



Calvert County Child and Adolescent Supportive Behavioral Health Services

PRESENTED BY
THE CALVERT COUNTY
LOCAL BEHAVIORAL HEALTH AUTHORITY



Office: (443) 295-8584

Fax: (443) 968-8979

calverthealth.org

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Overview of Child and Adolescent Supportive Behavioral Health Treatment and Services

Entering adulthood can be an emotional time, but sometimes the ups and downs can mean something more. Millions of children, adolescents, and young adults are living with a mental health or substance use disorder and may not realize they have one or are not paying attention to the signs and not seeking help.¹

Behavioral health describes the connection between behaviors and the health and well-being of the body, mind, and spirit. It includes both mental health and substance use disorders. Behavioral health treatments and services help people with mental illnesses and substance use disorders.² The variety of services available has grown in recent years. The services are targeted to assist with everything from depression to anxiety to drinking and drug use and much more. The issue a person is facing will determine which type of provider and service is most appropriate.

This resource guide was designed to help providers, parents, and caregivers navigate and find information regarding the different behavioral health treatments and services available for children and adolescents residing in Calvert County, Maryland.

¹ Mental illness and substance use in young adults. SAMHSA. (2021, October 25). Retrieved from <https://www.samhsa.gov/young-adults>.

² National Conference of State Legislatures. (2021, August 5). Behavioral Health Overview. National Conference of State Legislatures. Retrieved from <https://www.ncsl.org/research/health/behavioral-health-overview.aspx>.

Entering Adulthood: Getting Help for Mental and Substance Use Disorders

The big life changes that 18-to-25-year-olds experience when transitioning into adulthood come with a range of emotions. While it can sometimes feel like you're the only one going through ups and downs, **you're not alone.**



8.8 million
young adults reported
having a mental illness



42%
of those with mental
illness went untreated



5.1 million
young adults reported
having a substance
use disorder



87%
of those with substance
use disorders went
untreated

Common Signs



**Trouble sleeping
or oversleeping**



**Loss of interest in
hobbies + friends**



**Feelings of
anxiousness**



**Changes in overall
energy levels**



**Changes in
appetite + weight**



**Feelings of
hopelessness**



**Difficulty in
daily functioning**



**Extreme mood
changes**



**Thoughts of
suicide**

It's okay to ask for help.

Visit [SAMHSA.gov/young-adults](https://www.samhsa.gov/young-adults) or call 1-800-662-HELP (4357) for treatment referral.

Common **WARNING SIGNS** of Mental Illness

Diagnosing mental illness isn't a straightforward science. We can't test for it the same way we can test blood sugar levels for diabetes. Each condition has its own set of unique symptoms, though symptoms often overlap. Common signs and/or symptoms can include:

- ! Feeling very sad or withdrawn for more than two weeks
- ! Trying to harm or end one's life or making plans to do so
- ! Severe, out-of-control, risk-taking behavior that causes harm to self or others
- ! Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or difficulty breathing
- ! Significant weight loss or gain



- ! Seeing, hearing or believing things that aren't real*
- ! Excessive use of alcohol or drugs
- ! Drastic changes in mood, behavior, personality or sleeping habits
- ! Extreme difficulty concentrating or staying still
- ! Intense worries or fears that get in the way of daily activities

*Various communities and backgrounds might view this sign differently based on their beliefs and experiences. Some people within these communities and cultures may not interpret hearing voices as unusual.

WORRIED ABOUT YOURSELF OR SOMEONE YOU CARE ABOUT?

? If you notice any of these symptoms, it's important to ask questions



Try to understand what they're experiencing and how their daily life is impacted



Making this connection is often the first step to getting treatment

KNOWLEDGE IS POWER



Talk with a health care professional



Learn more about mental illness



Take a mental health education class



Call the NAMI HelpLine at 800-950-NAMI (6264)

50%
of all lifetime mental illness begins by age **14**

75%
by age **24**

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats

NAMI HelpLine
800-950-NAMI (6264)





The **Local Care Team (LCT)** is a single point of entry to access resources for children and youth with intensive needs. The LCT will help to develop an action plan and provide ongoing support to the child and their family.

➤ **Calvert County Local Care Team**

www.co.cal.md.us

(410) 535-1600 ext. 8807





**You are not alone.
You have a team!**

Team Members Include:

Local School System

Health Department

Parent Advocates

Juvenile Services

Developmental Disabilities
Administration

Behavioral Health Authority

Targeted Case Management

Department of Social Services.

We are all in this together!



LOCAL CARE TEAM

The Calvert County Local Care Team (LCT) is a single point of entry to access resources for children and youth with intensive needs. The LCT will work with you and your family to develop an action plan and provide ongoing support through your journey. Anyone can make a referral or call with questions.

Contact Local Care Team Coordinator Ariane Odom for more information:

☎ 410-535-1600, ext. 8807 ✉ Ariane.Odom@calvertcountymd.gov



CALVERT COUNTY LOCAL CARE TEAM
STEPS TO MAKE A REFERRAL TO LOCAL CARE TEAM MEETING(S)

**** Families can self-refer to Calvert County Local Care Team

Local Care Team meetings take place on the 3rd Wednesday of each month at 9:30 am
Calvert County Family Network office located at 30 Duke Street (Duke Room), Prince Frederick MD 20678.

To be eligible for assistance through the Local Care Team the family must:

- ✓ Live in Calvert County.
- ✓ Be struggling with multiple areas of need. If the family only has one need (e.g., energy assistance only), please contact Community Resources at 410 555 1600, ext. 8803 between the hours of 8:30 a.m. – 4:30 p.m. or for after-hours support call #211 (Health & Human Resources Warm Line) for appropriate supports/providers.
- ✓ Be willing to participate in the process and communicate their intent to follow through with recommendations WITH SUPPORT from the Local Care Team and the referring agency(s).

To refer a family to the Calvert County LCT Meeting for services

- ✓ Call 410 535 1600 x 8807 to request a packet or access the packet of information online (unless you already have a packet on hand).
- ✓ Request to be added to the next available LCT meeting agenda.
- ✓ Complete the Referral and Case Summary form. Please be sure to complete all sections to ensure that all of the family's needs will be presented to the committee.
- ✓ Include all supplemental packet information relative to the case (educational reports/IEP information; up to date psychological/psychiatric evaluations; court order; hospital discharge summaries; medical reports/recommendations for treatment; etc.).

** A SIGNED copy of the Local Care Team Authorization for Release of Information/Records **must** be obtained and attached to the packet before invitations will be sent out for a meeting so please make sure to include that when returning your paperwork. The family will be removed from the schedule if that document is not part of the packet.

Deliver the packet (via email, USPS mail or in person) to

Ariane.Odom@calvertcountymd.gov

Calvert County Local Care Team Coordinator
Attn: Ariane Odom
P.O Box 1098
Prince Frederick, MD 20678

In Person: 30 Duke Street, Suite 102 Prince Frederick, MD 20678

Note: The entire packet, including the signed consent forms, must be submitted (received) by 5 p.m., **one week** prior to the scheduled meeting. **Special circumstances/emergencies** may allow for last minute additions (schedule permitting) if paperwork is received by 9 a.m. on the Monday prior to the Wednesday meeting.

Please inform the family and/or if self-referring please take note of the following:

- ✚ Information will be shared during the meeting with the understanding that it will remain confidential. Exceptions include case management activities, program evaluation for quality improvement purposes, or sensitive information under mandated reporting circumstances (e.g., risk of harm to self or others, suspended abuse).
- ✚ Referring agency is required to attend.
- ✚ If transportation assistance is needed please correspond with any case management provider services you may already have in place. Please communicate your needs at least 5 days in advance. We will also make every attempt to assist you with resources regarding public transportation.

Are there any individuals in the home ages 18 -24 who are unemployed/not enrolled in higher education? Y / N
If Yes, please Specify:

Do any of the children/adults have a known disability/disorder? ___ N ___ Y
If Yes what is Federal Disability code (if known):

Please describe IEP Services (if any) referred child/student receives:

Do any children in the home receive 504 Plan: ___ N ___ Y, Please Specify:

<u>Clinical Diagnosis</u>	<u>DSM V (Diagnostic and Statistical Manual of Mental Disorders):</u>
<u>Date of Diagnoses:</u>	<u>Clinician:</u>

List any prior mental health treatment:

List any prior placements (facility/year/length of stay):

List any prior community interventions (provider/service/year/length of time):	
Additional Information:	
Primary Agency/Organization Involved:	Contact Information (Phone/Email)
Case Manager:	Contact Information (Phone/Email)
Other Agency Involvement:	
Form completed by (Name Printed/Typed): Contact Information (Phone/Email)	
Signature:	Date:

- 1) **Attach all pertinent materials, e.g. notices, waivers, VPA documents**
- 2) **This form shall be used to document all LCT meetings. Please maintain hard copies of form in administrative files.**

Return to Calvert County Local Care Team Coordinator – Ariane Odom
 P.O. Box 1098 Prince Frederick, MD 20678
 Or via In Person Delivery to 30 Duke Street, Suite 102
 Or Via Electronically to Ariane.Odom@calvertcountymd.gov
 (410) 535-1600 ext 8807 Fax: (410) 535 5467

Calvert County Local Care Team

Authorization to Release and Exchange Confidential Information

I (We) give permission to obtain/release/share information regarding:

Child's Name:

Child's Date of Birth:

The purpose of the disclosure authorized herein is to facilitate:

- Assistance with identification of individual needs and potential resources to meet identified needs of family
- Interagency discussion and problem solving for individual child and family needs and systemic needs
- Voluntary Placement Agreement

I (we) understand that the LCT may require information to be released from or shared with members of the Local Care Team to include Dept. of Juvenile Services; Developmental Disabilities Administration; Alcohol & Drug Abuse Administration; Behavioral Health Administration, Local Core Service Agency; the local School System; the local Health Department; the local Dept. of Social Services; Local Management Board, Calvert County Family Network; Maryland Coalition of Families; Center for Children; Southern MD Community Network, and Division of Rehabilitation Services.

I (We) understand that information provided to the Calvert County LCT will be used for assessment, evaluation, and planning for the delivery of services for our child. The information may include, but is not limited to records pertaining to: (Please check those applicable)

- Involvement with community agencies and organizations
- Medical History
- Developmental History including psychological evaluations, treatment plans and social histories
- Psychiatric
- Service/placement dates of admission and discharge and placement summary information including treatment progress
- DJS/DSS Information
- Educational Information
- Financial Information
- Other (Please Specify) _____

**** Please specify limitations to the exchange and release of information:

I (We) understand that by law, I (We) need not consent to the release of this information. However, I (We) chose to do so willingly and voluntarily for the purpose(s) specified above. Authorization expires two years from the date of signatures. I (We) understand that I (We) may revoke the consent at any time except to the extent that action has been taken in reliance on my (our) consent.

Signature of Parent/Guardian

Date

Parent/Guardian printed name

Return to Calvert County Local Care Team Coordinator – Ariane Odom
P.O. Box 1098 Prince Frederick, MD 20678
Or via In Person Delivery to 30 Duke Street, Suite 102
Electronically: Ariane.Odom@calvertcountymd.gov
(410) 535-1600 ext 8807 Fax: (410) 414-8092



Early Intervention Supports and Services help babies, toddlers, and young children with possible delays or disabilities learn different skills and provide classes and other resources to parents and caregivers.

➤ ***Calvert County Infants and Toddlers Program (0 - 34 months)***

<https://referral.mditp.org/>

(443) 550-8405

➤ ***Child Find Identification (3 – 5 years old)***

<https://www.calvertnet.k12.md.us/departments/special-education/child-find>

Referral Form:

<https://forms.office.com/Pages/ResponsePage.aspx?id=yp8tAqNgrEqakMGOUaxSfjQlxnJiloVEn0RFvO5iaUZUQUEwVIRWS1IJRkxTNVNNS0ZJMDVYOEc4NCQIQCN0PWcu>

(443) 550-8381

➤ ***Partners for Success (0 – 21 years old, age depends on program)***

parentconnections@calvertnet.k12.md.us

(443) 550-8375



DO YOU HAVE CONCERNS?

Visit <https://referral.mditp.org> to learn what is typical development for young children and see if your child's growth and development are on target for his/her age. If you have concerns, don't hesitate to speak with your child's health care provider and/or an early care and education provider and make a referral.

NEXT STEPS

1. Check out <https://referral.mditp.org> to learn more information and to complete an online referral. You can also call Calvert County single point of entry line at 443-550-8405.
2. You will want to share information about your concerns and priorities when you speak with our intake specialist. Next steps will include planning for developmental evaluation to help determine if your child is eligible for services.
3. If your child is eligible, you will become a part of the early intervention team. Together you will develop a plan for supports and services. These will be provided at no cost and in familiar places where your child learns and plays, such as your home, child care center, the park, or the library.

Anyone can complete a referral to Calvert County Infants and Toddlers Program for children younger than 36 months who live in Calvert County

<https://referral.mditp.org>
phone: 443-550-8405 Fax: 410-286-1499
1350 Dares Beach Rd
Prince Frederick, MD 20678

Nondiscrimination Statement:

Calvert County Public Schools does not discriminate on the basis of race, color, religion, sex, age, ancestry or national origin, familial status, marital status, physical or mental disability, sexual orientation, gender identity and expression, or genetic information in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the nondiscrimination policies:

Director of Student Services
Director of Human Resources
443-550-8000

For further information of notice of nondiscrimination visit the Office of Civil Rights Complaint Assessment System at <http://ocras.ed.gov> or call 1-800-421-3481

Anti-sexual, Anti-racial and Anti-disability Harassment Statement:

Discrimination can manifest itself in behaviors such as bullying, harassment, or intimidation of individuals. Calvert County Public Schools does not tolerate any form of harassment including, but not limited to sexual, racial, or disability. Any individual (student, employee, or community member) who believes that he or she has been subjected to any form of harassment is encouraged to report the allegation of harassment. Students, parents and community members may report allegation of harassment to:

Ms. Kimberly Roof
Director of Student Services
Calvert County Public Schools
1305 Dares Beach Road
Prince Frederick, MD 20678

Employees may report allegations of harassment to:
Mr. Zachary Seawell
Director of Human Resources
Calvert County Public Schools
1305 Dares Beach Road
Prince Frederick, MD 20678

Calvert County Public Schools is committed to conducting a prompt investigation for any allegation of harassment. If harassment has occurred, the individual will be disciplined promptly. Disciplinary actions for students found to have engaged in any form of harassment may result in suspension or expulsion. Disciplinary actions for employees found to have engaged in any form of harassment may result in suspension or termination. Calvert County Public Schools encourages all students, parents, employees, and community members to work together to prevent any form of harassment.

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Calvert County Infants & Toddlers Program

The Earlier, The Better!



**Calvert County Infants and Toddlers
Program supports young children
with developmental delays or
disabilities and their families**



CCPS Special Ed Dept-ITP Nov 2020



THE EARLIER, THE BETTER

EARLY INTERVENTION IS KEY

Although all babies learn and grow at their own rate, some children need extra support. Since babies grow and learn so quickly, it is important to get help as early as possible if you or your doctor have any concerns about your child's development.

Calvert County Infants and Toddlers Program provides supports and services so that families can help their child develop and learn during everyday activities and routines. This is called "Early Intervention."

HOW WE CAN HELP

The goals of early intervention are:

- To enable young children to be active and successful participants during their early childhood years and in the future in a variety of settings: in their homes, in child care or preschool programs, and in their communities; and
- To enable families to provide care for their children and have the resources they need to participate in their own desired family and community activities.

WORKING TOGETHER

Calvert County Infants and Toddlers Program provides family-centered support by:

- Building on your child's and family's strengths;
- Providing choices to meet your family's priorities and concerns;
- Supporting you to know your rights, communicate effectively about your child, and to help your child develop and learn.

Families benefit from early intervention by being better able to meet their child's special needs from an early age and throughout their lives.

The outcomes for all children participating in Calvert County Infants and Toddlers Program are to:

- Develop positive social-emotional skills and relationships,
- Acquire and use knowledge and skills, and
- Use appropriate behaviors to meet their needs.



In Maryland, children ages 3-5 are found eligible to receive preschool special education and related services through an IEP team process.

Parents are critical members of the IEP team.

The first step is referral.

Initial Steps in Maryland's IEP (Individualized Education Program) Process

Referral/
Screening*

Eligibility*

1

3

2

4

Evaluation &
Assessment

IEP
Development

*If the team does not suspect the child of having a disability after the screening and a review of existing data meeting, the process ends after step 1. If the IEP team determines the child ineligible after the initial evaluation, the process ends after step 3.



Anti-Discrimination Statement:

Calvert County Public Schools does not discriminate on the basis of race, color, religion, sex, age, ancestry or national origin, familial status, marital status, physical or mental disability, sexual orientation, gender identity and expression, or genetic information or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Director of Student Services
Director of Human Resources
443-550-8000

For further information on notice of non-discrimination, visit the Office of Civil Rights Complaint Assessment System at: <http://ocras.ed.gov> or call 1-800-421-3481.

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Students, parents and community members may report allegations of harassment to:

Mr. James Kurtz
Director of Student Services
Calvert County Public Schools
1305 Dares Beach Road
Prince Frederick, MD 20678

Employees may report allegations of harassment to:

Mr. Zachary Seawell
Director of Human Resources
Calvert County Public Schools
1305 Dares Beach Road
Prince Frederick, MD 20678

Calvert County Public Schools is committed to conducting a prompt investigation for any allegation of harassment. If harassment has occurred, the individual will be disciplined promptly. Disciplinary actions for students found to have engaged in any form of harassment may result in suspension or expulsion. Disciplinary actions for employees found to have engaged in any form of harassment may result in suspension or termination. Calvert County Public Schools encourages all students, parents, employees, and community members to work together to prevent any form of harassment.

FEBRUARY 2022



Calvert County Public Schools Child Find Program

1350 Dares Beach Road
Prince Frederick, MD 20678

Phone: 443-550-8381 | Fax: 410-286-1499



Are you concerned about how your preschool child sees, hears, moves, plays, talks, learns, or behaves? Help is available!

**REFERRAL LINE:
443-550-8381**

What is Preschool Child Find?

The purpose of Preschool Child Find is to locate and evaluate children ages 3-5 not yet enrolled in public school who are suspected of having a developmental delay or disability.

If it is determined that the disability interferes with learning, special education services may be recommended.

Who may refer children?

Children may be referred by any of the following:

- Parents/legal guardians
- Other family members*
- Physicians*
- School personnel*
- Daycare providers*
- Community agencies*
- Infants and Toddlers Program*

**Parental consent is required for further action.*

What does it cost?

Screening, evaluation, and any additional services deemed necessary are available at no cost.

When should a child be referred to Child Find?

A child should be referred under any of the following conditions:

- When birth complications or a medical disorder interferes with development and/or learning.
- When a child has difficulty understanding simple directions.
- When a child seems to have difficulty hearing or seeing.
- When a child's speech is not understood by family members or friends.
- When a child appears to be learning more slowly than other children his or her age.
- When a child appears to have social and/or emotional difficulties that affect his or her ability to learn.

