Dizziness		
Hay fever			Heartburn			Dentures			Fainting		
Shortness of breath			Gastrointestinal Ulcers			Hearing loss Left / Right Ear			Headaches Frequent/Severe		
Sinusitis			Nausea			Hearing Aid			<b>Males Only</b>		
Emphysema			Vomiting			Eye glasses			Prostate problem		
Tuberculosis			Sickle Cell			Contact Lens					
Pneumonia			Hepatitis			Glaucoma			<b>Females Only</b>		
Wheezing			Arthritis			Cataracts			Pregnant		
Coughing up Blood			High Cholesterol			High Blood Pressure			Last Menstrual Cycle	Date	
Chest pain			Hernia			Hemorrhoids			Missing periods		
Heart disease			Varicose veins			Constipation			Last Pap Smear		
Heart Murmur			Leg Cramps			Diarrhea			Last Breast Exam		
Pace Maker			Vascular disease			Blood in stool			Postmenopausal		

**If you answered yes to any of the questions above, please explain:** \_\_\_\_\_

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

**Are there any other health problems not included in the list above?** \_\_\_\_\_

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

Family physician's information if applicable: \_\_\_\_\_

\_\_\_\_\_

Dental Problems: (any current dental problems that require immediate attention): \_\_\_\_\_

\_\_\_\_\_

Mental illness current or past history: (any past history of suicide attempts or ideation) \_\_\_\_\_

Are you currently having any thoughts of harming yourself or others? \_\_\_\_\_

Have you ever received treatment for mental illness? Yes\_\_ No\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been diagnosed with any of the following, **please circle one or all that apply**:

Depression      Schizophrenia      Compulsive disorder      Attention deficit disorder      Others \_\_\_\_\_

Anxiety disorder      Bipolar disorder      Eating disorder      Hyperactivity Disorder      \_\_\_\_\_

Panic attacks      Sleep disorders      Memory Loss      Mental Retardation      **None:** \_\_\_\_\_

Are you currently receiving mental health services? \_\_\_\_\_ Last doctor's visit: \_\_\_\_\_

Attending Psychiatrist: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_

Do you smoke or use other tobacco products? Yes\_\_ No\_\_ If the answer is yes, what type? \_\_\_\_\_

Length of time smoking/using: \_\_\_\_\_ Amount used daily \_\_\_\_\_

Have you ever attempted to stop smoking or using tobacco products? Yes\_\_ No\_\_ When \_\_\_\_\_

Comments: \_\_\_\_\_

**Alcohol and Drug Use/Abuse History:** Inquire about the use of various types of alcohol (beer, wine, liquor), illicit drugs, inhalants, prescription drugs, over-the counter drugs of abuse, and any other drugs not mentioned.

Types of alcohol and drugs used:	Mode of Use (IV, smoke, oral, etc)	Amounts Used	Frequency of Use	Problems after stopping use	Last date used

### General Observations:

1. Behavior which includes state of consciousness, mental status, appearance, conduct, tremors and sweating.

\_\_\_\_\_

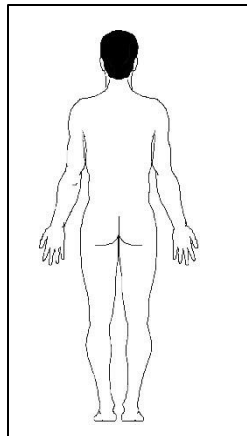
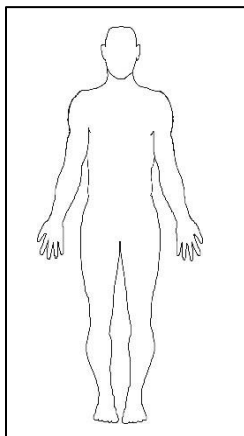
\_\_\_\_\_

\_\_\_\_\_

2. Body deformities, ease of movement, limited range of motion, assistive devices required: \_\_\_\_\_

\_\_\_\_\_

3. Condition of skin, including trauma markings, bruises, lesions, open sores, jaundice (yellow), skin rashes, infestations of the skin (lice, scabies, etc..) and needle marks or tracks or other indication of drug abuse:



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Special skin markings (Tattoos, body piercing, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Codes for Body Outline: A - abrasion, B -bruises, C - cut, L - laceration, P - piercing, R - rash, T- tattoo**  
**S - scar, N - needle marks/ tracks, BR - burn, O - open sore, ST – stitches.**

Regular Diet: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

\_\_\_\_\_

Activity Level: Total \_\_\_\_\_ Limited \_\_\_\_\_

Lower bed bunk required: Yes \_\_\_\_\_ No \_\_\_\_\_

Physical restrictions: \_\_\_\_\_

Cleared for Kitchen Duty: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

**Recommendations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Printed Name and Title**  
 (Physician, PA, NP, RN, LVN, EMT-P)

\_\_\_\_\_  
**Signature and Title**  
 (Physician, PA, NP, RN, LVN, EMT-P)

\_\_\_\_\_  
**Date**

I verify that the information that I have provided regarding my past medical history and current medical problems are correct to the best of my knowledge, and I authorize this information to be released to the residential facility.

