

# REFERRAL FORM: BEHAVIORAL HEALTH CARE COORDINATION FOR CHILDREN AND YOUTH

<b>DEMOGRAPHIC INFORMATION</b>	<b>Date of Referral:</b>
--------------------------------	--------------------------

<b>Youth Name:</b> <b>Youth Phone:</b> <b>Cell Phone:</b> <b>Gender</b> <input type="checkbox"/> M/ <input type="checkbox"/> F <b>DOB:</b>	<b>Address:</b> <b>City:</b> <b>Zip Code:</b> <b>State</b> <b>MA#</b>
--	---

<b>Parent/Legal Guardian(s) (if legal guardian, a court order must be attached):</b>	
<b>Address (if different from child):</b>	<b>Cell:</b>
<b>Parent/Guardian Phone</b>	<b>Email:</b>

<b>Ethnicity/Race</b>	
<input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Not Available	
Primary Language: _____	
Are interpreter services required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Deaf or hearing impaired	
<input type="checkbox"/> Blind	
Special Accommodations:	

<b>School/Education:</b>		
Current School: _____	Current Grade _____	Not in School
Special Education Services: <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP <input type="checkbox"/>	504 Plan <input type="checkbox"/>
Guidance Counselor: _____	Phone: _____	

<b>Living Situation:</b> Does this youth currently live in or have a plan for placement in a group home or any other congregate group setting other than a family home or foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

**Behavioral Health Diagnosis** Diagnosed By: \_\_\_\_\_

Diagnosis	DSM 5/ ICD Code
a.	
b.	
c.	

**Medical Diagnoses Impacting Behavioral Health Diagnosis:**  None

Diagnosis	DSM5/ ICD code
a.	
b.	
c.	

**Psychosocial/ Environmental Elements Impacting Diagnosis:**  None

Diagnosis	DSM 5/ ICD Code
a.	
b.	
c.	

**Current Medication:**  None

Name	Dosage
a.	
b.	
c.	

**Primary Physician:** \_\_\_\_\_

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

**Reason for Referral:** (Please provide a brief explanation of the level the child/youth is being referred)

**Release of Information: (please review and have the parent/guardian sign the release)**

I understand that I am applying for Care Coordination in Worcester/Somerset County. This service has been explained to me and I understand that if approved I will participate in development of a Plan of Care with a team of people working with my family. I authorize the release of information to the Care Coordination Organization in Worcester/Somerset County so they can conduct a full screening and initiate an eligibility determination by the Administrative Service Organization (ASO) to determine my eligibility for Care Coordination services. I understand that I may revoke my permission at any time by written or verbal request.

Signature of parent or legal guardian:	Date:
Witness Signature:	Date:

**Name of Person Making Referral:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

*If you require additional assistance or need further information or clarification about the services, you may contact your local county Core Service Agency. See contact info on the last page.*

**Please indicate the level of care that you intend to refer the youth** **Level I- GENERAL (must meet at least 2)**

- A.  participant is not linked to behavioral health services, health coverage or medical services;
- B.  participant lacks basic supports for education, income, shelter and food;
- C.  participant is transitioning from one level of intensity to another level of intensity of services;
- D.  participant needs care coordination services to obtain and maintain community-based treatment and services;

 **Level II- MODERATE (must meet at least 3)**

- A.  participant is not linked to behavioral health services, health insurance or medical services;
- B.  participant lacks basic supports for education, income, food or transportation;
- C.  participant is homeless or at risk of homelessness;
- D.  participant is transitioning from one level of intensity to another level of intensity of services including transitioning out of the following services:
- (1)  inpatient psychiatric or substance use services
- (2)  RTC; OR
- (3)  1915(i) services under COMAR 10.09.89
- E. Due to multiple behavioral health stressors within the past 12 month, the participant has a history of:
- (1)  of psychiatric hospitalizations, or
- (2)  repeated visits or admissions to:
- (a)  Emergency room psychiatric units;
- (b)  crisis beds; or
- (c)  inpatient psychiatric units ;
- F. Participant needs care coordination services to obtain and maintain community- based treatment and services;