Concerns need not be limited to those listed above. Any condition which may affect a child's ability to learn and/or participate in preschool environments can be a basis for referral.



I am ready to make a referral. Who should I contact?

PRESCHOOL CHILD FIND PROGRAM

Preschoolers not enrolled in public school
Ages 3-5

Referral Line: 443-550-8381

Online Referral:

<https://www.calvertnet.k12.md.us>
Search: Child Find

-OR-

Search Online: Calvert County Child Find

SCHOOL AGED CHILD FIND

Preschoolers enrolled in public school
Kindergarten-21 years old

Contact your child's neighborhood school

INFANTS AND TODDLERS PROGRAM

Children younger than 36 months

Referral Line: 443-550-8405

Parent Connections Calvert County's Family Support Services

A Parent of a child with a disability and an educator staffs each resource center. Services are designed to inform families and build working relationships among families, schools and the community.

Our purpose is to:

- Provide support, information, and resources on disabilities and community services for parents and educators
- Assist families by facilitating good working relationships for their child's education
- Increase parent involvement and collaborative partnerships between families and educators

Services May Include

- Assistance in understanding the IEP process
- Seminars and workshops related to special education and disabilities.
- Consultation
- Lending Library
- Information about local, state and national organizations that providing special education resources
- Assistance understanding the transition process from the Infants and Toddler Program to Special Education
- Assistance in understanding the transition process from school to adulthood

PARENT CONNECTIONS FAMILY SUPPORT SERVICES

Calvert Country School
1350 Dares Beach Road
Prince Frederick, MD 20678

Susan Rafalowski - Parent Coordinator
Partners for Success - Preschool Partners

parentconnections@calvertnet.k12.md.us
443-550-8375

Betsie Camilliere - Educator Coordinator

camillieres@calvertnet.k12.md.us
443-550-8383

Robin Sanders - Parent Coordinator
Pre-school Partners

sandersr@calvertnet.k12.md.us
443-550-8406



Follow us on twitter at
Partners for Success @CalvertPFS



Like us on Facebook @
Calvert County Partners for Success/
Family Support



Family Support Services

Family Support Network
Preschool Partners
Partners For Success

Calvert County's
Parent Connections

A Resource Center for
Families and Educators



A Service of the Calvert County
Public School System

...Serving families and
educators of children with
disabilities

Family Support Network Age Birth through 3

The Family Support Network (FSN) helps to meet the needs of families with children, birth to 3, with developmental delays or disabilities in Maryland. Each local FSN provides information to families regarding community services, refers families to local support and advocacy groups, provides opportunities for families to network and share ideas and experiences, and helps to link “experienced” parents to parents of newly identified children with similar special needs. The Family Support Network works closely with the Calvert County Infant and Toddlers Program.



Preschool Partners (Age 3 through 5)

To help support families when their children transition from the Infants and Toddlers Program (ITP) to the Local School System preschool special education program or other community-based early childhood setting, the Maryland State Department Of Education has made funding available to local ITPs to expand services provided through the local Family Support Network. Preschool Partners provides ongoing support to families of children ages 3 through 5, maintains the connections with the local ITP, and fosters new connections among families, preschool programs, and community services.



Partners for Success Ages 5 through 21

Partners for Success Centers, established as part of each local school system in Maryland, have as their goal the provision of knowledge and the development of essential skills fundamental to parents and professionals working together as equal partners in the educational decision making process. Specifically, Partners for Success seeks to:

- * Increase parental involvement in the special education decision making process
- * Provide information and resources about disabilities and community services
- * Assist families in resolving concerns and to make informed decisions regarding their child's education
- * Increase collaborative relationships through information and training.





Parent/Caregiver/Family Education, Peer Support, and Navigation provide connection, information, education, support, and proof of resilience and recovery from people who have living experience. Services may include referrals, training and education, system navigation, family support, and social activities to promote togetherness, raise awareness, and educate.

➤ ***The Promise Resource Center (age depends on program)***

<http://thepromisecenter.org/>

(301) 290-0040

➤ ***NAMI Southern Maryland***

<https://nami.org/Home>

(301) 392-7109

➤ ***Parent CRAFT***

<https://www.cadenceonline.com/maryland/>

mambrose@som.umaryland.edu

➤ ***Child and Adolescent Support Funds***

(443) 295-8584

➤ ***Maryland Coalition of Families (MCF)***

<https://mdcoalition.org>

(410) 730-8267

➤ ***Parents' Place of Maryland***

<https://www.ppmmd.org/>

(410) 768-9100



Our Mission

As the Family Support Center of Southern Maryland, our goal is to provide comprehensive, culturally-sensitive, community-based, preventative services to families who live in the tri-county neighborhoods of Calvert, Charles and St. Mary's Counties.


Our Motto

The Family Support Center is here to provide support and compassion through all of your family's milestones.


We will be your biggest cheerleaders!



Contact Us

 301.290.0040

 info@thepromisecenter.org

 [thefamsupportctr](https://www.instagram.com/thefamsupportctr)

 The Family Support Center of Southern Maryland



8395 Old Leonardtown Rd
Hughesville MD, 20637



“Child Centered, Family Focused”

About us

At the Family Support Center of Southern Maryland, our goal is to have a child-centered, family-focused program that supports families by strengthening their dynamic through our comprehensive services. The Family Support Center promotes healthy development through classes for parents and children as well as being able to connect families to a solid network of lasting peer and professional support.

Who is Eligible?

The Family Support Center of Southern Maryland services expectant parents & families with children age newborn- 5 years old.



What we Offer:

Activities for Caregivers

- Adult education, GED, ESL
 - Job readiness
 - Stress relief groups
 - Formal parenting classes
-

On-Site Early Childhood Program

- Sensory play
 - Library and language
 - Music and movement
 - Arts and crafts
 - Gym exercise and play
-

Family Literacy

- Playgroups
 - Field trips
 - Parent and child activities
 - Social and recreational play
 - Parenting classes
-

Family Advocacy

- Home Visits
- Connection to community resources
- Child development information & screening

How Much Do Services Cost?

Because we are grant funded, we are able to offer services completely **free** of charge to families.

Family Advocate Services



MARYLAND
FAMILY
NETWORK



FAMILY SUPPORT CENTER
OF SOUTHERN MARYLAND

We offer in-home intervention services centered around children ages 0-5 and expecting parents.

Our Family Advocate may work with you on a variety of topics as they support you and your child(ren).

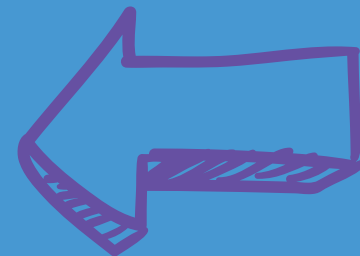
What we can assist with:

- Tracking and screening child development
- Supporting with reaching family goals
- Finding local resources
- Teaching techniques for Pre-K and beyond



Here at The Family Support Center of Southern Maryland, we are your biggest cheerleaders!

We are here to provide support and compassion through all your families' milestones.



More information :

 <http://thepromisecenter.org/>

 tcollins@thepromisecenter.org

*We service Calvert, Charles, and St. Mary's County.

*Virtual sessions available.

Call Tiley at:
(301)290-0040 ext. 20



www.thepromisecenter.org

8395 Old Leonardtown Rd
Hughesville, MD 20637
Phone: (301) 290-0040
Fax: (301) 290-0050

Referral for: Family Support Center of Southern MD County (of Agency): Calvert Charles St. Mary's

Referring Agency: _____

Parent Information

Parent/ Guardian Name & Relationship _____

Parent/ Guardian Name & Relationship _____

Address _____

Address _____

Phone _____

Phone _____

Please note other adult family members attending this program: _____

One or more parent/guardian has/had confirmed or suspected issues with:

Substance abuse Mental health Abuse/violence Learning impairment
 Disabilities

Child Information- Note-In order to qualify, one of the children must be between the ages of Expecting-3-year-old

Name: _____ DOB: _____ Lives with: _____

Name: _____ DOB: _____ Lives with: _____

Name: _____ DOB: _____ Lives with: _____

How many children require childcare? _____

Are there any concerns for any attending family members? If so, explain below:

Case Worker/ Contact printed Name: _____

Phone: _____ Email: _____ Date: _____

Is there anything you would like to tell us about the family?

Please fax this form to:
PRC Attn: Demia Franklin-Garner at (301)-290-0050 or email to referrals@thepromisecenter.org



Additional Project First Choice Services



Brief Consult

What is a brief consult? Provides assistance to parents or providers regarding general classroom or specific behavior management.

Does a provider need parent authorization for a brief consult? No. The process of a brief consult does not require any child-specific background information or assessments. The suggestions or materials offered will assist in the general classroom, program or home.

How is information from a brief consult delivered? Typically, a brief consult referral is made by phone. After the concerns are addressed, the consultant prepares a packet of information which can be mailed to the referral source or brought to the program site or home.

Can a brief consult be turned into a child-specific referral? Yes. If at any time after a brief consult is made, a parent agrees to services, contact the **Project First Choice** consultant and return the Parent Authorization.

Mini-Session

On-site, staff "mini-sessions" provide more in depth information regarding specific behaviors or classroom management.

- Participants **DO NOT** receive Core of Knowledge clock hours or CEU's for attending the "mini-session"
- "Mini-sessions" can be prepared for as little as 3 staff and/or parents
- "Mini-sessions" can be conducted during work hours, for example during nap or lunch times
- Examples of Mini-session topics include: Biting, Transitions, Positive Reinforcement, or an Introduction to **Project First Choice**.



The Promise Resource Center offers a variety of programs and services for families, childcare providers, and others who care for children in Southern Maryland.

The Promise Resource Center's Mission

is to improve the quality of care that children receive so that they can thrive and be successful, by educating and informing all who are involved in children's lives.



MARYLAND
FAMILY
NETWORK
Leading Maryland's
Child Care Reform Charge



MARYLAND CHILD CARE
RESOURCE NETWORK

the
PROMISE
RESOURCE CENTER
help a child tomorrow with what you learn today


Project First Choice

*Serving Children
birth through age 5
in Southern
Maryland*

Funding for **Project First Choice**
provided by the Maryland State
Department of Education
Office of Childcare

8395 Old Leonardtown Road
P.O. Box 549
Hughesville, MD 20637
Telephone: (301) 290-0040
Fax: (301) 290-0050

www.thepromisecenter.org



Eligibility criteria to receive behavior management services with our **Project First Choice** Program at The Promise Resource Center

The child must be enrolled in one or more of the following licensed child care settings:

- a child care center
- a family provider
- a pre-school program
- a private kindergarten program

The child must receive care in one of the following Maryland counties:

- Calvert
- Charles
- St. Mary's




Our Goal

The goal of **Project First Choice** is to give child care providers strategies to reduce concerning behaviors of children from birth through age five, or before they enter the public school system. Behavior management services are at no cost to the parent or provider.

A partnership between the parent/guardian, provider and behavior consultant is formed to support the following services:

- Onsite observations of the child and child care environment
- Develop a Plan of Action providing suggestions for the general classroom as well as the individual child
- Resources and materials for both parent and provider to assist in the success of the child's Plan of Action
- Referrals that connect families to community resources
- A final assessment to evaluate the progress of the Plan of Action
- A courtesy home visit at the parent's request to support the Plan of Action



Referral Process

A child care provider, teacher, parent, or other professional may seek assistance for a child demonstrating concerning behaviors by placing a call to The Promise Resource Center (301-290-0040 or 1-800-290-0040) and asking to speak with a behavior consultant. Once a need for services has been determined, and parental authorization has been received, the behavior consultant will begin the process of collecting background information, completing behavioral and developmental screenings, and conducting classroom / child observations.

When requesting services, please be prepared with the following information:

- the child's date of birth;
- contact information for both the parent/guardian and child care program; and
- be able to briefly summarize the challenging or concerning behaviors including the length of time the situation has been occurring and if the child is at risk of expulsion from the current child care setting.

Thank you and we look forward to being of assistance to you!



The Promise Resource Center's Programs for Co-Parents

The Promise Resource Center (PRC) offers two programs to support Co-Parents in working together to ensure the best outcomes for their children: The Co-Parenting for Success Class, and Intensive Individualized Co-Parent Coaching. Parents can sign up for these programs on their own or can be referred by the Department of Social Services or the court system. Both programs meet Maryland Family Law requirements.

Classroom Format: Co-Parenting for Success Class

This large-group class uses a standardized curriculum to help parents learn about, discuss and practice key Co-Parenting concepts. This program focuses on teaching parents about the impact of conflict on their child, effective communication and problem-solving skills, and techniques for working together to ensure optimal outcomes for their child. Parents will be provided with a take-home Co-Parent Toolkit.

Participants must register no later than 48 hours in advance of the class date to attend

Reports: No reports are provided; a Certificate of Completion is provided to each participant.

Class Dates:

Classes are typically held every third Saturday of each month

Class Time: Each class will be held from 10:00am – 4:00pm. *Please note: there will be no break for lunch during this class. Pizza will be provided by PRC, or you may bring your own brown bag lunch, snacks and drinks.*

Class Location: The Promise Resource Center, 8395 Old Leonardtown Road, Hughesville, MD 20637.
Please note that childcare will not be provided during the class, and children are not permitted to attend.

Class Cost: The fee for this class is \$120 per participant. PRC accepts cash, checks, money orders and most major credit cards. Payment can be made in person, over the phone or online.

How to Register: Participants can call PRC at (301) 290-0040 or visit our website to register online at www.thepromisecenter.org. Registration must be made 48 hours before the class date. Agencies can refer participants using the attached Referral Form or by providing a copy of the court order.



Intensive Individualized Co-Parent Coaching Program

This flexible, individualized program provides a series of four coaching sessions for each individual family. Content of the coaching sessions focus on key Co-Parenting concepts and are tailored to the individual family's needs and areas of concern. This program focuses on teaching, modeling and practicing essential conflict resolution and communication skills in order to reduce the impact of conflict on the child intensively during each session. Children are invited to participate in some or all of the sessions so that the coach can provide in-the-moment support and feedback in implementing Co-Parenting skills.

Program Focus: Coaching sessions also focus on helping parents identify the impact of specific areas of conflict on their child, practice the skills needed to work together to foster optimal outcomes for their child, and develop a framework of shared values, rules and routines for their child to enhance consistency across caregiving environments. In-the-moment support, practice and feedback of Co-Parenting skills, using real-life issues and situations as they occur, sets this program apart from traditional classroom programs.

Participants: This program is appropriate for families in need of more intensive support, families with a high level of conflict, or for families who need to address specific Co-Parenting issues in depth. This program is also appropriate when a detailed report of observations, skills practiced, and skill improvement is needed.

Children: Children may attend some or all of the sessions, as appropriate. Children are required to attend at least one session to provide opportunities for observation, support, and feedback of real-life Co-Parenting skills.

Reports: A detailed final report as well as certificates of completion are provided.

Schedule: A series of four coaching sessions are provided in neutral community locations. Dates, times and locations are flexible and can be adjusted to meet the participants' needs; some evening and weekend hours available.

Coaching Program Cost: The fee for this program is \$201.24 per participant, which can be paid in up to four installments. PRC accepts cash, checks, money orders and most major credit cards. Payment can be made in person or over the phone.

How to Register: Participants can call PRC at (301) 290-0040 or to register. Agencies can refer participants using the attached Referral Form or by providing a copy of the court order.

For Office Use Only

Date Received: _____
Contacted Re: _____
Date Assigned: _____
Assigned to: _____
Initial: _____

The Novo Parenting Program at PRC

Program Overview

The Novo Parenting Program provides in-home parenting support, skills training and behavioral health training to families with young children or adolescents involved with the Department of Social Services or the Circuit Court. The Novo Parenting Program helps families build positive, healthy environments for raising children through individualized education, skill training, modeling, and guided skill practice. The Novo Parenting Program helps families increase their competence and confidence in multiple areas of parenting, such as: non-physical discipline, behavior management, child development, nutrition, health and safety, home organization, abuse and neglect prevention, positive family interaction and healthy attachment.

The Novo Parenting Program is unique in that it provides individualized parenting classes in the family's home or community, an approach not taken by any other parenting class in the area. Novo works with parents whose child or children have been removed from the home due to concerns about abuse or neglect; we also work with families to prevent removal from occurring, to support parents whose children have recently been returned to their custody, or to address issues that affect parenting such as substance abuse, behavior problems, mental health issues, special-needs, and single parenting.

The Novo Parenting Program offers two services: a full six-week parenting program and a parenting assessment service. To refer a family, please request our Referral Form.

Full Six-Week Program

This program includes:

- Six weekly in-home sessions
- Two (2) AAPI assessments
- Child Development Assessment (as needed)
- Program supplies
- Certificate of Completion

The In-home Interventionist provides six weekly hour-long sessions for each family referred, with additional sessions available depending on the client's needs. The location and content of each session is based on the parent and family's needs, as determined by assessments, the parent's concerns, interviews with the Department of Social Services, court orders, findings from psychological evaluations, and the In-home interventionists observation of the family's interactions and assessment of the parent's strengths and weaknesses.

The program is individualized to address each family's particular needs, and does not follow a rigid curriculum. Sessions typically include setting and reviewing individualized goals, helping parents complete developmental assessments of their children, building upon parents' strengths and helping them identify needs, promoting positive parent-child interaction through games, activities, and modeling, education about child

development and age-appropriate expectations, assistance in finding needed resources, preparation for children being returned to the home, and practicing non-violent discipline and behavior management techniques.

Cost of Program

The fee for services of the Novo Parenting Program and Assessment Program is \$60.95 per session. PRC requires the client to pay for each session no later than 24 hours before their next scheduled session. If a final report is required by the Court upon completion of the program, the client will be charged an additional \$60.95.

Program Supplies

All families are provided with supplies needed to practice and develop their parenting skills, such as toys, games, home safety supplies, early education materials, behavior management tools, health and nutrition tools, baby care supplies, toilet training materials and more.

Evaluations

The full six-week program includes three evaluations:

- Pre-test Adult-Adolescent Parenting Inventory (AAPI) to measure parenting beliefs.
- Post-test AAPI to measure changes in parenting beliefs after completing Novo.
- Child Development Assessment (as needed) to identify developmental issues and increase clients' awareness of developmental milestones and developmentally appropriate expectations.

Reports

A Final Report is provided to the Court, if needed, which includes:

- Professional assessment of the client's parenting skills and areas of need.
- Analysis of AAPI and Child Development Assessment (as needed).
- Detailed description of skills identified and worked on during weekly sessions.
- Recommendations for next steps.

Assessment Only Program

The Assessment includes:

- Two in-home sessions
- One (1) AAPI assessments
- Child Development Assessment (as needed)

The Parenting Assessment includes two sessions with the referred client. During these sessions, the in-home interventionist observes the interactions between the client and his or her child(ren), helps the client complete a Child Development Assessment, and has the client complete the AAPI. Based on observational data, assessment results, and information gathered from agencies working with the client, the in-home interventionist completes a detailed report. This report includes a professional assessment of the client's

parenting skills and areas of need, analysis of the AAPI and Child Development Assessment results, and specific recommendations for to address the client's areas of need.