\_\_\_\_\_  
**Resident's Printed Name**

\_\_\_\_\_  
**Resident's Signature**

\_\_\_\_\_  
**Date**

## TEXAS UNIFORM HEALTH STATUS UPDATE

NAME \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_

Last First Mi  
STATE ID# \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: Male \_\_\_\_\_ Female \_\_\_\_\_

COUNTY/TDJC# \_\_\_\_\_ WT: \_\_\_\_\_ HT: \_\_\_\_\_

## CURRENT/CHRONIC HEALTH PROBLEMS

## A. Health Problems

- ☐ 1. None  
☐ 2. Asthma  
☐ 3. Cardiovascular/Heart Trouble  
☐ 4. Dental Priority  
☐ 5. Diabetes  
☐ 6. Dialysis  
☐ 7. Drug Abuse/Alcoholism  
  
☐ 8. Hypertension  
☐ 9. Orthopedic Problems  
☐ 10. Pregnancy  
☐ 11. Seizures  
☐ 12. Mental Retardation  
☐ 13. Mental Illness (specify diagnosis) \_\_\_\_\_  
☐ 14. Recent Surgery

NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (409) 294-2228 for clients with insulin dependent diabetes mellitus(DDM), current mental illness or any chronic disease symptoms deemed unstable.

## B. Preventive Medicine

- ☐ 1. Tuberculosis Status  
 Skin Test: Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results \_\_\_\_\_mm  
  
 X-Ray: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Normal\_\_\_\_ Abnormal\_\_\_\_ Anti-Tuberculosis Treatment? No\_\_\_\_ Yes\_\_\_\_  
  
☐ 2. Hepatitis: A\_\_\_\_ B\_\_\_\_ C\_\_\_\_ Other: \_\_\_\_\_  
☐ 3. HIV Antibody -Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: Negative \_\_\_\_ Positive \_\_\_\_ CD4: \_\_\_\_  
  
☐ 4. Syphilis: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type: \_\_\_\_ Treatment Completed: \_\_\_\_Yes \_\_\_\_No

NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attached Tuberculosis record.

Other Health Care V. Allergies \_\_\_\_\_NKA  
 problems: \_\_\_\_\_

## CURRENT PRESCRIBED MEDICATIONS

Medication	None Dosage	Frequency

Completed By: \_\_\_\_\_

Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Taylor County SATF

**Unapproved Medication List**

<b>Brand Name</b>	<b>Generic Name</b>
Abilify (includes Maintena)	Aripiprazole
Adderall, Adderall XR	Mixed amphetamine salts
Ambien	Zolpidem
Ativan	Lorazepam
BuSpar	Buspirone
Catapres	Clonidine
Celexa	Citalopram
Clozaril	Clozapine
Cogentin	Benzotropine Mesylate
Concerta	Methylphenidate
Cymbalta	Duloxetine
Dalmane	Flurazepam
Dantrium	Dantrolene
Depakene	Valproic Acid
Depakote	Divalproex Sodium
Desyrel	Trazodone
Dilaudid	Hydromorphone
Doral	Quazepam
Effexor	Venlafaxine
Elavil	Amitriptyline
Eskalith/Lithobid/Lithonate	Lithium Carbonate
Etrafon-Triavil	Perphenazine/Amitriptyline
Fanapt	Iloperidone
Fiorinal with Codeine	Butalbital/Codeine
Flexeril	Cyclobenzaprine
Focalin, Focalin XR	Dexmethylphenidate
Geodon	Ziprasidone
Haldol (includes Decanoate injection)	Haloperidol
Halcion	Triazolam
Invega (incl. Sustenna/Trinza)	Paliperidone
Klonopin	Clonazepam
Lamictal	Lamotrigine
Latuda	Lurasidone
Lexapro	Escitalopram Oxalate
Librium	Chlordiazepoxide

<b>Brand Name</b>	<b>Generic Name</b>
Luvox	Fluvoxamine
Maxalt	Rizatripan/Rizatripan Benzoate
Mallari	Thiothixene
Methadose	Methadone
Midrin	Isometheptene/ Dichloralphenzone/ APAP
Navane	Thiothixene
Neurontin	Gabapentin
Noctec	Chloral Hydrate
Nuvigil	Armodafinil
Orap	Pimozide
Oxy-IR, OxyContin	Oxycodone
Pamelor	Nortriptyline
Parafon Forte	Chlorzoxazone
Paxil	Paroxetine
Phenergan	Promethazine
Pristiq	Desvenlafaxine
Prolixin /Decanoate	Fluphenazine
ProSom	Estazolam
Provigil	Modafinil
Prozac	Fluoxetine
Remeron	Mirtazapine
Restoril	Temazepam
ReVia/Depade	Naltrexone
Risperdal /Consta	Risperidone
Ritalin, Ritalin LA	Methylphenidate
Robaxin	Methocarbamol
Rozerem	Ramelteon
Saphris	Asenapine
Serax	Oxazepam
Seroquel	Quetiapine Fumarate
Sinequan	Doxepin
Skelaxin	Metaxalone
Soma	Carisoprodol
Sonata	Zaleplon
Stadol	Butorphanol/Naloxone

Lioresal	Baclofen	Stelazine	Trifluoperazine
Loxitane	Loxapine	Suboxone	Buprenorphine/Naloxone
Luminal	Phenobarbital	Subutex	Buprenorphine
Lunesta	Eszopiclone	Symbyax	Olanzapine/Fluoxetine
<b>Brand Name</b>	<b>Generic Name</b>	<b>Brand Name</b>	<b>Generic Name</b>
Tegretol	Carbamazepine		
Thorazine	Chlorpromazine		
Tranxene-SD	Clorazepate		
Trilafon	Perphenazine		
Trileptal	Oxcarbazepine		
Tylenol w/Codeine	Codeine/Acetaminophen		
Ultram	Tramadol		
Valium	Diazepam		
Vicodin/Lortab/Norco	Hydrocodone		
Viibryd	Vilazodone		
Vistaril	Hydroxyzine Pamoate		
Vyvanse	Lisdexamfetamine		
Wellbutrin	Bupropion		
Xanax/Niravam	Alprazolam		
Zanaflex	Tizanidine		
Zoloft	Sertraline		
Zyprexa / Relprevv	Olanzapine		