 **Level III- INTENSIVE - must meet at least 1 of the below criteria and submit CON documents outlined in I-IX below.**

- A. Participant shall meet the following criteria to be eligible based on their impaired functioning and service intensity level:
- (1)  Transitioning from RTC to the community; or
- (2)  Living in the community: and;
- (a)  Be at least 13 years old and have:
- (i)  3 or more inpatient psychiatric hospitalizations in past 12 month; or
- (ii)  been in RTC within the past 90 calendar days; or
- (b)  Be 6 through 12 years old and have:
- (i)  2 or more inpatients psychiatric hospitalizations in past 12 months; or
- (ii)  been in RTC within the past 90 calendar days
- B. Youth who *are younger than 6 years* old shall either:
- (1)  Be referred directly from an inpatient hospital unit; or
- (2)  If living in the community, have 2 or more psychiatric inpatient hospitalizations in the past 12 months

***Level 3 referrals require submission of a psychosocial evaluation and a psychiatric evaluation dated within 30 days prior to submission of application. This evaluation must address the following:***

- I. Identifying information.
- II. Reason for referral.
- III. Reports reviewed to complete this referral.
- IV. **Risk of Harm**- Indicate child's potential to be harmed by others or cause significant harm to self or others.
- V. **Functional Status**- Indicate the degree to which the child or adolescent is able to fulfill responsibilities and interact with others. Include educational.
- VI. **Co-Occurrence of Conditions**-Developmental, medical, substance use, and psychiatric. Include DSM 5 diagnosis and medications, both current and past.
- VII. **Recovery Environment**- Indicate environmental factors that have the potential to impact a youth's efforts to achieve or maintain recovery. Include description of family constellation and commitment.
- VIII. **Resiliency and/or Response to Services**-Indicate the child or adolescents ability to self-correct when there are disruptions in the environment. Include any major life changes and how the child or adolescent responded.
- IX. **Involvement in Services**- Indicate the quantity and quality of the child/youth and primary care taker's involvement in services. Include involvement with other agencies; list all inpatient and outpatient treatments, and out of home placements (i.e. group homes, shelters, foster care or RTCs)

***If you require additional assistance or need further information or clarification about the services, you may contact your local county Core Service Agency. See contact info on the last page.***

## Care Coordination Organization Contacts

<b>Jurisdiction</b>	<b>CCO Name</b>	<b>CCO Phone #</b>	<b>CCO Fax#</b>
Allegany	Pressley Ridge of Western MD	301-724-8413	301-724-8417
Anne Arundel	Center for Children	301-609-9887	301-609-7284
Baltimore City	Alliance, Inc.	410-282-5900 - X1204	410-675-4996
	Hope Health Systems	410-265-8737	410-265-1258
	Partnership Development Group (PDG)	410-863-7213 - x165	410-863-7205
	Wraparound Maryland	443-687-9462	443-451-8268
Baltimore County	Alliance, Inc.	410-282-5900	410-282-1788
Calvert	Center for Children	410-535-3047	410-535-3890
Caroline	Maryland Choices	443-759-8865	866-582-2034
Carroll	Potomac Case Management	443-244-4113	240-578-4885
Cecil	Upper Bay Counseling & Support Services	410-996-3450	410-398-3458
Charles	Center for Children	301-609-9887	301-609-7284
Dorchester	Maryland Choices	443-759-8865	866-582-2034
Frederick	Potomac Case Management	443-244-4113	240-578-4885
Garrett	Burlington United Methodist Family Services	301-334-1285	301-334-0668
Harford	Alliance, Inc.	410-273-1399 press "0"	410-273-2085
Howard	Alliance, Inc.	410-992-4994	410-992-0180
Kent	Maryland Choices	443-759-8865	866-582-2034
Montgomery	TBD	N/A	N/A
Prince George's	Alek's House	301-429-6100	301-429-1333
	Volunteer of America	301-306-0904	301-306-5705
Queen Anne	Maryland Choices	443-759-8865	866-582-2034
St. Mary's	Center for Children	301-475-8860	301-475-3843
Somerset	Worcester Co Health Dept	410-632-9230	410-632-9239
Talbot	Maryland Choices	443-759-8865	866-582-2034
Washington	Potomac Case Management	301-791-3085	301-393-0730
Wicomico	Wraparound Maryland	410-219-5070	410-219-5072
Worcester	Worcester Co Health Dept	410-632-9230	410-632-9239

*If you require additional assistance or need further information or clarification about the services, you may contact your local county Core Service Agency. See contact info on the last page.*

Should you require additional assistance or need information or clarification about the services, you may contact the local Core Service Agency.