Assessment Evaluations

The Parenting Assessment includes two evaluations:

- Adult-Adolescent Parenting Inventory (AAPI) to measure parenting beliefs.
- Child Development Assessment to identify developmental issues and increase clients' awareness of developmental milestones and developmentally appropriate expectations.

Assessment Report

An Assessment Report is provided to the Court, if needed, which includes:

- Professional assessment of the client's parenting skills and areas of need.
- Analysis of AAPI and Child Development Assessment.
- Detailed description of areas of need.
- Strategies for developing needed parenting skills.
- Recommendations for next steps.

For Office Use Only
 Date Received: _____
 Contacted Re: _____
 Date Assigned: _____
 Assigned to: _____
 Initial: _____



8795 Old Leonardtown Rd
 Hughesville, MD 20637
 Phone: (301) 290-0050
 Fax: (301) 290-0050

Referral for: NOVO In-home Parenting Program NOVO Parenting Assessment Co-Parenting Class
 Community Based Supervised Visitation Individualized Co-Parenting Training Foster Parent In-Home Training
 Intensive In-Home Behavior Management (6 sessions) Non-Intensive In-Home Behavior Management (Hourly)
 Women's Empowerment

County (of Agency): Calvert Charles St. Mary's **Was client court-ordered to participate (Y/N):** _____

Referring Agency: DSS Family Recovery Court Circuit Courts Other: _____

Parent Information

Parent/ Guardian Name & Relationship _____	Parent/ Guardian Name & Relationship _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

One or more parent/guardian has/had confirmed or suspected issues with:
 Substance abuse Mental health Abuse/violence Neglect Learning impairment
 Missing appointments Non-compliance with DSS/ Court Disabilities

Child Information

Name: _____	DOB: _____	Lives with: _____
Name: _____	DOB: _____	Lives with: _____
Name: _____	DOB: _____	Lives with: _____

Submitting this signed referral authorizes PRC to provide the indicated service(s) to the family at our standard hourly rate.

Case Worker/ Contact printed Name: _____
 Supervisor/Contact Signature: _____
 Phone: _____ Email: _____ Date: _____

Please provide a brief summary of what you would like PRC to accomplish with this family:

**Please fax this form along with service plans, psychological evaluations, and any other pertinent documentation to:
 PRC Attn: Kelly Hutter at (301)-290-0050 or email to khutter@thepromisecenter.org.**



MARYLAND CHILD CARE
 RESOURCE NETWORK

Co-Parenting Programs

Referral for:

Classroom Format Co-Parenting for Success Class Intensive Individualized Co-Parent Coaching Program

County (of Agency): Calvert Charles St. Mary's Is client court-ordered to participate (Y/N): _____

Referring Agency: DSS Health Department Circuit Court Other: _____

Parent Information

Parent/ Guardian Name & Relationship

Parent/ Guardian Name & Relationship

Address _____

Address _____

Phone _____

Phone _____

Child Information

Name: _____ DOB: _____ Lives with: _____

Name: _____ DOB: _____ Lives with: _____

Name: _____ DOB: _____ Lives with: _____

Name: _____ DOB: _____ Lives with: _____

Notes/ Other Information:

Submitting this signed referral authorizes PRC to provide the indicated service(s) to the family at the standard rate (call for fee schedule)

Case Worker/ Contact: _____ Phone: _____ Email: _____

Supervisor Signature: _____ Date: _____

Please fax this form along with mediation plans, court documents and any other pertinent documentation to:
PRC Attn: Kelly Hutter at [301-290-0050](tel:301-290-0050) or email to referrals@thepromisecenter.org

**TOGETHER WE CARE.
WE SHARE.**

It can be hard to know what to do when you or a loved one are feeling overwhelmed, or experiencing mental health symptoms, like anxiety, or depression. But **NAMI support groups** can help. Studies show that support group participation improves mental health outcomes by creating community, fostering connection and leading to a sense of belonging.

**YOU ARE NOT
ALONE**



**ONE IN FIVE U.S. ADULTS
LIVE WITH A MENTAL ILLNESS**

Fewer than half receive the care they need.



**SUPPORT GROUPS ARE AVAILABLE IN
A COMMUNITY NEAR YOU (OR ONLINE)**

Throughout the U.S., there are **49** state organizations and **648** local affiliates associated with NAMI, offering free, quality, peer-led programs to hundreds of thousands of people each year.

NAMI Connection is a weekly or biweekly support group for individuals with mental illness.

NAMI Family Support Group is a weekly or monthly support group for family members, partners and friends of individuals with mental illness.

(Both groups are offered in Spanish in select areas.)



WHAT YOU CAN EXPECT FROM A NAMI SUPPORT GROUP



Free, quality spaces for positive and encouraging interactions.



Peer-led and community-based across the U.S.



Guided by research-proven strategies and inclusive language.



Culturally competent and relevant for diverse communities.



Customized so individuals and their loved ones can find the group in their community that is the best fit for them.



All materials and practices are informed by peer-reviewed literature on best practices in peer-led support groups and participant, leader and trainer feedback.



Support group leaders undergo an intensive screening and training process before receiving certification to ensure NAMI groups remain safe zones, free of judgement, where people can discuss challenges and successes while sharing healthy coping strategies.

WHY PARTICIPATE?

NAMI support groups can be the perfect complement to medical treatment for those looking for emotional support.

We create community and foster connection for a sense of belonging and support.

Explore NAMI support groups available in your community:

 visit [NAMI.org/SupportGroups](https://www.nami.org/SupportGroups)



A Community Partnership

What is the NAMI Basics Education Program?

NAMI Basics is a free, six-session program designed for parents and other family caregivers of children and adolescents with emotional and behavioral difficulties. NAMI Basics helps parents and other family caregivers of children to understand the illnesses that are causing those behavioral difficulties, and the critical role families play in the treatment of those illnesses. The program is taught by trained teachers who are also the parents or family caregivers of individuals who experienced emotional or behavioral difficulties prior to age 13.

NAMI Southern Maryland, the local affiliate of the National Alliance on Mental Illness, will offer its NAMI Basics Education Program FALL TENTATIVE START SEPTEMBER 2022



Participant Perspectives

“This is such a great step by step program that walks parents every step of the way. It is as if you are holding their hand through it all.”

“The course is inclusive of almost all aspects of family and child resources. I could have spent a lifetime getting all this information on my own. I feel supported, strong and ready to go forward.”

“NAMI Basics bridges the gap. It provides help that can't be found in a doctor's office.”

Contact us to register for this NAMI Basics class!



About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI Southern MD is an affiliate of NAMI Maryland. NAMI Southern MD and dedicated volunteer members and leaders work tirelessly to raise awareness and provide essential education, advocacy and support group programs for people in our community living with mental illness and their loved ones.

Monique Owens
NAMI Southern MD

To register

Contact: 301-392-7109 or

Email: namisouthmd@gmail.com

NEW CLASSES NOW FORMING! REGISTER TODAY!
CLASS DATES: WED. JAN. 19TH - MARCH 22ND @ 6:30PM-9:30PM

What is the NAMI Family-to-Family Education Program?

NAMI Family-to-Family is a free, 8-session education program for family, partners, friends, and significant others of adults living with mental illness. The course is designed to help all family members understand and support their loved one living with mental illness, while maintaining their own well-being. The course includes information on illnesses such as schizophrenia, bipolar disorder, major depression, and other mental health conditions. Thousands of families describe the program as life changing. The program is taught by trained teachers who are also family members and know what it is like to have a loved one living with mental illness.

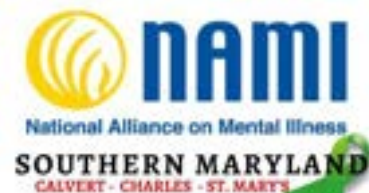


Participant Perspectives

"This course overall was the single most, without a doubt, helpful and informative thing ever offered in all my years searching for answers... It has helped me to understand better and communicate more effectively with my brother."

"The course has helped me to realize that my son is still inside the body that is often times hidden by the mental illness and that I am not alone in this."

Contact us to register for this NAMI Family-to-Family class!



Monique Owens
NAMI Southern Maryland
To register:
Contact: 301-392-7109 or
Email: namisouthmd@gmail.com

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI Southern Maryland is an affiliate of NAMI Maryland. NAMI Southern Maryland and dedicated volunteers, members and leaders work tirelessly to raise awareness and provide essential education, advocacy and support group programs for people in our community living with mental illness and their loved ones.



MARYLAND FYI

Family & Youth Interventions for Substance Use



Parent CRAFT

Parent CRAFT is a self-paced online video course that teaches parents, caregivers, and concerned others solution-focused, practical skills and techniques needed to meet the risks of substance use. Highly engaging online video segments include structured suggestions for practicing skills that are not only applicable to families with substance-involved youth but also relevant to anyone raising an adolescent. Focus areas include effective communication, positive reinforcement, natural consequences, strategies to support youth accepting treatment.

The **Parent CRAFT** course consists of five sections, with each section building on previous skills learned. The video portion of each section is less than one hour. Parents are encouraged to complete the sections over a period of several weeks and practice the skills before moving on to a new section.

Components of **Parent CRAFT** include:

1. Understanding teen's triggers for use, maintaining factors, and potential negative long-term consequences.
2. Learning communication skills for discussing concerns about teen's drug use: use of understanding statements, accepting partial responsibility, and use of specific behavioral examples.
3. Using positive reinforcement to influence and change behavior.
4. Allowing for natural consequences to unfold (stopping enabling and protecting).
5. Suggesting professional help.

Parent CRAFT has been shown to be highly effective, with a 71% success rate in getting adolescents and TAY into treatment.

- Treatment providers are also encouraged to explore the **Parent CRAFT** course to better assist parents and caregivers in supporting adolescent and TAY abstinence.
- Free print materials aimed at family engagement can be requested for display by providers/schools and distribution to families. ****While supplies last****

Scan the QR code above or type the following into your internet browser:

<https://www.cadenceonline.com/maryland/>

This resource is available to all Maryland parents and caregivers for FREE (a \$200 value) through Maryland Family and Youth Interventions for Substance Use (Maryland FYI). Maryland Family and Youth Interventions for Substance Use (Maryland FYI) is part of the Maryland State Opioid Response, funded by SAMHSA. Maryland FYI Partners include: Maryland Department of Health Behavioral Health Administration, the National Center for School Mental Health, Bowie State University, Morgan State University, NAMI Maryland, and the Maryland Coalition of Families.

For more information on substance use prevention and intervention training opportunities available through the NCSMH, please contact:

Melissa Ambrose, LCSW-C

mambrose@som.umaryland.edu

Training Director for Substance Use Initiatives | National Center for School Mental Health

Contact LBHA at
katie.wandishin@maryland.gov
or 443-295-8584 x105



Do you work with the younger population in Behavioral Health and need financial resources to help assist your clients with things like summer camp or school supplies? LOOK NO FURTHER!

Funding Available

For Children and Adolescents

Contact Katie Wandishin to see if your client qualifies for funding to help with paying for camp, medications, and more! Must be a part of the Public Behavioral Health System and have a mental health diagnosis to apply. All applications must be filled out by a Behavioral Health Professional.



3. Source: _____ Name: _____ Date: _____

Outcome: _____

Please explain how this request will assist the consumer in meeting their individualized treatment/recovery goals:

By signing this form, you certify that all of the information provided is true and correct to the best of your knowledge.

Agency

Print Staff's Name & Credentials

Staff's Signature

Consumer's Signature

Staff's Phone Number

Date

~~~~~  
**For internal use only**

Has the requester attached a letter signed by the consumer's treatment provider, indicating the need for the service being requested? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the requester attached the bill or an invoice from the vendor that verifies the cost of the service? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
LBHA's Staff Signature for Approval

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
LBHA's Director Signature for Approval

\_\_\_\_\_  
Date Approved

**For items above the amount requested threshold:**

\_\_\_\_\_  
BHA Signature

\_\_\_\_\_  
Date Approved

**Ineligible Use of Funds: Funds shall not be used for the purchase of or reimbursement for:**

- Goods and services for the use of employees, consultants, contractors, or staff of the LBHA, CSA or affiliated entity or for any friends or family members of employees, consultants, contractors, or staff of the LBHA, CSA or affiliated entity.
- Cell phones, cell phone services, and associated fees and charges.
- Passports
- Furniture, furnishings, and supplies for the operation of a PBHS provider owned or operated residence or program.
- Communal supplies for the operation of recovery residence, including but not limited to toilet paper, cleaning and household supplies, bedding, towels, cutlery, cooking utensils, and appliances.
- Services that are directly or indirectly provided by or are the responsibility of PBHS providers.
- Operating expenses for a PBHS provider owned or operated residence, recovery residence, or program
- Application fees, security deposits, move-in fees, or any other fees charges, or rent for a PBHS provider owned or operated residence, recovery residence, or program
- Services or equipment that is reimbursable by the PBHS or another payer.
- Co-pays for services reimbursable by the PBHS.
- Clients' personal, family members', or friends' vehicle repairs, emissions tests, registration fees, transfer taxes, titling fees, insurance premiums, monthly payments or down payments.
- Gasoline, including mileage reimbursement, for use in a client's personal, family members' or friends' vehicle.
- Transportation to or in support of a PBHS funded non-treatment services, including, but not limited to PRP.
- Gym or health club memberships (unless prescribed by the treating physician).
- Legal fees, fines, or debts.
- Funeral costs.
- Dental costs.
- Cash payments directly to clients, family members of clients, or friends or clients.
- Any other good or service not specified above for which BHA has not approved in writing.

**Extra if Necessary:**

Requesting these funds should be a last resort. List three other resources that you have already contacted and the date, who you talked to, and explain the outcome:

4. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

5. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

6. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

7. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

8. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

9. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

10. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

11. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

12. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

13. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

14. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

15. Source: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Outcome: \_\_\_\_\_

|                                          |  |
|------------------------------------------|--|
| Name of Household member                 |  |
| <b>Income type with amount (monthly)</b> |  |
| SSDI (disability)                        |  |
| SSI (supplemental)                       |  |
| Temporary Cash Assistance (TCA)          |  |
| Temporary Disability Assistance (TDAP)   |  |
| Child Support                            |  |
| Food Stamps                              |  |
| Alimony                                  |  |
| Employment                               |  |
| Unemployment                             |  |
| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
| <b>Monthly Expenses</b>                  |  |
| Rent/Mortgage                            |  |
| Utilities                                |  |
| Phone                                    |  |
| Car (payment + insurance)                |  |
| Groceries                                |  |
| Gas                                      |  |
| Child care (if applicable)               |  |
| Loans (credit cards, student loans, etc) |  |
| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
| <b>TOTAL INCOME:</b>                     |  |
| <b>TOTAL EXPENSES:</b>                   |  |
| <b>TOTAL HOUSEHOLD INCOME:</b>           |  |
| <b>TOTAL HOUSEHOLD EXPENSES:</b>         |  |

|                                          |  |
|------------------------------------------|--|
| Name of Household member                 |  |
| <b>Income type with amount (monthly)</b> |  |
| SSDI (disability)                        |  |
| SSI (supplemental)                       |  |
| Temporary Cash Assistance (TCA)          |  |
| Temporary Disability Assistance (TDAP)   |  |
| Child Support                            |  |
| Food Stamps                              |  |
| Alimony                                  |  |
| Employment                               |  |
| Unemployment                             |  |
| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
| <b>Monthly Expenses</b>                  |  |
| Rent/Mortgage                            |  |
| Utilities                                |  |
| Phone                                    |  |
| Car (payment + insurance)                |  |
| Groceries                                |  |
| Gas                                      |  |
| Child care (if applicable)               |  |
| Loans (credit cards, student loans, etc) |  |
| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
| <b>TOTAL INCOME:</b>                     |  |
| <b>TOTAL EXPENSES:</b>                   |  |
| <b>TOTAL HOUSEHOLD INCOME:</b>           |  |
| <b>TOTAL HOUSEHOLD EXPENSES:</b>         |  |

|                                          |  |
|------------------------------------------|--|
| Name of Household member                 |  |
| <b>Income type with amount (monthly)</b> |  |
| SSDI (disability)                        |  |
| SSI (supplemental)                       |  |
| Temporary Cash Assistance (TCA)          |  |
| Temporary Disability Assistance (TDAP)   |  |
| Child Support                            |  |
| Food Stamps                              |  |
| Alimony                                  |  |
| Employment                               |  |
| Unemployment                             |  |
| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
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| Rent/Mortgage                            |  |
| Utilities                                |  |
| Phone                                    |  |
| Car (payment + insurance)                |  |
| Groceries                                |  |
| Gas                                      |  |
| Child care (if applicable)               |  |
| Loans (credit cards, student loans, etc) |  |
| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
| <b>TOTAL INCOME:</b>                     |  |
| <b>TOTAL EXPENSES:</b>                   |  |
| <b>TOTAL HOUSEHOLD INCOME:</b>           |  |
| <b>TOTAL HOUSEHOLD EXPENSES:</b>         |  |

|                                          |  |
|------------------------------------------|--|
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| SSDI (disability)                        |  |
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| Child Support                            |  |
| Food Stamps                              |  |
| Alimony                                  |  |
| Employment                               |  |
| Unemployment                             |  |
| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
| <b>Monthly Expenses</b>                  |  |
| Rent/Mortgage                            |  |
| Utilities                                |  |
| Phone                                    |  |
| Car (payment + insurance)                |  |
| Groceries                                |  |
| Gas                                      |  |
| Child care (if applicable)               |  |
| Loans (credit cards, student loans, etc) |  |
| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
| <b>TOTAL INCOME:</b>                     |  |
| <b>TOTAL EXPENSES:</b>                   |  |
| <b>TOTAL HOUSEHOLD INCOME:</b>           |  |
| <b>TOTAL HOUSEHOLD EXPENSES:</b>         |  |

|                                          |  |
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| <b>Monthly Expenses</b>                  |  |
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| Groceries                                |  |
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| Other: _____                             |  |
| <b>TOTAL</b>                             |  |
| <b>TOTAL INCOME:</b>                     |  |
| <b>TOTAL EXPENSES:</b>                   |  |
| <b>TOTAL HOUSEHOLD INCOME:</b>           |  |
| <b>TOTAL HOUSEHOLD EXPENSES:</b>         |  |



MARYLAND COALITION OF FAMILIES

# Connecting, Supporting and Empowering Maryland Families

## We'll help you find your way.

Have you felt tired, frustrated, angry or overwhelmed as you struggled to help a loved one facing mental health, substance use or gambling issues? We understand what you're going through – because many of us have been there, too. The trained staff at Maryland Coalition of Families (MCF) are:

- Parents and caregivers of young people with mental health issues
- Spouses, partners, siblings, parents and other loved ones who care about someone with substance use or gambling issues

MCF provides free support with compassion and understanding. Our goal is to empower you as parents, caregivers, young people and other loved ones by:

- Helping you navigate services and systems
- Providing you with tools to advocate
- Connecting you to others facing similar challenges
- Ensuring your voice and perspective is heard
- Raising public awareness and fighting stigma



“

I was connected to a wonderful [MCF staff member]...We were able to get the placement and intensive treatment we needed... We are a totally different family now. It has been the most healing and powerful experience.

- Mary, mother of three

”



While each family's struggle to find help is unique, please remember that you are not alone. We see successes every day and are ready to take the journey with you.

Founded in 1999, MCF is a statewide nonprofit with staff in communities across Maryland. We provide free support, information and resources to Maryland families thanks to funding from federal, state and local agencies.

Contact us today to learn more. Let's take the first steps toward recovery together.

*Connecting, Supporting and Empowering Maryland Families*

410.730.8267 | [mdcoalition.org](http://mdcoalition.org)



Does someone you love have issues related to mental health, substance use, or gambling?

**We've been there. We can help.**



# Connect with someone who understands

## Who we serve

Whether your loved one has a behavioral health diagnosis or you're worried and need to talk to someone, we're here for you. We work with:

- **Parents and caregivers of young people with mental health issues** — such as attention deficit/hyperactivity disorder (ADHD), depression, anxiety, mood disorders, oppositional defiant disorder (ODD) and other mental health issues.
- **Anyone who cares about someone with substance use issues** — such as problems with opioids, alcohol, marijuana and other substances.
- **Anyone who cares about someone with gambling issues** — such as problems with casino slots/table games, lottery tickets, online betting and other forms of gambling.

## HOW WE HELP PARENTS, CAREGIVERS AND OTHER LOVED ONES

Our trained staff, who themselves have cared for a loved one with mental health, substance use and/or gambling issues, will work with you without judgment. They will listen to your concerns and help you to improve your child or loved one's situation at school or work, in the home, and in the community.

## HOW WE CONNECT YOUNG PEOPLE

We engage young people, who themselves have experience with behavioral health issues, to plan, lead and participate in activities including leadership development, awareness raising and advocacy to improve services for youth.

## HOW YOU CAN GET INVOLVED

Many of the individuals we work with want to help others in similar situations. We bring families together to improve services in behavioral health, school and other systems throughout Maryland. If you are interested, MCF can assist you to:

- Identify leadership training opportunities to become a more effective advocate
- Have a voice in local and state behavioral health policies
- Get involved in legislative and community advocacy
- Share your story and experiences
- Raise awareness and fight stigma



“

My MCF Family Peer Support Specialist was very compassionate and caring concerning my son and the struggles that he was facing. She helped me feel more relaxed and comforted me with her words of encouragement and compassion. She is extremely knowledgeable and educated in dealing with addiction.

—ROBIN, CAREGIVER

”

“

When I realized my partner's problems with gambling, I reached out to MCF and they helped me understand what was happening and how to make a plan for our future.

—DAVE, PARTNER

”





## Maryland's Special Education and Health Information Center

**Our mission is to empower families as advocates and partners in improving education and health outcomes for children with disabilities and special healthcare needs with a commitment to diversity and equity.**

### The Parents' Place of Maryland Services

#### One-on-One Support

Our PPMD Team has firsthand knowledge of the special education and healthcare process. PPMD offers one-on-one support in a variety of ways to meet a family's needs.

#### Training

PPMD offers many types of trainings for parents and professionals. Our trainings provide a combination of information and resources that are easy to take and use right away.

#### Referrals

Need help finding a specific resource? Contact us and we can help find it for you.

#### Information

PPMD has resources and information to support families of children with disabilities and special healthcare needs.

# 12,382

Parents & Guardians received one-on-one support and training from PPMD experts



**98%** Felt better able to partner with professionals



**99%** Report increased knowledge and skills

***"In working with Parents' Place I feel that I finally have the support and resources I need to successfully help my child through his educational journey and I am truly grateful."***

***- PPMD Parent***



Nuestra misión es empoderar a las familias como defensores y socios en la mejora de los resultados de educación y salud para niños con discapacidades y necesidades especiales de atención médica con un compromiso con la diversidad y la equidad.

## Servicios de The Parents' Place of Maryland

### Apoyo de Uno-a-Uno

Nuestro equipo conoce de primera mano los procesos de educación especial y de salud. PPMD ofrece apoyo de uno-a-uno de diferentes maneras con el fin de satisfacer las necesidades de la familia.

### Talleres Informativos

PPMD ofrece talleres para padres y profesionales. Nuestros talleres proveen una combinación de información y recursos que son fáciles de entender y se pueden utilizar de inmediato.

### Referidos

¿Necesita ayuda para encontrar un recurso particular? Contáctenos y le ayudaremos a encontrarlo.

### Información

PPMD tiene los recursos e información para apoyar a las familias con niños con discapacidad y necesidades especiales de salud.

# 12,382

Padres y cuidadores recibieron apoyo de uno-a-uno de los expertos de PPMD



**98%** Reportó sentirse mejor preparado para trabajar con profesionales



**99%** Reportó un aumento de conocimiento y destrezas

*“Trabajar con Parents' Place de MD me hace sentir que al fin tengo el apoyo y los recursos necesarios para ayudar a mi hijo en su proceso educativo y estoy realmente agradecida por ello.”*

*- Padre de PPMD*



**Preventative and Recovery-Oriented** services promote positive use of free time, involvement in the community and prosocial activities, and educate youth while having constructive engagement with peers, adults, and the community.

➤ ***Boys and Girls Club of Southern Maryland (5 – 18 years old)***

Membership Fee

<http://www.bgcsmd.net/>

(410) 257-0007

➤ ***Calvert County Parks and Recreation***

<http://calvertcountymd.gov/parksandrecreation>

(410) 535-1600





BOYS & GIRLS CLUBS  
OF SOUTHERN MARYLAND



# 2020 - 2021 AFTER



## SCHOOL



## PROGRAM



\$30 Annual Membership Fee

**\$30 Weekly Program Fee**

9021 Dayton Avenue

North Beach, MD 20714

410-286-9880

**Program Hours: 2:00 PM to 6:00 PM**



**BOYS & GIRLS CLUBS**  
OF SOUTHERN MARYLAND



- \* Afterschool Program operates Monday –Friday from 2-6pm, BGCSM has extended hours for early dismissal days from 1-6pm. BGCSM follows CCPS calendar for closures, inclement weather, etc.
- \* Offered at low cost of a **once yearly \$30 annual enrollment fee**, and a **\$30 membership weekly** (which also includes a daily snack!)
- \* "Power Hour" provides time for homework, assistance if needed, and tutoring per request. Reading is required during this time as well!
- \* BGCSM has five core areas: Education & Career, Health & Life Skills, Character & Leadership Development, Sports & Fitness, and The Arts.
- \* BGCSM offers enrichment groups such as Torch Club, Smart Moves, etc. to address the five core areas, provide mentoring, and development of social skills.
- \* BGCSM is family oriented! BGCSM is involved in Town of North Beach Events such as the Holiday Parade and Plant The Town, and hosts our own Family Dinners quarterly. We would love for your family to participate!
- \* You can join BGCSM by completing an application and paying in person or by PayPal on our website. If there are any additional questions, contact the Program Director at [bayside@bgcsm.net](mailto:bayside@bgcsm.net) or call 410-286-9880, or visit [www.bgcsm.net](http://www.bgcsm.net)

# Enroll Today !!!

# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUBS**  
OF SOUTHERN MARYLAND

Today's Date: \_\_\_\_\_

Club Site:  
 Bayside

Membership Application for 2020-2021

Membership Weekly Fee: \$30.00

(Annual Membership: Once yearly \$30 fee)

Child's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Sex: ( ) Male ( ) Female      Date of Birth \_\_\_\_\_      Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_ Community (for data purposes only) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Ethnic Origin (for data purposes only)       African American       Caucasian       Hispanic       Latino  
 Asian       Multi-Racial       Other

Primary Language Spoken in Home:       English       Spanish       Other \_\_\_\_\_

Child Lives With: (for data purposes only)       Both Parents       Mother       Father       Other

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other Emergency Contacts:

1. Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_

My child will be a:  Walker  Car Rider (will wait in Club until picked up by authorized person)

Persons authorized to pick up my child:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

Is there anyone who is not legally authorized to pick up your child?  Yes  No

If yes, please state Name \_\_\_\_\_ Relationship \_\_\_\_\_

(YOU MUST PROVIDE US WITH COURT-ORDERED PAPERS)



# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUBS**  
OF SOUTHERN MARYLAND

---

Please describe any medical problems, allergies, conditions, or special concerns regarding your child:

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*In the event of illness or injury, I expect to be consulted immediately, but in the event that a consultation is not possible, I hereby consent to whatever treatment of care is considered necessary in the best judgment of BGCSM and the attending physician and/or hospital staff and/or facility furnishing medical or dental services. Accordingly, I absolve and hold harmless BGCSM with regards to any and all liability relating to said treatment or care. Further, I understand that I am solely responsible for providing medical insurance for my child and for the payment of any medical treatment expenses for my child that are incurred that are not covered by such insurance.*

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

Signature of Parent/Guardian

I, \_\_\_\_\_, hereby promise to adhere to the rules, regulations and procedures as outlined in the Boys & Girls Clubs of Southern Maryland posted rules.

I hereby give my permission for my child to participate in the OJP Mentoring Program at the Boys & Girls Club. We give permission to the BGCSM to release the member's name and/or photograph to be used by BGCSM for promotion of BGCSM or to be used by the media in reporting about a BGCSM program or event. I hereby give my permission for BGCSM to seek medical treatment for my child as necessary.

**Please Note: The BGCSM is NOT responsible for any lost or stolen items. BGCSM reserves the right to terminate a membership contract based on inaccurate information or behavioral issues.**

Parent/Guardian Signature: \_\_\_\_\_ Club Member's Signature: \_\_\_\_\_

---

*For Office Use Only*

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_

Cash \_\_\_ Check \_\_\_ Money Order \_\_\_ Check Number \_\_\_\_\_ Scholarship \_\_\_\_\_

New/Renewal \_\_\_\_\_ Processed By \_\_\_\_\_ Membership Card Issued: Yes No

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# CCPR

## CALVERT COUNTY PARKS & RECREATION

*Fall 2023*





Sustainability Engagement Respect Vision Excellence

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## Stay Connected

**FACEBOOK**  
Facebook.com/CalvertCountyParks

**INSTAGRAM**  
@CalvertCountyParksAndRec

**YOUTUBE**  
Youtube.com/CalvertCountyGov

Created by Calvert County  
Communications & Media Relations

# Director's Message



Are you as excited as I am for all the fun things happening this fall? School is back, and everyone gets really busy with activities. But fall is a great time to explore local parks and try something new. It's the perfect time to go outside, be with friends, stay active and enjoy everything around us. What's your favorite thing about this time of year? Falling leaves at parks like Kings Landing or Flag Ponds? Maybe it's playing fall soccer or going to special events. Do you like indoor sports like basketball and swimming? Supporting your favorite cause or school activity? Maybe you enjoy watching and listening to the wildlife getting ready for winter. Maybe you love all of these things! Our team at CCPR wants you to have an amazing fall at your county parks. We're here to spark your imagination, take care of our surroundings, protect wildlife, do conservation research, provide a safe place to play, teach important lessons, let you be creative and help our community. Make sure to share your Parks & Recreation story with us on Facebook and Instagram using #LoveCCParks. We can't wait to hear from you!

**Shannon Q. Nazzal, CPRE**  
Director, Calvert County Parks & Recreation

## HOW TO REGISTER



**ONLINE**  
webtrac.co.cal.md.us



**PHONE**  
410-535-1600, ext. 2649



**WALK-IN**  
Any county CC



## WEATHER HOTLINE

To contact the weather hotline, call 410-535-1600, ext. 2640.

Sign up for alerts at [www.calvertcountymd.gov/ccalert](http://www.calvertcountymd.gov/ccalert) to be the first to know about weather-related program cancellations and facility closures.

## HOLIDAY DATES

Parks & Recreation CCs are closed on the following dates:  
9/4, 10/9, 11/10, 11/23, 11/24



## CALVERT COUNTY BOARD OF COMMISSIONERS

Earl F. "Buddy" Hance President,  
Mike Hart Vice President,  
Catherine M. Grasso, Mark C. Cox Sr.  
and Todd Ireland.

# STAFF DIRECTORY

## MAIN OFFICE

410-535-1600 or 301-855-1243, ext. 2649

**Shannon Q. Nazzal**, Director

**Bob Branham**, Deputy Director

**Nate Smith**, Recreation Division Chief

**Kirsten Perry**, Special Facilities Division Chief

**Detoria Jacks**, Business Manager

**Marc Limburg**, Sports Coordinator

**Taylor Morton**, Assistant Sports Coordinator

**Linda Jones**, Event & Marketing Coordinator

**Nola Formy-Duval**, Executive Administrative Assistant I

**Ken Guyer**, Recreation Systems Analyst

**Vacant**, Office Specialist I

**Elizabeth Woodyard**, Office Aide

**Jessy Oberright**, Volunteer/Grants Coordinator

## Maryland Relay for Impaired Hearing or Speech

800-735-2258 Statewide Toll-free

## PARKS & SAFETY

410-535-1600 or 301-855-1243, ext. 2649

**Amanda Stillwagon**, Park & Safety Division Chief

**Brian Hogan**, Park Superintendent

**Stephanie Sperling**, Park Planner

**Charles Charnley**, Dunkirk District Park Supervisor

**Kenny Langham**, Hallowing Point Park Supervisor

**Bryan Sunderland**, Cove Point Park Supervisor

**Jordan Dailey**, Ward Farm Recreation & Nature Park Manager

**Greg Heffner**, Marley Run Park Maintenance Specialist II

**Mark Long**, Solomons Town Center Park Maintenance Specialist II

## NORTHERN DISTRICT

### NORTHEAST COMMUNITY CENTER

410-535-1600, ext. 8210 or 410-257-2554

**Erica Love**, Recreation Coordinator

**Roshey Jones**, Recreation Assistant Coordinator

### CENTRAL DISTRICT

#### HARRIET E. BROWN COMMUNITY CENTER

410-535-1600, ext. 8200 or 410-535-7080

**Victoria Boschert**, Recreation Coordinator

**Brian Lusby**, Recreation Assistant Coordinator

#### MT. HOPE COMMUNITY CENTER

410-535-1600, ext. 8220 or 8221 or 410-257-6770

#### PHILLIPS HOUSE

410-535-1600, ext. 8200 or 410-535-7080

## THERAPEUTIC RECREATION (TR)

410-535-7080, ext. 8203, 8204 or 8205

**Joy Weir**, Therapeutic Recreation Supervisor

**Emily Sullivan**, Therapeutic Recreation Coordinator

**Laura Heron**, Therapeutic Recreation Coordinator

## SOUTHERN DISTRICT

### SOUTHERN COMMUNITY CENTER

410-535-1600, ext. 2826 or 410-586-1101

**Paul Lundberg**, Recreation Coordinator

**Sandy Abell**, Recreation Assistant Coordinator

### DOWELL HOUSE

Reservations: 410-535-1600, ext. 2826 or 410-586-1101

## BREEZY POINT BEACH & CAMPGROUND

410-535-0259 • *Open May 1-Oct. 31*

**Michael Mooradian**, Beach & Campground Manager

## CHESAPEAKE HILLS GOLF COURSE

410-326-4653

**Michael Maher**, General Manager

**Brian Grabarek**, Assistant General Manager

**Tim Johnson**, Golf Course Superintendent

**Patricia Ballute**, Hospitality Manager

## EDWARD T. HALL AQUATIC CENTER

410-414-8350

**Brooke Bartko**, Aquatics Division Chief

**Zackary Brickey**, Aquatics Facility Manager

**Amara Soffos**, Aquatics Coordinator

**Sharon Hudson**, Office Specialist I

## NATURAL RESOURCES

410-535-5327

**Karyn Molines**, Division Chief

**Sarah Godwin**, Office Specialist I

**Ian Keeley**, Park Supervisor

### BATTLE CREEK CYPRESS SWAMP

410-535-5327

**Lydia Wells**, Naturalist II

**Tania Gale**, Naturalist

**Kimberly Curren**, Naturalist

**Gene Groshon**, Naturalist

### FLAG PONDS NATURE PARK

Park Office: 410-586-1477

Reservations: 410-535-5327

**Brian Bussard**, Park Manager

### KINGS LANDING PARK

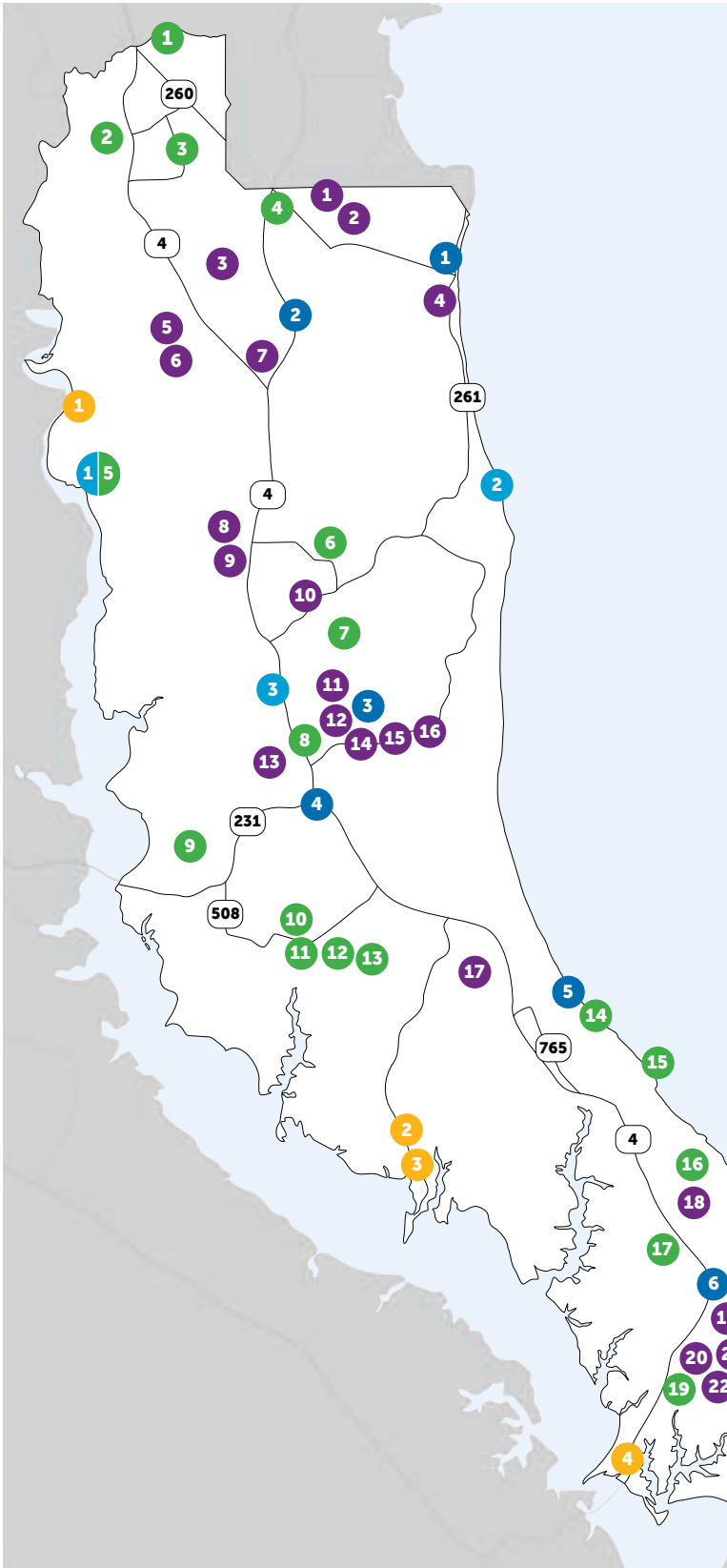
Park Office: 410-535-2661

Reservations: 410-535-2661

**Jennifer Yoder**, Park Manager



# PARKS & FACILITIES



## PARKS

- 1 Twin Shields Recreation Area**  
2420 Shields Drive, Dunkirk 20754
- 2 Dunkirk District Park**  
10750 Southern Maryland Blvd., Dunkirk 20754