<b>ALLEGANY COUNTY Allegany Co. Mental Health System's Office</b> P.O. Box 1745 Cumberland, Maryland 21501-1745 Phone: 301-759-5070 Fax: <b>301-777-5621</b>	<b>ANNE ARUNDEL COUNTY Anne Arundel County Mental Health Agency</b> PO Box 6675, MS 3230, 1 Truman Parkway, 101 Annapolis, Maryland 21401 Phone: 410-222-7858 Fax: <b>410-222-7881</b>
<b>BALTIMORE CITY Behavioral Health System Baltimore</b> One North Charles Street, Suite 1300 Baltimore, Maryland 21201-3718 Phone: 410-637-1900 Fax: <b>410-637-1911</b>	<b>BALTIMORE COUNTY Bureau of Behavioral Health of Baltimore County Health Department</b> 6401 York Road, Third Floor Baltimore, Maryland 21212 Phone: 410-887-3828 Fax: <b>410-887-3786</b>
<b>CALVERT COUNTY Calvert County Core Service Agency</b> P.O. Box 980 Prince Frederick, Maryland 20678 Phone: 410-535-5400 #330 Fax: <b>410-414-8092</b>	<b>CARROLL COUNTY Carroll County Health Department Bureau of Prevention, Wellness, and Recovery</b> 290 South Center Street Westminster, Maryland 21158-0460 Phone: 410-876-4800 Fax: <b>410-876-4832</b>
<b>CECIL COUNTY Cecil County Core Service Agency</b> 401 Bow Street Elkton, Maryland 21921 Phone: 410-996-5112 Fax: <b>410-996-5134</b>	<b>CHARLES COUNTY Department of Health Core Service Agency</b> P.O. Box 1050, 4545 Crain Hwy. White Plains, Maryland 20695 Phone: 301-609-5757 Fax: <b>301-609-5749</b>
<b>FREDERICK COUNTY Mental Health Management Agency of Frederick County</b> 22 South Market Street, Suite 8 Frederick, Maryland 21701 Phone: 301-682-6017 Fax: <b>301-682-6019</b>	<b>GARRETT COUNTY Garrett County Core Service Agency</b> 1025 Memorial Drive Oakland, Maryland 21550-1943 Phone: 301-334-7440 Fax: <b>301-334-7441</b>
<b>HARFORD COUNTY Office on Mental Health of Harford County</b> 125 N Main Street Bel Air, Maryland 21014 Phone: 410-803-8726 Fax: <b>410-803-8732</b>	<b>HOWARD COUNTY Howard County Mental Health Authority</b> 9151 Rumsey Road, Suite 150 Columbia, Maryland 21045 Phone: 410-313-7350 Fax: <b>410-313-7374</b>
<b>MID-SHORE COUNTIES</b> (Includes <b>Caroline, Dorchester, Kent, Queen Anne</b> and <b>Talbot Counties</b> ) <b>Mid-Shore Mental Health Systems, Inc.</b> 28578 Mary's Court, Suite 1 Easton, Maryland 21601 Phone: 410-770-4801 Fax: <b>410-770-4809</b>	<b>MONTGOMERY COUNTY Department of Health &amp; Human Services, Montgomery County Government</b> 401 Hungerford Drive, 1st Floor Rockville, Maryland 20850 Phone: 240-777-1400 Fax: <b>240-777-1145</b>
<b>PRINCE GEORGE'S COUNTY Prince George's County Health Department Behavioral Health Services Prince George's County Core Service Agency</b> 9314 Piscataway Road Clinton, Maryland 20735 Phone: 301-856-9500 Fax: <b>301-324-2850</b>	<b>ST. MARY'S COUNTY St. Mary's County Dept. of Aging and Human Services</b> 23115 Leonard Hall Drive, P.O. Box 653 Leonardtown, Maryland 20650 Phone: 301-475-4200 ext. 1682 Fax: <b>301-475-4000</b>
<b>WASHINGTON COUNTY Washington County Mental Health Authority</b> 339 E. Antietam Street, Suite #5 Hagerstown, Maryland 21740 Phone: 301-739-2490 Fax: <b>301-739-2250</b>	<b>WICOMICO/SOMERSET COUNTIES Wicomico Behavioral Health Authority/Somerset Core Service Agency</b> 108 East Main Street Salisbury, Maryland 21801 Phone: 410-543-6981 Fax: <b>410-219-2876</b>
<b>WORCESTER COUNTY Worcester County Core Service Agency</b> P.O. Box 249 Snow Hill, Maryland 21863 Phone: 410-632-3366 Fax: <b>410-632-0065</b>	

*If you require additional assistance or need further information or clarification about the services, you may contact your local county Core Service Agency. See contact info on the last page.*