- 3 Ward Farm Recreation and Nature Park**  
10455 Ward Road, Dunkirk 20754
- 4 Hutchins Pond**  
8409 Mt. Harmony Lane, Owings 20736
- 5 Kings Landing Park**  
3255 Kings Landing Road, Huntingtown 20639
- 6 Marley Run Recreational Area**  
1455 Mairfield Lane, Huntingtown 20639
- 7 King Memorial Park**  
65 Church Street, Prince Frederick 20678
- 8 Hughes Memorial Tree Farm**  
1320 Clay Hammond Road, Prince Frederick 20678
- 9 Hallowing Point Park**  
4755 Hallowing Point Road, Prince Frederick 20678
- 10 Gatewood Preserve**  
2800 Grays Road, Prince Frederick 20678
- 11 Battle Creek Cypress Swamp Sanctuary**  
2880 Grays Road, Prince Frederick 20678
- 12 Grays Road Dog Park**  
2695 Grays Road, Prince Frederick 20678
- 13 Biscoe Gray Heritage Farm**  
2695 Grays Road, Prince Frederick 20678
- 14 Grover Field**  
310 Calvert Beach Road, St. Leonard 20685
- 15 Flag Ponds Nature Park**  
1525 Flag Pond Parkway, Lusby 20657
- 16 BGE Field**  
9550 H G Trueman Road, Lusby 20657
- 17 Dominion Energy Regional Park**  
10495 Solomons Island Road S., Lusby 20657
- 18 Cove Point Park**  
750 Cove Point Road, Lusby 20657
- 19 Solomons Town Center Park**  
13320 Dowell Road, Dowell 20629



## COMMUNITY CENTERS

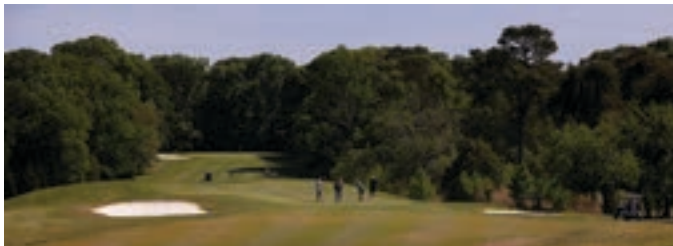
- 1 Northeast Community Center**  
4075 Gordon Stinnett Ave., Chesapeake Beach 20732
- 2 Mt. Hope Community Center**  
104 Pushaw Station Road, Sunderland 20689
- 3 Harriet E. Brown Community Center**  
901 Dares Beach Road, Prince Frederick 20678
- 4 Phillips House**  
28 Duke St., Prince Frederick 20678
- 5 Dowell House**  
4889 Calvert Drive, St. Leonard 20685
- 6 Southern Community Center**  
20 Appeal Lane, Lusby 20657

## SPECIAL FACILITIES

- 1 Kings Landing Pool**  
3255 Kings Landing Road, Huntingtown 20639
- 2 Breezy Point Beach & Campground**  
5300 Breezy Point Road, Chesapeake Beach 20732
- 3 Edward T. Hall Aquatic Center**  
130 Auto Drive, Prince Frederick 20678
- 4 Cove Point Pool**  
750 Cove Point Road, Lusby 20657
- 5 Chesapeake Hills Golf Course**  
11352 H G Trueman Road, Lusby 20657

## OTHER FACILITIES

- 1 Lower Marlboro Wharf**  
4000 Lower Marlboro Road, Owings 20736
- 2 Nan's Cove**  
Broomes Island Road, Broomes Island 20615
- 3 Broomes Island School**  
4080 School Road, Broomes Island 20615
- 4 Solomons Public Boat Ramp**  
14195 Solomons Island Road S., Solomons 20688



## SCHOOLS

- 1 Windy Hill Middle**  
9560 Boyd's Turn Road, Owings 20736
- 2 Windy Hill Elementary**  
9550 Boyd's Turn Road, Owings 20736
- 3 Mt. Harmony Elementary**  
900 West Mt. Harmony Road, Owings 20736
- 4 Beach Elementary**  
7900 Old Bayside Road, Chesapeake Beach 20732
- 5 Northern High**  
2950 Chaneyville Road, Owings 20736
- 6 Northern Middle**  
2954 Chaneyville Road, Owings 20736
- 7 Sunderland Elementary**  
150 C Jones Road, Sunderland 20689
- 8 Huntingtown Elementary**  
4345 Huntingtown Road, Huntingtown 20639
- 9 Huntingtown High School**  
4125 Solomons Island Road, Huntingtown 20639
- 10 Plum Point Elementary**  
1245 Plum Point Road, Huntingtown 20639
- 11 Calvert Middle**  
655 Chesapeake Blvd., Prince Frederick 20678
- 12 Plum Point Middle**  
1475 Plum Point Road, Huntingtown 20639
- 13 Calvert High**  
600 Dares Beach Road, Prince Frederick 20678
- 14 Barstow Elementary**  
295 J.W. Williams Road, Prince Frederick 20678
- 15 Calvert Country**  
1350 Dares Beach Road, Prince Frederick 20678
- 16 Calvert Elementary**  
1450 Dares Beach Road, Prince Frederick 20678
- 17 Mutual Elementary**  
1455 Ball Road, Port Republic 20676
- 18 Southern Middle**  
9615 H G Trueman Road, Lusby 20657
- 19 PAC Primary Building**  
35 Appeal Lane, Lusby 20657
- 20 Dowell Elementary**  
12680 H G Trueman Road, Lusby 20657
- 21 Mill Creek Middle School**  
12200 Southern Connector Blvd., Lusby 20657
- 22 Patuxent High School**  
12485 Southern Connector Blvd., Lusby 20657

## FACILITY AMENITIES

|                                    | Baseball Fields | Basketball Courts | Camping | Canoe/Kayak Launch | Fishing | Fitness Center | Fossil Hunting | Game Room | Golf Course | Gymnasium | Sports Fields | Off-Leash Pet Area | Paths/Trails | Pickleball | Picnicking | Picnic Shelters | Playgrounds | Reservations | Restrooms | Skate Park | Snack Stand | Swimming | Tennis Courts | Vending Machines | Hours of Operation |
|------------------------------------|-----------------|-------------------|---------|--------------------|---------|----------------|----------------|-----------|-------------|-----------|---------------|--------------------|--------------|------------|------------|-----------------|-------------|--------------|-----------|------------|-------------|----------|---------------|------------------|--------------------|
| Battle Creek Cypress Swamp         |                 |                   |         |                    |         |                |                |           |             |           |               |                    | •            | •          |            |                 |             |              | •         |            |             |          |               |                  | F                  |
| BGE Field                          | •               |                   |         |                    |         |                |                |           |             |           | •             |                    |              |            |            |                 |             |              | •         |            |             |          |               |                  | B                  |
| Biscoe Gray Heritage Farm          |                 |                   |         |                    |         |                |                |           |             |           |               |                    | •            |            |            |                 |             |              |           |            |             |          |               |                  | C                  |
| Breezy Point Beach & Campground    |                 |                   | •       |                    | •       | •              |                |           |             |           |               |                    |              |            | •          |                 | •           | •            | •         |            | •           | •        |               |                  | D                  |
| Chesapeake Hills Golf Course       |                 |                   |         |                    |         |                |                |           | •           |           |               |                    |              |            |            |                 |             |              | •         |            | •           |          |               |                  | F                  |
| Cove Point Park & Pool             | •               | •                 |         |                    |         |                |                |           |             |           | •             | •                  | •            | •          | •          | •               | •           | •            | •         |            | •           | •        | •             | •                | E                  |
| Dominion Energy Regional Park      |                 |                   |         |                    |         |                |                |           |             |           | •             |                    |              |            |            |                 |             |              | •         |            |             |          |               |                  | B                  |
| Dowell House                       |                 |                   |         |                    |         |                |                |           |             |           |               |                    |              |            |            |                 | •           | •            | •         |            |             |          |               |                  | F                  |
| Dunkirk District Park              | •               | •                 |         |                    |         |                |                |           |             |           | •             | •                  | •            | •          | •          | •               | •           | •            | •         | •          | •           |          | •             | •                | E                  |
| Edward T. Hall Aquatic Center      |                 |                   |         |                    |         | •              |                |           |             |           |               |                    |              |            |            |                 |             |              | •         | •          |             | •        | •             |                  | F                  |
| Flag Ponds Nature Park             |                 |                   |         | •                  | •       |                | •              |           |             |           |               |                    | •            |            | •          |                 |             |              | •         |            |             | •        |               |                  | F                  |
| Gatewood Preserve                  |                 |                   |         |                    |         |                |                |           |             |           |               |                    | •            |            |            |                 |             |              |           |            |             |          |               |                  | C                  |
| Grays Road Dog Park                |                 |                   |         |                    |         |                |                |           |             |           |               | •                  |              |            |            |                 |             |              | •         |            |             |          |               |                  | C                  |
| Grover Field                       | •               |                   |         |                    |         |                |                |           |             |           | •             |                    |              |            |            |                 | •           |              | •         |            |             |          |               |                  | A                  |
| Hallowing Point Park               | •               | •                 |         |                    |         |                |                |           |             |           | •             |                    |              | •          | •          | •               | •           | •            | •         |            | •           |          | •             | •                | E                  |
| Harriet E. Brown Community Center  |                 | •                 |         |                    |         |                |                |           |             |           |               |                    |              |            |            |                 |             |              | •         | •          |             |          |               | •                | F                  |
| Hughes Memorial Tree Farm          |                 |                   |         |                    |         |                |                |           |             |           |               |                    | •            |            |            |                 |             |              |           |            |             |          |               |                  | C                  |
| Hutchins Pond                      |                 |                   |         |                    | •       |                |                |           |             |           |               |                    |              |            |            |                 |             |              |           |            |             |          |               |                  | F                  |
| Kings Landing Park & Pool          |                 |                   | •       | •                  | •       |                |                |           |             |           |               |                    | •            |            | •          | •               |             |              | •         |            | •           | •        |               | •                | F                  |
| Lower Marlboro Wharf               |                 |                   |         | •                  | •       |                |                |           |             |           |               |                    |              |            |            |                 |             |              |           |            |             |          |               |                  | F                  |
| Marley Run Recreational Area       | •               |                   |         |                    |         |                |                |           |             |           | •             |                    |              |            |            |                 |             |              | •         |            | •           |          |               |                  | A                  |
| Mt. Hope Community Center          |                 | •                 |         |                    |         |                |                |           |             |           |               |                    |              | •          | •          |                 | •           | •            | •         |            |             |          |               |                  | F                  |
| Nan's Cove                         |                 |                   |         | •                  | •       |                |                |           |             |           |               |                    |              |            |            |                 |             |              |           |            |             |          |               |                  | F                  |
| Northeast Community Center         |                 | •                 |         |                    |         |                | •              |           | •           |           |               |                    |              |            |            |                 |             |              | •         | •          |             |          |               | •                | F                  |
| Phillips House                     |                 |                   |         |                    |         |                |                |           |             |           |               |                    |              |            |            |                 |             |              | •         | •          |             |          |               |                  | F                  |
| Solomons Boat Ramp                 |                 |                   |         |                    | •       |                |                |           |             |           |               |                    |              |            |            |                 |             |              |           |            |             |          |               |                  | F                  |
| Solomons Town Center Park          |                 |                   |         |                    |         |                |                |           |             |           | •             |                    |              | •          | •          | •               | •           |              | •         |            |             |          |               |                  | E                  |
| Southern Community Center          |                 |                   |         |                    |         |                | •              |           |             |           |               |                    |              |            | •          |                 |             |              | •         | •          |             |          |               |                  | F                  |
| Twin Shields Recreation Area       |                 |                   |         |                    |         |                |                |           |             |           | •             |                    |              |            |            |                 |             |              | •         |            |             |          |               |                  | A                  |
| Ward Farm Recreation & Nature Park | •               |                   |         |                    | •       |                |                |           |             |           | •             | •                  |              |            |            |                 |             |              | •         |            |             |          |               |                  | C*                 |

## HOURS OF OPERATION

- A** Mid-March to Mid-November: 8:30 a.m. to Dark  
Off season: Closed
- B** Mid-March to Mid-November: 8:30 a.m. to 11 p.m.  
Off season: Closed
- C** Year Round: Dawn to dusk
- D** May 1 to Oct. 31: Contact the facility or check the website for schedule
- E** Mid-March to Mid-November 8:30 a.m. to 11 p.m.  
Off Season: 8:30 a.m. to 8 p.m.
- F** Contact the facility or check the website for schedule

\*Ward Farm Recreation & Nature Park will switch to hours of operation E once lighting has been installed



# THERMAN GRAY MEMORIAL SCHOLARSHIP EDUCATION AWARD PROGRAM

Calvert County Parks & Recreation (CCPR) recognizes that some Calvert County residents are pursuing careers in recreation and related courses of study. CCPR's Therman Gray Scholarship Education Award Program is designed to assist individuals with funds in support of pursuing a career in the field of parks and recreation. This program offers an annual scholarship award of \$1,000 to a graduating senior in each district of Calvert County. The applicant must be pursuing an undergraduate degree in one of the eligible disciplines listed below.

## ELIGIBLE DISCIPLINES

Applicants must be pursuing an undergraduate degree in one of the disciplines listed below:

- Community Sports Management
- Golf Course Operations
- Grounds Management
- Natural Resources
- Outdoor Recreation Management
- Parks and Recreation
- Park and Resource Management
- Sport Administration
- Sports and Tourism
- Sports Communication
- Therapeutic Recreation
- Turfgrass Management
- Other related disciplines

## AWARDS

Winners will be announced in early July and awards will be paid out by July 30.

- Northern District - \$1,000
- Central District - \$1,000
- Southern District - \$1,000

*One scholarship will be rewarded per person.*

## ELIGIBILITY REQUIREMENTS

- Calvert County resident
- Graduating senior in public, private or homeschool high school
- Eligible discipline from list
- GPA of 3.0 and above (on a 4.0 scale)

## ENTRY REQUIREMENTS

In addition to the Therman Gray Memorial Scholarship Education Award Program application, applicants must provide:

- Proof of residency - any legal document with name and address displayed
- Copy of most recent report card or homeschool review
- Copy of acceptance/enrollment letter to college/university or trade school
- Two letters of recommendation (one personal, one educational/professional)
- A two-minute video (mp3 file or link) explaining why you are pursuing a career in the field of parks and recreation and to what the scholarship money will be allocated

Please complete the application and attach all necessary documentation, including your mp3 or link and email to [parksandrecreation@calvertcountymd.gov](mailto:parksandrecreation@calvertcountymd.gov).

**Applications will be accepted April 1-June 30**

*Disclosure: All information gathered for the Therman Gray Memorial Scholarship is kept in strict confidence. Applications are reviewed, judged, and scored by a diverse committee using a point system.*





# THERMAN GRAY MEMORIAL SCHOLARSHIP EDUCATION AWARD PROGRAM

## APPLICANT INFORMATION

Date: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Extra-curricular activities, community involvement or organizational membership:

## SCHOOL INFORMATION

Name of school: \_\_\_\_\_

Major: \_\_\_\_\_

## APPLICANT ELIGIBILITY

I am a (please check):  Calvert County resident  Graduating senior GPA: \_\_\_\_\_

I have included (please check):

- |                                                                                       |                                                                  |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Proof of residency                                           | <input type="checkbox"/> Letter of recommendation (personal)     |
| <input type="checkbox"/> A copy of my most recent report card or<br>homeschool review | <input type="checkbox"/> Letter of recommendation (professional) |
| <input type="checkbox"/> Acceptance/enrollment letter from school                     |                                                                  |
| <input type="checkbox"/> Two-minute video submission (mp3 file or link) _____         |                                                                  |



# THERMAN GRAY MEMORIAL SCHOLARSHIP FEE ASSISTANCE PROGRAM

The Department of Calvert County Parks & Recreation (CCPR) recognizes that some patrons residing in Calvert County, Maryland require financial assistance in order to participate in Parks & Recreation activities. CCPR's Therman Gray Memorial Scholarship Fee Assistance Program is designed to assist individuals with access to our programs at a reduced cost.

- An individual may qualify for up to 50% reduction in cost, not to exceed \$100\*.
- Applicants that reside in Calvert County may qualify for fee assistance for camps, classes, sports and clinics. Scholarships cannot be applied to:
  - Campsite rentals
  - Concession sales
  - Daily or seasonal park/beach admission
  - Daily or seasonal pool admission
  - Equipment rentals
  - Facility rentals
  - Golf green, cart or driving range fees
  - Non CCPR sport affiliations
  - Pavilion rentals
  - Picnic shelters
- You may apply for a scholarship quarterly, you may not qualify for assistance by two different agencies/third parties.
- All scholarship applications must be submitted no later than two weeks prior to the start of the season (fall, winter, spring and summer). The season corresponds to the CCPR activity guide.
- A 10% deposit is required at the time of the application to register for the class to secure a space. A \$25 deposit is required for camps. No applications or registrations will be processed without the deposit.
  - Should you not qualify for fee assistance and you can't afford the remaining balance, your deposit will be returned to you in full. Should you be approved for a scholarship and not use it, your deposit will be forfeited.

## HOW TO APPLY

- Please complete the application and attach all necessary eligibility (see application) information to process your request. Applications may be:
  - Mailed to:  
Attn. Therman Gray Scholarship  
Calvert County Department of Parks & Recreation  
175 Main St., Prince Frederick, MD 20678
  - Emailed to [parksandrecreation@calvertcountymd.gov](mailto:parksandrecreation@calvertcountymd.gov)
- Once you have been awarded the scholarship, you will be notified and given 10 business days to pay the remaining balance. Please allow 3-5 business days for approval of the application. If you have questions, please call 410-535-1600, ext. 2649.
- All information gathered for the Therman Gray Memorial Scholarship is kept in strict confidence.

*\*Note: Patron proof of eligibility documents only require name and date/term of eligibility. All other information may be redacted. Due to the demand for assistance, scholarship amounts are subject to change.*



# THERMAN GRAY MEMORIAL SCHOLARSHIP FEE ASSISTANCE PROGRAM

## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_

Participant Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

## ACTIVITY BEING APPLIED FOR

Activity Title: \_\_\_\_\_

Activity #: \_\_\_\_\_

## ELIGIBILITY REQUIREMENT

Please check all that apply and attach proof of eligibility:

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance For Needy Families (TANF)
- Special Supplemental Nutrition Program For Women, Infants and Children (WIC)
- Free or Reduced Price Lunch
- Other, please explain: \_\_\_\_\_

I attest that the information that I have provided is true and accurate to the best of my knowledge. Providing inaccurate information will lead to disqualification of scholarship funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

HH Name: \_\_\_\_\_ HH #: \_\_\_\_\_ Approved By: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

Activity #'s: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Date Entered: \_\_\_\_\_



**Youth Psychiatric Rehabilitation Programs (PRP)** are geared toward (re)gaining age appropriate skills, achieving school success, increasing family functioning, and working on resiliency. **Referral Required**

➤ ***Cornerstone Southern Maryland (5 – 17 years old)***

(410) 535-4787

➤ ***Center for Children (4 – 18 years old)***

<https://www.center-for-children.org/>

(410) 535-3047

➤ ***Project Chesapeake (5 – 17 years old)***

<https://projectchesapeake.com>

(443) 968-8331

➤ ***Pathways (18 – 25 years old)***

<https://pathwaysinc.org/>

(301) 373-3065



## OUR MISSION

Southern Maryland Community Network (SMCN) forms a partnership between people with mental health needs and their community to foster understanding, empowerment, integration, and enhanced quality of life.



*CENTERED ON THE  
INDIVIDUAL.  
ANCHORED IN  
INNOVATIVE  
PROGRAMMING AND  
EVIDENCE-BASED  
PRACTICES.  
WE ARE CHAMPIONS OF  
BEHAVIORAL HEALTH.*

## CONTACT US

Call or Text  
(410) 535-4787



Main Location  
305 Prince Frederick Blvd.  
Prince Frederick, MD,  
20678



THE Southern Maryland Community  
**NETWORK**  
*Champions of Behavioral Health*

[www.smcni.org](http://www.smcni.org)



## HOUSING PROGRAMS

- Intensive Residential Rehabilitation (RRP) For Adults
- General Residential Rehabilitation For Adults
- The Porter House



## YOUTH PROGRAMS

- Intensive In-Home Programs for Youth (IHIP)
- Psychiatric Rehabilitation Program (PRP)



## ADULT PROGRAMS

- Psychiatric Rehabilitation Program (PRP)
- Targeted Case Management (TCM)
- Employment Services



**CALVERT COUNTY**  
305 Prince Frederick Blvd.

Prince Frederick, MD 20678  
(410) 535-4787 Office  
(410) 535-4965 Fax

**ST. MARY'S CO UNTY**  
41900 Fenwick Street, Suite 5

Leonardtown, MD 20659  
(301) 475-9315 Office  
(301) 475-9317 Fax

**CHARLES COUNTY**  
2670 Crain Highway, Suite 505

Waldorf, MD 20601  
(301) 932-9146 Office  
(301) 932-9361 Fax

**Demographic Information**

**Referral Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Parent/Guardians Name:** \_\_\_\_\_

**Address (if Different from Child):** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Marital status:**      **Married**                      **Single**      **Divorced**                      **Widowed**  
                         **Living with significant other**                      **Living with relative**                      **Foster Family**

**Other (Please describe)** \_\_\_\_\_

**Names and ages of all household members:** \_\_\_\_\_

**Spirituality:** \_\_\_\_\_

Medical Assistance Number: \_\_\_\_\_

M.A. Managed Care Company: \_\_\_\_\_

**Referral Source**

**\*\*Minor must be in active mental health treatment with a licensed professional to be served by PRP services.\*\***

Name of referring Person: \_\_\_\_\_ Credentials/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Organization: \_\_\_\_\_

Printed name with credentials of mental health professional: \_\_\_\_\_

Signature of mental health professional with credentials: \_\_\_\_\_

**If an LMSW or LGPC:**

Printed name with credentials of Supervisor: \_\_\_\_\_

Signature and credentials of Supervisor: \_\_\_\_\_

Therapist agrees the minor's life skills can be expected to improve through medically necessary Rehabilitation services.  Yes  No

Court Ordered (If yes, note Court and Contact Name):  Yes  No

\_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

This minor is judged to be in enough behavioral control to be safe in PRP:

Yes  No

What places the child at risk of being placed out of the home at this time? \_\_\_\_\_

\_\_\_\_\_

Has this referral been reviewed/discussed with the consumer's parent/guardian?

Yes  No

Signature of Parent/Guardian: \_\_\_\_\_



**Education**

**Child's School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Special Education Needs:** \_\_\_\_\_

**School Psychologist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Clinical Information**

**Outpatient Therapist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please circle the outpatient therapist's credentials below:**

LMSW      LCSW                  LCSW-C      LGPC      LCPC      PhD      PsyD

**Address:** \_\_\_\_\_

**Outpatient Psychiatrist and credentials:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**DSM V diagnosis code:** \_\_\_\_\_

**Current Medication (dosage and time):** \_\_\_\_\_

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

**Previous Hospitalizations/ RTC/ Out of Home Placements (Include Location and dates):**

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

**Presenting Problems (Please circle all that apply as well as frequency)**

**Anger Management**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Sibling Conflict**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Parent/child conflict**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Conflict resolution**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Peer conflict**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Suicidal ideation**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**School refusal**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Medication compliance**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Suicide attempts**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Poor daily routines**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Poor social Skills**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Homicidal ideation**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Poor hygiene**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Neighborhood safety**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Homicidal attempts**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Running away**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Breaking Curfew**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Physical aggression**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Sexualized behaviors**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Drug use**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Verbal aggression**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Sexual abuse Suspected**  
Mild Moderate Severe  
Explain\_\_\_\_\_

**Physical abuse suspected**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**DSS involvement**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Sexual abuse confirmed**  
Mild Moderate Severe  
Explain\_\_\_\_\_

**Physical abuse confirmed**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Impulsive**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Parent/ family loss**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Property destruction**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Stealing**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Self-Injurious**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Abuse of pets**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Injury to others**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Fighting**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Firearms in the home**  
Mild Moderate Severe  
Explain

**Fire Setting**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

***Please attach the following documentation to assist us in processing this referral:***

\_\_\_\_\_Psychiatric Evaluation      \_\_\_\_\_Release of Information  
\_\_\_\_\_Letter of recommendation for IHIP services

Please review to make sure you have completed **ALL** sections of this referral. A member of the IHIP-C or PRP team will be in contact with the referral source and family upon review. If you have further questions or concerns, please contact the Program Coordinator:

PRP & IHIP-C – **Calvert County:** Program Coordinator, 240-205-6449

PRP & IHIP-C – **St. Mary’s County & Charles:** Program Coordinator, 667-404-0695

**Fax the completed referral form with attached documentation to:**

| <b>CALVERT COUNTY</b>                                                                                                                                                        | <b>CHARLES COUNTY</b>                                                                                                                              | <b>ST. MARY’S COUNTY</b>                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Local Behavioral Health Authority<br>1020 N Prince Frederick Blvd., Suite 300<br>P.O. Box 980<br>Prince Frederick, MD 20678<br>(410) 295-8584 ext. 104<br>Fax (410) 968-8979 | Local Behavioral Health Authority<br>10480 Theodore Green Blvd.<br>P.O. Box 1050<br>White Plains, MD 20695<br>(301) 609-5753<br>Fax (301) 609-5749 | Local Behavioral Health Authority<br>21580 Peabody Street<br>P.O. Box 316<br>Leonardtown, MD 20650<br>(301) 475-4324<br>Fax (301) 363-0312 |

**FREQUENTLY  
ASKED  
QUESTIONS**

How do I get my Child involved with

**ODYSSEY?**

Your child must be referred for **PRP** services by a licensed mental health professional who is currently providing inpatient, residential treatment, or outpatient mental health services to the minor.

**PLEASE NOTE**

The youth must currently be in and remain in active mental health treatment. Active mental health treatment is defined as being seen for treatment at least twice a month.

**How can I find out if my child qualifies for the program?**

Contact us at 301-609-9887. A psychiatric rehabilitation specialist will assess your situation and a psychiatric rehabilitation associate will be assigned to your child's case to assist with skill development and accessing needed resources.



**PRP** is one of the many services offered by the Center for Children to foster and sustain positive mental health in children and families.

With offices in Charles, Calvert, and St. Mary's counties, the Center for Children is committed to providing quality mental health care in Southern Maryland.

**Center for Children,  
Inc.**

**6100 Radio Station Road  
PO Box 2924  
LaPlata, MD 20646**

**301-609-9887– Local  
301-753-4002– Metro DC  
301-609-7284– Fax**

Psychiatric Rehabilitation  
Program for Minors

**ODYSSEY**

*The Path to Wellness  
and Resiliency*

## What Services does ODYSSEY Provide?

Odyssey provides minors the opportunity to learn and develop skills in on-site group setting and/or off-site in the minor's community.

### On-site services include:

- Positive problem solving
- Organizational skills Management
- Coping skills
- Relationship building
- Personal hygiene and nutrition
- Personal awareness and boundaries
- Childhood behavioral issues
- Medication management

### Off-site services include:

- Family treatment
- Anger management
- Personal hygiene
- Attending 504/IEP plan meetings

In addition to the services listed above, Psychiatric Rehabilitation staff utilizes this time to interact with consumers in an environment where they are more comfortable and likely to display symptoms of their specific diagnosis. Psychiatric Rehabilitation staff also use this time to check in with parents and school administrators/ teachers to follow up with progress and address any issues.

## What is a Psychiatric Rehabilitation Program (PRP) ?

Psychiatric Rehabilitation Program services promote resiliency in minors by providing rehabilitation and support to enhance the minor's behavioral, independent living, social skills thus enabling/ facilitating their recovery or preventing relapse or hospitalization. Services may be provided at a PRP facility (on-site) or at a residence, a job, or another appropriate location in the community (off-site ).

Psychiatric rehabilitation services are client-centered, strength based and strives for the empowerment of the minor. The services are age-appropriate and provided to the participant at times and places that maximize the benefit of the services offered.

## How does the Program Work?

Referrals for the **PRP** program must be made by a licensed mental health practitioner.

### *What happens next?*

A screening intake meeting will be conducted to determine the minors eligibility and rehabilitation needs.

### *How often does the Psychiatric Rehabilitation Associate see each Client?*

Clients in the **PRP** program meet a minimum of once a week. The psychiatric rehabilitation associate will work with the client to form an Individual Rehabilitation Plan (IRP) that addresses the clients rehabilitation and service needs.



**Psychiatric Rehabilitation Program (PRP) Referral Application**  
A Center for Children Program

**DATE RECEIVED:** \_\_\_\_\_

Referral Source (name, title, telephone number, address): \_\_\_\_\_

\_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consumer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

Consumer Telephone: \_\_\_\_\_ SSN: \_\_\_\_\_

Does the Consumer have Medical Assistance? \_\_\_\_\_ If yes, MA number: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Address (if not same as above): \_\_\_\_\_

Parent/ Guardian Telephone: \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP (Y/N) \_\_\_\_\_

Regular Education: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

Outpatient Mental Health Services:

| When | Where | Outcome (good, fair, poor) |
|------|-------|----------------------------|
|      |       |                            |
|      |       |                            |
|      |       |                            |

Inpatient Mental Health Services:

| When | Where | Outcome (good, fair, poor) |
|------|-------|----------------------------|
|      |       |                            |
|      |       |                            |

Out of the home placements (Emergency Room, Group Home, etc.):

| When | Where | Outcome (good, fair, poor) |
|------|-------|----------------------------|
|      |       |                            |

**Psychiatric:**

Behavioral Health Diagnosis

| Diagnosis | DSM5/ICD Code |
|-----------|---------------|
|           |               |
|           |               |

Medical Diagnosis Impacting Behavioral Health Diagnosis

| Diagnosis | DSM5/ICD Code |
|-----------|---------------|
|           |               |
|           |               |

Diagnosis made by (include name, title, and date of assessment if available):

Therapist information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Psychiatrist Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is the consumer presently prescribed medication? (Y/N) \_\_\_\_\_

Is the consumer medication compliant? (Y/N) \_\_\_\_\_

| Medications | Dosage |
|-------------|--------|
|             |        |
|             |        |
|             |        |

Is the consumer currently involved with the Department of Juvenile Services? Y/N \_\_\_\_

If yes, explain: \_\_\_\_\_

Is the consumer involved in any substance abuse treatment? Y/N \_\_\_\_ If yes, explain:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Referring Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor (If LGPC or LMSW)

\_\_\_\_\_  
Date



## PRP SERVICES

### Program Philosophy

Project Chesapeake utilizes the Recovery-Oriented Mental Health Service Model to assess the stage of mental health treatment that best fits the patient's current functioning and needs. This model supports consumer-driven recovery planning as we motivate and support patients while they work their way through the program.

### Referrals:

The program will only accept referrals from a licensed mental health professional and the client must be CURRENTLY active in mental health treatment. Project Chesapeake bases its definition/criteria of medical necessity on COMAR 10.09.62.01 and means that the service or benefit is: "Medically necessary"



IT IS OUR MISSION to strengthen communities through innovative, recovery focused strategies that connect individuals seeking alcohol/drug abuse and/or addiction counseling services with treatment opportunities that result in long-term recovery and success.

### Find out more:

Patrick Mattix  
(443) 390-2501  
pmattix@projectchesapeake.com  
www.projectchesapeake.com

A BRIDGE TO A  
**BETTER**  
  
**YOU**

Building resiliency  
in our youth through

**PRP SERVICES**







## How can our PRP Program help your child?

**THROUGH OUR PROGRAM, YOUR CHILD WILL BUILD RECOVERY FOCUSED SKILLS IN ORDER TO...**

- BECOME MORE ADAPTABLE
- BECOME MORE RESPONSIVE
- ELICIT POSITIVE RESPONSES

### Find out more:

Patrick Mattix  
(443) 390-2501  
pmattix@projectchesapeake.com  
www.projectchesapeake.com

## More about PRP:

- IMPROVE IMPULSE CONTROL
- CREATE SELF-DISCIPLINE
- IMPROVE SELF-ESTEEM
- PROBLEM SOLVE
- LEARN ACTIVE LISTENING SKILLS
- SELF REGULATE BEHAVIORS
- IMPROVE SELF-CARE
- LEARN HEALTHY BOUNDARIES AND COMMON SENSE SAFETY
- LEARN APPROPRIATE SOCIAL SKILLS
- INCREASE SOCIALIZATION SKILLS
- DECREASE ISOLATION
- REFRAME NEGATIVE THINKING PATTERNS
- IMPROVE EMOTIONAL VOCABULARY
- LEARN TRAUMA COPING STRATEGIES

**PSYCHIATRIC REHABILITATION** promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives.

Psychiatric rehabilitation services are collaborative, person directed, and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based.

Project Chesapeake PRP is a program designed to offer therapeutic services to adults, adolescents and minors with persistent mental illness and maladaptive functioning.

The program seeks to deliver services that are individualized, comprehensive and that addresses the psychosocial and rehabilitative needs of patients both on site and in the community.



## PSYCHIATRIC REHABILITATION PROGRAM (PRP) MINORS SERVICES REFERRAL FORM

### DEMOGRAPHICS (REQUIRED)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Medical Assistance #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gender:  Male  Female Phone #: \_\_\_\_\_ Type:  Home  Cell

### PARENT/GUARDIAN INFORMATION (REQUIRED)

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Type:  Home  Cell

### PRIMARY BEHAVIORAL DIAGNOSIS (REQUIRED)

Behavioral Dx #1: \_\_\_\_\_

### SECONDARY BEHAVIORAL DIAGNOSES (OPTIONAL)

Behavioral Dx #2: \_\_\_\_\_ Behavioral Dx #3: \_\_\_\_\_

### OTHER REFERRAL INFORMATION (REQUIRED)

Please answer the following questions. **Note – If the answer to any of the following is 'Yes', the youth would not be eligible for PRP services.**

Is the youth eligible for fully funded Developmental Disabilities Administration services?  Yes  No

Have family or peer supports been successful in supporting this youth?  Yes  No

Is the primary reason for the youth's impairment due to an organic process or syndrome, intellectual disability, neurodevelopmental disorder or neurocognitive disorder?  Yes  No

Does the youth meet criteria for a higher level  Yes  No



of care than PRP?

Will the youth's level of cognitive impairment, current mental status, or developmental level negatively impact their ability to benefit from PRP?  Yes  No

### CLINICAL INFORMATION (REQUIRED)

Are you providing mental health treatment to the youth being referred?  Yes  No

Are you paid by the PRP program or receiving other benefits from the PRP program?  Yes  No

Duration of the current episode of treatment:  Less than 1 month  1-3 months  Longer than 6 months

Current frequency of treatment provided to this youth:  1x/week  1x/biweekly  1x/month  1x/3 months  1x/6 months

In the past three months, how many ER visits has the youth had for psychiatric care?  0  1  2

Is the youth transitioning from an inpatient, day hospital or residential treatment setting to a community setting?  Yes  No

If yes, what level of care is the youth transitioning from and to?

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

Does the youth have a targeted case management referral or authorization?  Yes  No

Has medication been considered for this youth?  Not considered  Considered and ruled out  Initiated and withdrawn  Ongoing  Other

Additional Information:

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

### FUNCTIONAL CRITERIA (REQUIRED)

#### PART 1

Within the last three months, the youth's emotional disturbance **MUST** result in all three of the following. Please provide a brief statement for each.

**1) A clear, current threat to the individual's ability to be maintained in his/her customary setting.**

As evidenced by: \_\_\_\_\_  
\_\_\_\_\_



2) An emerging/pending risk to the safety of the individual or others.

As evidenced by: \_\_\_\_\_  
\_\_\_\_\_

3) Significant psychological or social impairments causing serious problems with peer relationships and/or family members.

As evidenced by: \_\_\_\_\_  
\_\_\_\_\_

## PART 2

Please answer the questions below.

What evidence exists to show that the current intensity of outpatient treatment for this youth is insufficient to reduce their symptoms and functional behavioral impairments resulting from mental illness?

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

How will PRP serve to help this youth get to age appropriate development, more independent functioning, and independent living skills?

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

Has a crisis plan been completed with family and/or guardian?

Yes  No

Has the youth made progress toward age appropriate development, more independent functioning and independent living skills?

Yes  No

If "Yes", please describe the improvement:

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

If "No", please indicate the changes in treatment plan to address the lack of progress:

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

## STATEMENT VERIFICATION (REQUIRED)

This statement verifies that the youth being referred:

- (a) has an emotional disturbance that is the cause of serious dysfunction in multiple life domains (home, school, community).
- (b) has an impairment that is a result of the youth's emotional disturbance, which results in:



- A clear, current threat to the Individual's ability to be maintained in his/her customary setting, or
  - An emerging/pending risk to the safety of the Individual and others, or
  - Other evidence of significant psychological or social impairments such as inappropriate social behavior causing serious problems with peer relationships and/or family members.
- (c) is, due to the dysfunction, at risk for requiring an out of home or residential placement or is returning from an out of home or residential placement;
- (d) has a condition that requires an integrated program of rehabilitation services to return to age appropriate development and to progress accordingly towards independent functioning and independent living skills;
- (e) does not require a more intensive level of care and is deemed to be able to be safely maintained in the rehabilitation program and to benefit from the rehabilitation provided; and
- (f) is actively receiving outpatient mental health services at our clinic in relation to a PMHS specialty diagnosis that can be expected to be stabilized at this level of care;
- I have reviewed a-f above and can confirm that all of the statements ARE applicable to the individual being referred.
- I have reviewed a-f above and can confirm that one or more of the statements above AREN'T applicable to the individual being referred.

**MENTAL HEALTH PROVIDER SIGNATURE (REQUIRED)**

Do you recommend the continuation of PRP services?  Yes  No  N/A (This referral is for an initial auth)

\_\_\_\_\_  
Mental Health Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mental Health Professional Name & Credentials

\_\_\_\_\_  
OMHC / Agency Name

\_\_\_\_\_  
OMHC / Agency Address

\_\_\_\_\_  
E-mail Address

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

**SUPERVISOR SIGNATURE (IF APPLICABLE)**

If mental health provider is an LGPC or LMSW, the following signature block should be completed by their supervisor:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name & Credentials

\_\_\_\_\_  
E-mail Address

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



## SERVING YOUNG ADULTS AGES 18 – 25yo

**Pathways Transitional Age Youth Program is looking for individuals who need help with:**

- Independent living skills
- Activities of daily living
- Behavioral health management
- Finding or maintaining employment
- Obtaining an ID/Learners or Driver's License
- Enrolling in a Continuing education program/FASFA or attaining a GED

### **Requirements for Acceptance:**

- Residency in St. Mary's, Calvert, or Charles counties
- Have medical assistance or eligible for medical assistance
- Have a Mental Health diagnosis (do you currently work with, or would like to work with, a doctor or therapist for help with depression, bipolar disorder, schizophrenia or another mental health concern?)

To find out how to apply and/or get more information call:  
Bryce Johnson, TAY Outreach & Education Specialist at 240-376-8120  
Molly Young, Director for TAY & RRP Program, at 301-373-3065 ext. 202



**44065 Airport View Drive - PO Box 129, Hollywood, Maryland 20636**

## RESIDENTIAL REHABILITATION PROGRAM APPLICATION FORM INSTRUCTIONS

*Residential Rehabilitation Program (RRP) provides housing and supportive services to single individuals. The goal of residential rehabilitation is to provide services that will support an individual to transition to independent housing of their choice. Residential Rehabilitation Programs provide staff support around areas of personal needs such as medication monitoring, independent living skills, symptom management, stress management, relapse prevention planning with linkages to employment, education and/or vocational services, crisis prevention and other services that will help with the individual's recovery.*

Please see the enclosed Residential Rehabilitation Program (RRP) application.

- It is **recommended** that the mental health professional and/or mental health provider who works most closely with the applicant complete the application.
- Applicant must sign the RRP Consent for Release of Information Form.
- **Medical Necessity Criteria must indicate why the applicant cannot function independently in the community with other mental health services. There are two levels of care for which an applicant may apply: Intensive or General. The application will not be reviewed by the Core Service Agency\Local Behavioral Health Authority if the Medical Necessity Criteria is incomplete or has not been met.**
- Priority is given to ***in-county residents***. If the applicant wishes to be referred to another county's RRP, **please state no more than three (3) specific jurisdictions** on the RRP Consent for Release of Information Form.
- If the applicant needs a ***specialty service***, please review the following grid to determine that service:

| SERVICE                                           | CSA JURISDICTION                                                                                                                                                                                              |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TAY<br>(Transitional Age Youth)                   | Baltimore City<br>Baltimore County<br>Carroll County<br>Frederick County<br>Howard County<br>Montgomery County<br>Prince George's County (ages 16-24, single parent with no more than 4 children)<br>Wicomico |
| DD/MH<br>(Developmental Disability/Mental Health) | Anne Arundel County (accessed through a state hospital)<br>Carroll County<br>Frederick County (include copy of DDA letter stating applicant's eligibility for ISS or SO funding)                              |
| IDDT<br>(Integrated Dual Disorders Treatment)     | Frederick County<br>Montgomery County                                                                                                                                                                         |
| DEAF AND/OR HARD OF HEARING                       | Anne Arundel County<br>Baltimore City<br>Baltimore County<br>Frederick County<br>Prince George's County                                                                                                       |
| GERIATRIC                                         | Anne Arundel County<br>Baltimore City<br>Frederick County<br>Prince George's County<br>Wicomico County                                                                                                        |

- This referral ***does not guarantee*** placement. RRP providers interview eligible applicants as vacancies occur (as directed by the Core Service Agency\Local Behavioral Health Authority).
- Questions regarding program vacancies should be directed to the Core Service Agency\Local Behavioral Health Authority.
- Please submit only pages 3-10 to the Core Service Agency\Local Behavioral Health Authority. Discard pages 1-2 and pages 11-12 (these pages are not necessary and are not required by the Core Service Agency\Local Behavioral Health Authority).

- The application must be sent to the Core Service Agency\Local Behavioral Health Authority of the applicant's home origin (based upon the applicant's current or last known address in the community prior to inpatient hospitalization, incarceration, residential crisis bed or current state of homelessness). The application can be mailed and/or faxed to the Core Service Agency\Local Behavioral Health Authority address (mail) or the Core Service Agency\Local Behavioral Health Authority fax number (fax). Please mark the envelope or fax cover sheet: Attn: Adult Services Coordinator or Residential Specialist.

**CORE SERVICE AGENCIES\LOCAL BEHAVIORAL HEALTH AUTHORITIES:**

|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ALLEGANY COUNTY</b><br/> <b>Allegany Co. Behavioral Health System's Office</b><br/> P.O. Box 1745<br/> Cumberland, Maryland 21501-1745<br/> Phone: 301-759-5070 Fax: <b>301-777-5621</b></p>                                                                              | <p><b>ANNE ARUNDEL COUNTY</b><br/> <b>Anne Arundel County Mental Health Agency</b><br/> 1 Truman Parkway, Suite 101<br/> Annapolis, Maryland 21401<br/> Phone: 410-222-7858 Fax: <b>410-222-7881</b></p>                                                     |
| <p><b>BALTIMORE CITY</b><br/> <b>Behavioral Health System Baltimore</b><br/> 100 S. Charles Street, Tower 2, 8<sup>th</sup> Floor<br/> Baltimore, Maryland 21201<br/> Phone: 410-637-1900 Fax: <b>443-320-4568</b></p>                                                          | <p><b>BALTIMORE COUNTY</b><br/> <b>Bureau of Behavioral Health of Baltimore County Health Department</b><br/> 6401 York Road, Third Floor<br/> Baltimore, Maryland 21212<br/> Phone: 410-887-3828 Fax: <b>410-887-3786</b></p>                               |
| <p><b>CALVERT COUNTY</b><br/> <b>Calvert County Local Behavioral Health Authority</b><br/> P.O. Box 980<br/> Prince Frederick, Maryland 20678<br/> Phone: 443-295-8584 Fax: <b>443-968-8979</b></p>                                                                             | <p><b>CARROLL COUNTY</b><br/> <b>Carroll County Health Department</b><br/> <b>Bureau of Prevention, Wellness, and Recovery</b><br/> 290 South Center Street<br/> Westminster, Maryland 21157<br/> Phone: 410-876-4800 Fax: <b>410-876-4832</b></p>           |
| <p><b>CECIL COUNTY</b><br/> <b>Cecil County Core Service Agency</b><br/> 401 Bow Street<br/> Elkton, Maryland 21921<br/> Phone: 410-996-5112 Fax: <b>410-996-5134</b></p>                                                                                                       | <p><b>CHARLES COUNTY</b><br/> <b>Department of Health</b><br/> Core Service Agency<br/> P.O. Box 1050, 4545 Crain Hwy.<br/> White Plains, Maryland 20695<br/> Phone: 301-609-5757 Fax: <b>301-609-5749</b></p>                                               |
| <p><b>FREDERICK COUNTY</b><br/> <b>Frederick County Health Dept - Behavioral Health Services</b><br/> 350 Montevue Lane<br/> Frederick, Maryland 21702<br/> Phone: 301-600-1755 Fax: <b>301-600-3237</b></p>                                                                    | <p><b>GARRETT COUNTY</b><br/> <b>Garrett County Local Behavioral Health Authority</b><br/> 1025 Memorial Drive<br/> Oakland, Maryland 21550<br/> Phone: 301-334-7440 Fax: <b>301-334-7441</b></p>                                                            |
| <p><b>HARFORD COUNTY</b><br/> <b>Office on Mental Health of Harford County</b><br/> 2231 Conowingo Road, Suite A<br/> Bel Air, Maryland 21015<br/> Phone: 410-803-8726 Fax: <b>410-803-8732</b></p>                                                                             | <p><b>HOWARD COUNTY</b><br/> <b>Howard County Mental Health Authority</b><br/> 8930 Stanford Boulevard<br/> Columbia, Maryland 21045<br/> Phone: 410-313-7375 Fax: <b>410-313-6212</b></p>                                                                   |
| <p><b>MID-SHORE COUNTIES</b><br/> (Includes <b>Caroline, Dorchester, Kent, Queen Anne and Talbot Counties</b>)<br/> <b>Mid-Shore Behavioral Health, Inc.</b><br/> 28578 Mary's Court, Suite 1<br/> Easton, Maryland 21601<br/> Phone: 410-770-4801 Fax: <b>410-770-4809</b></p> | <p><b>MONTGOMERY COUNTY</b><br/> <b>Department of Health &amp; Human Services</b><br/> <b>Montgomery County Government</b><br/> 401 Hungerford Drive, 1st Floor<br/> Rockville, Maryland 20850<br/> Phone: 240-777-1400 Fax: <b>240-777-1628 or 1145</b></p> |
| <p><b>PRINCE GEORGE'S COUNTY</b><br/> <b>Prince George's County Health Department</b><br/> <b>Local Behavioral Health Authority</b><br/> 9314 Piscataway Road<br/> Clinton, Maryland 20735<br/> Phone: 301-856-9500 Fax: <b>301-856-9558</b></p>                                | <p><b>SOMERSET COUNTY</b><br/> <b>Somerset County Health Department</b><br/> <b>Local Behavioral Health Authority</b><br/> 7920 Crisfield Highway<br/> Westover, Maryland 21871<br/> Phone: 443-523-1700 Fax: <b>410-651-3189</b></p>                        |
| <p><b>ST. MARY'S COUNTY</b><br/> <b>St. Mary's County Local Behavioral Health Authority</b><br/> 21580 Peabody Street<br/> P.O. Box 316<br/> Leonardtown, Maryland 20650<br/> Phone: 301-475-4330 Fax: <b>301-363-0312</b></p>                                                  | <p><b>WASHINGTON COUNTY</b><br/> <b>Washington County Mental Health Authority</b><br/> 339 E. Antietam Street, Suite #5<br/> Hagerstown, Maryland 21740<br/> Phone: 301-739-2490 Fax: <b>301-739-2250</b></p>                                                |
| <p><b>WICOMICO COUNTY</b><br/> <b>Wicomico Behavioral Health Authority</b><br/> 108 East Main Street<br/> Salisbury, Maryland 21801<br/> Phone: 410-543-6981 Fax: <b>410-219-2876</b></p>                                                                                       | <p><b>WORCESTER COUNTY</b><br/> <b>Worcester County Local Behavioral Health Authority</b><br/> P.O. Box 249<br/> Snow Hill, Maryland 21863<br/> Phone: 410-632-3366 Fax: <b>410-632-0065</b></p>                                                             |



# APPLICATION FOR RESIDENTIAL REHABILITATION SERVICES

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

**APPLICANT'S HOME ORIGIN:** Please select the applicant's home county/city (based upon the applicant's current or last known address in the community prior to inpatient hospitalization, incarceration, residential crisis bed or state of homelessness, i.e., eviction, couch-surfing, motel, etc.)

|                                           |                                  |                                    |                                                                                                |                                     |
|-------------------------------------------|----------------------------------|------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Allegany         | <input type="checkbox"/> Calvert | <input type="checkbox"/> Frederick | <input type="checkbox"/> Mid-Shore (Caroline, Dorchester, Kent, Queen Anne's, Talbot Counties) | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> Anne Arundel     | <input type="checkbox"/> Carroll | <input type="checkbox"/> Garrett   | <input type="checkbox"/> Montgomery                                                            | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Baltimore City   | <input type="checkbox"/> Cecil   | <input type="checkbox"/> Harford   | <input type="checkbox"/> Prince George's                                                       | <input type="checkbox"/> Wicomico   |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Charles | <input type="checkbox"/> Howard    | <input type="checkbox"/> Somerset                                                              | <input type="checkbox"/> Worcester  |

**A. Applicant Information:** Please complete this section. If there is a section that is unknown to the referral source, indicate with "N/A".

|                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                              |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Applicant's Name:</b><br>Last: _____                                                                                                                                                                                                                                             |                                                   | First: _____                                                                                                                                                 | M.I. _____ |
| <b>Address: (Current or Last Known Address for Applicant)</b><br>Please check if address is: <input type="checkbox"/> Shelter <input type="checkbox"/> Temporary housing                                                                                                            |                                                   | <b>Phone Number(s):</b><br>Home: _____<br>Mobile: _____<br>Alternate: _____                                                                                  |            |
| Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                  |                                                   | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                            |            |
| Date of Birth: _____                                                                                                                                                                                                                                                                |                                                   | Age: _____                                                                                                                                                   |            |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Transgender                                                                                                                                                                       |                                                   | Race: _____                                                                                                                                                  |            |
| Sexual Orientation (Optional): _____                                                                                                                                                                                                                                                |                                                   | Marital Status: _____                                                                                                                                        |            |
| Primary Language: _____                                                                                                                                                                                                                                                             |                                                   | Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Resident |            |
| <b>Current Entitlements and Income (Fill in amounts and/or insurance numbers)</b>                                                                                                                                                                                                   |                                                   |                                                                                                                                                              |            |
| <b>Type of Income</b>                                                                                                                                                                                                                                                               | <b>Amount of Income (Monthly)</b>                 | <b>Status of Income (Please check response):</b>                                                                                                             |            |
| Supplemental Security Income (SSI)                                                                                                                                                                                                                                                  | \$ _____                                          | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending                                                           |            |
| Social Security Disability Insurance (SSDI)                                                                                                                                                                                                                                         | \$ _____                                          | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending                                                           |            |
| Temporary Disability Allowance Program (TDAP)                                                                                                                                                                                                                                       | \$ _____                                          | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending                                                           |            |
| Veteran's Benefit (VA)                                                                                                                                                                                                                                                              | \$ _____                                          | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending                                                           |            |
| Employment Earnings                                                                                                                                                                                                                                                                 | \$ _____                                          | # of Hours Worked: _____                                                                                                                                     |            |
| Other Income:                                                                                                                                                                                                                                                                       | \$ _____                                          | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending                                                           |            |
| <b>NONE (No income/benefit)</b>                                                                                                                                                                                                                                                     | <input type="checkbox"/> <b>No income\benefit</b> |                                                                                                                                                              |            |
| <b>Type of Insurance</b>                                                                                                                                                                                                                                                            | <b>Insurance #</b>                                | <b>Status of Insurance (Please check response):</b>                                                                                                          |            |
| Medical Assistance (MA)                                                                                                                                                                                                                                                             | _____                                             | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending                                                           |            |
| Medicare (MC)                                                                                                                                                                                                                                                                       | _____                                             | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending                                                           |            |
| Other Insurance:                                                                                                                                                                                                                                                                    | _____                                             | <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending                                                           |            |
| <b>NONE (No insurance)</b>                                                                                                                                                                                                                                                          | <input type="checkbox"/> <b>No Insurance</b>      |                                                                                                                                                              |            |
| <b>SNAP (Food Stamps)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                  |                                                   | Amount: \$ _____                                                                                                                                             |            |
| <b>Special Needs of Applicant:</b>                                                                                                                                                                                                                                                  |                                                   | <b>Please check your response:</b>                                                                                                                           |            |
| Does applicant require a 1 <sup>st</sup> floor and/or ground floor placement in a RRP setting?                                                                                                                                                                                      |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                     |            |
| Does applicant have a functional impairment that affects his/her ability to perform daily functions and/or activities of daily living (ADLs)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please explain:                                                   |                                                   | <b>Please check if applicable:</b><br><input type="checkbox"/> Deaf or Hard of Hearing<br><input type="checkbox"/> Blind or Low Vision                       |            |
| Does applicant require an <b>assistive device</b> ?<br><b>Assistive device:</b> Any device that is designed, made, or adapted to assist a person to perform a particular task. Examples: canes, crutches, walkers, wheelchairs, shower chairs, etc.                                 |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please explain:                                                                          |            |
| Does applicant require an <b>adaptive device</b> ?<br><b>Adaptive device:</b> Any structure, design, instrument, or equipment that enables a person with a disability to function independently. Examples: plate guards, grab bars, transfer boards (also called self-help device). |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please explain:                                                                          |            |

**B. Referral Source – Mental Health Professional or Mental Health Provider**

|                                                                                                                                                  |  |                |              |                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--------------|-----------------------------------------------|--|
| Name/Title:                                                                                                                                      |  | Agency:        |              | Contact Information:<br>Telephone #:<br>_____ |  |
|                                                                                                                                                  |  |                |              | Fax #:<br>_____                               |  |
|                                                                                                                                                  |  |                |              | Email:<br>_____                               |  |
| Psychiatrist Name:                                                                                                                               |  |                | Telephone #: |                                               |  |
| Current Providers (Mobile Treatment, Psychiatric Rehabilitation Program, Case Management, Outpatient Mental Health Center, Supported Employment) |  |                |              |                                               |  |
| Name of Program                                                                                                                                  |  | Contact Person |              | Telephone #                                   |  |
| _____                                                                                                                                            |  | _____          |              | _____                                         |  |
| _____                                                                                                                                            |  | _____          |              | _____                                         |  |
| Primary Contact (Examples: Applicant (self), therapist, family member, friend, legal guardian, other)                                            |  |                |              |                                               |  |
| Name of Contact:                                                                                                                                 |  | Telephone #:   |              | Relationship to Applicant:                    |  |
| _____                                                                                                                                            |  | _____          |              | _____                                         |  |

**C. Psychiatric Information:** *Please provide the psychiatric and/or substance use disorder of the applicant. (Please see Attachment #1: Priority Population Diagnoses \ Substance Use Disorders)*

|                                                                                                                                                                                                                                                                                                                                 |  |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| The Priority Population Diagnosis (es) (PPD) must be present on the first line. Place other diagnoses on the next lines – Substance Use Disorder(s), Medical Disorder(s) (if applicable). Place diagnoses in order of clinical importance.                                                                                      |  | INTERNATIONAL CLASSIFICATION OF DISEASES (ICD) CODE: |
| <p>Primary: _____</p> <p>Secondary: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Medical Dx: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other Conditions that may be a Focus of Clinical Attention:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |  |                                                      |

**D. Substance Use Information:**

Substance Use History

| Previous history of drug use (including alcohol) | Date(s) Used | Amount | How Used (Smoked, IV, etc.) |
|--------------------------------------------------|--------------|--------|-----------------------------|
|                                                  |              |        |                             |
|                                                  |              |        |                             |
|                                                  |              |        |                             |

| Drug Last Used (including alcohol) | Date(s) Used | Amount | How Used (Smoked, IV, etc.) |
|------------------------------------|--------------|--------|-----------------------------|
|                                    |              |        |                             |
|                                    |              |        |                             |
|                                    |              |        |                             |

| Previous Treatment History for Substance Use Disorder(s) | Date(s) |
|----------------------------------------------------------|---------|
| Detox:                                                   |         |
| Inpatient Services:                                      |         |
| Outpatient Services:                                     |         |

Is treatment for the substance use disorder(s) recommended for the applicant?  Yes  No  
Does the applicant agree to treatment for the substance use disorder(s)?  Yes  No

**E. Medications:** Please indicate the applicant's ability to take medications. If applicant is prescribed medications, please include one of the following: medication order sheet, medication administration record, or use **Attachment #1: List of Current Medications.**

|                                                                                                                                                    |                                                      |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| Independently: <input type="checkbox"/>                                                                                                            | With reminders: <input type="checkbox"/>             | With daily supervision: <input type="checkbox"/> |
| Refuses medications: <input type="checkbox"/>                                                                                                      | Medications not prescribed: <input type="checkbox"/> |                                                  |
| Please describe your selection for the applicant's ability to take medications. If there is an issue of medication non-compliance, please explain: |                                                      |                                                  |

**F. Legal Information:** This section must be completed by the referral source.

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has the applicant ever been arrested?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                         | On Probation or Parole?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                     |
| List current charges:                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                         |
| List any reported convictions:                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                         |
| Parole or Probation Officer's Name:                                                                                                                                                                                                                                                                       | Telephone #:                                                                                                                                                                                                                                                            |
| Has Applicant Been Found NCR (Not Criminally Responsible) by the court/judge?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>                                                                                                                                | Is applicant currently on a Conditional Release Order from the court/judge?<br>Yes <input type="checkbox"/> (Active) Yes <input type="checkbox"/> (Pending) Not Applicable <input type="checkbox"/><br>Expiration Date of Conditional Release Order: ____ / ____ / ____ |
| Community Forensic Aftercare Program (CFAP): (For applicants who have been adjudicated by the Circuit Court as Not Criminally Responsible)<br>CFAP Monitor's Name: _____ Telephone #: _____                                                                                                               |                                                                                                                                                                                                                                                                         |
| Is applicant required to register thru the MD Sex Offender Registry? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Tier Level of Sex Offense as identified by the MD Sex Offender Registry: Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> |                                                                                                                                                                                                                                                                         |

**G. Risk Assessment Information:** This section must be completed by the referral source.

| Risk Assessment                                                                                               | Never                    | Past 2+ Years            | Past Month-Year          | Past Week-Month          | Please provide specific details of each item. |
|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------|
| Suicide Attempts:                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                               |
| Suicidal Ideation:                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                               |
| Aggressive Behavior/Violence:                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                               |
| Fire Setting/Arson:                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                               |
| Sexual behavior(s) that are/were non-consensual, injurious, high risk, forcible, Pedophilia, Paraphilia, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                               |
| Self-injurious behavior or self-mutilation (not suicidal)                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                               |

**H. Previous RRP Experience(s):**

|                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Previous RRP Involvement:                      Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, name of previous RRP provider with dates<br>If yes, reason for discontinuation of RRP: _____ |
| Consumer Preference of RRP Provider:                                                                                                                                                                            |
| Cultural Preference of Consumer:                                                                                                                                                                                |

**I. Recommended Level of Residential Placement: *Referral source must check recommended level.***

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>General Level:</b> Staff is available on-call 24/7 and provides at a minimum, three face-to-face contacts per Individual, per week, or 13 face-to-face contacts per month.                                                                                                                                                                                                                                    |
| <input type="checkbox"/> <b>Intensive Level:</b> Staff provides services daily on-site in the residence, with a minimum of 40 hours per week, up to 24 hours a day, 7 days a week.<br>If the applicant requires <b>Intensive 24/7 bed level</b> , please provide specific reasons why the applicant needs additional services beyond the scope of what is provided in the Intensive bed level ( <b>Please use Section L on page #8</b> ). |

**J. Medical Necessity Criteria:** *All applicants must meet Medical Necessity Criteria for a Residential Rehabilitation Program. Please state the applicant's rehabilitation needs below in order to demonstrate Medical Necessity for this service. The specified requirements for severity of need and intensity must be met to satisfy the criteria for admission. Please state clearly the description for each admission criteria for residential rehabilitation services at the **GENERAL Level** or the **INTENSIVE Level**. Unacceptable responses include: Yes, No, Cannot, Maybe, etc.*

**GENERAL level:** Please complete items 1 - 5 of the Admission Criteria

**INTENSIVE level:** Please complete items 1 - 6 of the Admission Criteria

| <u>Admission Criteria</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Please write and/or type your response which justifies the specific admission criteria:                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The consumer has a PBHS specialty mental health diagnosis ( <b>Priority Population Diagnosis</b> ) which is the cause of significant functional and psychological impairment, and the individual's condition can be expected to be stabilized through the provision of medically necessary supervised residential services in conjunction with medically necessary treatment, rehabilitation, and support.                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Priority Population Diagnosis (Primary):</b><br>_____                                                                                                                                                                                                                                                              |
| 2. The individual requires active support to ensure the adequate, effective coping skills necessary to live safely in the community, participate in self-care and treatment, and manage the effects of his/her illness. As a result of the individual's clinical condition (impaired judgment, behavior control, or role functioning) there is significant current risk of one of the following: <ul style="list-style-type: none"> <li>• Hospitalization or other inpatient care as evidenced by the current course of illness or by the past history of the illness</li> <li>• Harm to self or others as a result of the mental illness and as evidenced by the current behavior or past behavior.</li> <li>• Deterioration in functioning in the absence of a supported community-based residence that would lead to the other items</li> </ul> | <b>Previous: List psychiatric hospitalizations including name of the hospital and dates of admission (if known):</b> _____<br><br><b>Current: List psychiatric hospitalization including name of the hospital and date of admission (if known):</b> _____<br><br><b>Please provide additional information for #2:</b> |
| 3. The individual's own resources and social support system are not adequate to provide the level of residential support and supervision currently                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Please provide additional information (justification) for #3:</b>                                                                                                                                                                                                                                                  |

needed as evidenced for example, by one of the following:

- The individual has no residence and no social support
- The individual has a current residential placement, but the existing placement does not provide sufficiently adequate supervision to ensure safety and ability to participate in treatment; or
- The individual has a current residential placement, but the individual is unable to use the existing residence to ensure safety and ability to participate in treatment, or the relationships are dysfunctional and undermine the stability of treatment

4. Individual is judged to be able to reliably cooperate with the rules and supervision provided and to contract reliably for safety in the supervised residence.

**Please provide additional information (justification) for #4:**

5. All less intensive levels of treatment have been determined to be unsafe or unsuccessful. Please complete the chart in the right column. ►

| <i>Service Type</i>                     | <i>Provider</i> | <i>Outcome</i> |
|-----------------------------------------|-----------------|----------------|
| Case Management                         |                 |                |
| Outpt. Mental Health Ctr.               |                 |                |
| PMHS Provider (private practice/office) |                 |                |
| Psych. Rehab. Program                   |                 |                |
| Partial Hospital Program                |                 |                |
| A.C.T. Mobile Treatment                 |                 |                |
| Residential Crisis Bed                  |                 |                |
| Emergency Room                          |                 |                |

6. The Individual has a history of at least one of the following:

- Criminal behavior
- Treatment and/or medication non-compliance
- Substance use
- Aggressive behavior
- Psychiatric hospitalizations
- Psychosis
- Poor reality testing

**AND**

Current presentation of at least one of the following behaviors or risk factors that require daily structure and support in order to manage:

- Safety risk
- Active delusions
- Active psychosis
- Poor decision making skills
- Impulsivity
- Inability to perform activities of daily living skills necessary to live in the community
- Impaired judgment (including social boundaries)
- Inability to self-protect in community situations
- Inability to safely self-medicate or self-manage illness
- Aggression
- Inability to access community resources necessary for safety
- Impaired community living skills

**Please provide additional information (justification) for #6. DO NOT CIRCLE AND/OR CHECK OFF ANY ITEMS IN #6.**

**K. Specialized Services:** *Please indicate whether or not the specialized service is necessary for the applicant to live in the Residential Rehabilitation Program.*

| <b>Specialty Service</b><br>(Not provided by all RRP providers – See instruction sheet for specific jurisdiction)                                                                                                                                                                                                                                                                                                                                                                     | <b>Please check your response</b>                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>ITCOD (Integrated Treatment for Co-Occurring Disorders)</b><br>(Integrated Treatment for Co-Occurring Disorders (ITCOD) model is an evidence-based practice that improves the quality of life for people with co-occurring severe mental illness and substance use disorders by combining substance abuse services with mental health services. It helps people address both disorders at the same time—in the same service organization by the same team of treatment providers.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>TAY (Transitional Age Youth)</b><br>(“Transition age youth” are defined as individuals between the ages of 16 and 25 years that require comprehensive support services to transition these individuals into adulthood with proper services and supports uniquely tailored to this age group.)                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>DD/MH (Developmental Disability/Mental Health)</b><br>(Has a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act of 2000-Public Law 106-402 and also has a psychiatric disorder as defined by DSM-5)                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>DEAF</b><br>(Deaf or Hard of Hearing and/or require the services of American Sign Language interpreters/counselors to assist the consumer to live in the community.)                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>GERIATRIC</b><br>(Elderly applicants whose behaviors may be psychiatric in nature that require the services in order to manage the mental illness and the treatment is appropriate to meet their needs. Collaboration and communication with physical medicine and geriatric medicine is necessary for purposes of ongoing management of the behaviors.)                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**L. Additional Comments:** *(Please state additional information that was not specified in the application):*

**If applicant requires additional services that are beyond the scope of what is provided in the Intensive RRP bed, please explain what services are needed. This section can also be used for additional comments about the RRP applicant as needed by the referral source.**

**Referral Source Name (Please Print):** \_\_\_\_\_

**Date Signed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Referral Source Signature:** \_\_\_\_\_

**RESIDENTIAL REHABILITATION PROGRAM  
CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, give my consent for \_\_\_\_\_  
*(Applicant's Name)* *(Core Service Agency/Local Behavioral Health Authority)*

**and any other Core Service Agency\Local Behavioral Health Authority** checked by the applicant to release this application and other clinical and/or psycho-social history to a Residential Rehabilitation Program for the purpose of assessing my eligibility for residential services in the community. I understand that this information will not be released to another party without my written consent.

I understand this application does not guarantee an interview with a potential Residential Rehabilitation Program and does not commit the Core Service Agency (CSA)\Local Behavioral Health Authority (LBHA) to provide a residential placement.

**OUT-OF-COUNTY RRP PLACEMENT(S) ONLY:**

I give my consent to the CSA\LBHA to release my application and/or mental health information to the CSAs\LBHAs that I have selected below. The applicant is requesting an out-of-county placement for the following reasons: (a) requests to live in a particular jurisdiction; (b) wishes to be near his/her family; (c) the current RRP agencies in the CSA\LBHA jurisdiction are at capacity and not in a position to expand services; (d) the current RRP agencies in the CSA\LBHA jurisdiction lack special programming to meet specific needs (for example, TAY, Deaf, etc.). It is understood that the CSAs\LBHAs will give high priority to its own in-county residents and my application will not supersede an in-county resident *(unless my application was submitted by a state psychiatric hospital provider due to high priority status for placement as mandated by the MD Behavioral Health Administration)*. *If the applicant is requesting an out-of-county placement, please select no more than three (3) jurisdictions for submission of the application to the CSA\LBHA in the requested county(ies) and the applicant must be willing to live in that jurisdiction.*

|                                           |                                    |                                                                                                |                                     |
|-------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Allegany         | <input type="checkbox"/> Carroll   | <input type="checkbox"/> Harford                                                               | <input type="checkbox"/> Somerset   |
| <input type="checkbox"/> Anne Arundel     | <input type="checkbox"/> Cecil     | <input type="checkbox"/> Howard                                                                | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> Baltimore City   | <input type="checkbox"/> Charles   | <input type="checkbox"/> Mid-Shore (Caroline, Dorchester, Kent, Queen Anne's, Talbot Counties) | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Frederick | <input type="checkbox"/> Montgomery                                                            | <input type="checkbox"/> Wicomico   |
| <input type="checkbox"/> Calvert          | <input type="checkbox"/> Garrett   | <input type="checkbox"/> Prince George's                                                       | <input type="checkbox"/> Worcester  |

This consent form will be valid for and will expire in twelve *(12) months* from my signature date as indicated below. I understand that I will need to submit a new application every twelve *(12) months*.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Applicant's Name)

\_\_\_\_\_  
(Witness's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Witness's Name)

\*\*\*\*\*

*If the applicant does not have the legal authority to sign the consent form, the referral source must secure the signature of the person and/or agency representative who currently has the legal authority to provide consent for the submission of the Residential Rehabilitation Program application. Please attach proof of the person's legal authority for the applicant.*

Person's Signature: \_\_\_\_\_

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

Print Person's Name: \_\_\_\_\_

Person's Title (if applicable): \_\_\_\_\_

Person's Telephone #: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

*Attachment #1:*

*APPLICANT'S NAME:* \_\_\_\_\_

*DATE OF BIRTH:* \_\_\_\_\_

***LIST OF CURRENT MEDICATIONS***

| <i>NAME OF MEDICATION</i> | <i>DOSAGE</i> | <i>FREQUENCY</i> | <i>ADMINISTRATION<br/>(oral, IM, topical)</i> | <i>PRESCRIBER'S NAME</i> |
|---------------------------|---------------|------------------|-----------------------------------------------|--------------------------|
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |
|                           |               |                  |                                               |                          |



**Priority Population Diagnoses – Adults**

Please use the Priority Population Diagnoses listed below as the **primary diagnosis (es)** for the applicant.

| <b>DSM-5 Diagnosis</b>                                                                                                                                                                                                                                                                    | <b>ICD-10 CODE</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Schizophrenia                                                                                                                                                                                                                                                                             | <b>F20.9</b>       |
| Schizophreniform Disorder                                                                                                                                                                                                                                                                 | <b>F20.81</b>      |
| Schizoaffective Disorder, Bipolar Type                                                                                                                                                                                                                                                    | <b>F25.0</b>       |
| Schizoaffective Disorder, Depressive Type                                                                                                                                                                                                                                                 | <b>F25.1</b>       |
| Other Specified Schizophrenia Spectrum and Other Psychotic Disorder                                                                                                                                                                                                                       | <b>F28</b>         |
| Unspecified Schizophrenia Spectrum and Other Psychotic Disorder                                                                                                                                                                                                                           | <b>F29</b>         |
| Delusional Disorder                                                                                                                                                                                                                                                                       | <b>F22</b>         |
|                                                                                                                                                                                                                                                                                           |                    |
| Major Depressive Disorder, Recurrent Episode, Severe                                                                                                                                                                                                                                      | <b>F33.2</b>       |
| Major Depressive Disorder, Recurrent Episode, With Psychotic Features                                                                                                                                                                                                                     | <b>F33.3</b>       |
|                                                                                                                                                                                                                                                                                           |                    |
| Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe                                                                                                                                                                                                                         | <b>F31.13</b>      |
| Bipolar I Disorder, Current or Most Recent Episode, Manic, With Psychotic Features                                                                                                                                                                                                        | <b>F31.2</b>       |
| Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe                                                                                                                                                                                                                     | <b>F31.4</b>       |
| Bipolar I Disorder, Current or Most Recent Episode, Depressed, With Psychotic Features                                                                                                                                                                                                    | <b>F31.5</b>       |
| Bipolar I Disorder, Current or Most Recent Episode, Hypomanic                                                                                                                                                                                                                             | <b>F31.0</b>       |
| Bipolar I Disorder, Current or Most Recent Episode, Hypomanic, Unspecified                                                                                                                                                                                                                | <b>F31.9</b>       |
| Unspecified Bipolar and Related Disorder                                                                                                                                                                                                                                                  | <b>F31.9</b>       |
| Bipolar II Disorder                                                                                                                                                                                                                                                                       | <b>F31.81</b>      |
|                                                                                                                                                                                                                                                                                           |                    |
| Schizotypal Personality Disorder                                                                                                                                                                                                                                                          | <b>F21</b>         |
| Borderline Personality Disorder                                                                                                                                                                                                                                                           | <b>F60.3</b>       |
|                                                                                                                                                                                                                                                                                           |                    |
| <b><i>The diagnostic criteria may be waived for either one of the following two conditions:</i></b>                                                                                                                                                                                       |                    |
| 1. An individual committed as not criminally responsible who is conditionally released from a Mental Hygiene facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland.<br><b><i>Please check if applicable:</i></b> <input type="checkbox"/> |                    |
| 2. An individual in a Mental Hygiene facility with a length of stay of more than 6 months who requires RRP services. <b><i>This excludes individuals eligible for Developmental Disabilities services.</i></b><br><b><i>Please check if applicable:</i></b> <input type="checkbox"/>      |                    |

## Substance Use Disorders

Please use the Substance Use Disorders if the applicant has a co-occurring disorder. This should not be the primary diagnosis. *The **primary diagnosis** must be one or more of the Priority Population diagnoses listed above.*

| Substance Use Disorders                                            | ICD-10 CODE |
|--------------------------------------------------------------------|-------------|
| Alcohol Use Disorder – Mild                                        | F10.10      |
| Alcohol Use Disorder – Moderate                                    | F10.20      |
| Alcohol Use Disorder – Severe                                      | F10.20      |
| Cannabis Use Disorder – Mild                                       | F12.10      |
| Cannabis Use Disorder – Moderate                                   | F12.20      |
| Cannabis Use Disorder – Severe                                     | F12.20      |
| Opioid Use Disorder – Mild                                         | F11.10      |
| Opioid Use Disorder – Moderate                                     | F11.20      |
| Opioid Use Disorder – Severe                                       | F11.20      |
| Stimulant-Related Disorder – Cocaine – Mild                        | F14.10      |
| Stimulant-Related Disorder – Cocaine – Moderate                    | F14.20      |
| Stimulant-Related Disorder – Cocaine – Severe                      | F14.20      |
| Stimulant-Related Disorder – Amphetamine-type substance – Mild     | F15.10      |
| Stimulant-Related Disorder – Amphetamine-type substance – Moderate | F15.20      |
| Stimulant-Related Disorder – Amphetamine-type substance – Severe   | F15.20      |
| Tobacco Use Disorder – Mild                                        | Z72.0       |
| Tobacco Use Disorder – Moderate                                    | F17.200     |
| Tobacco Use Disorder – Severe                                      | F17.200     |
| Other (or Unknown) Substance Use Disorder – Mild                   | F19.10      |
| Other (or Unknown) Substance Use Disorder – Moderate               | F19.20      |
| Other (or Unknown) Substance Use Disorder – Severe                 | F10.20      |



## **In-Home Intervention Program for Children (IHIP-C)**

provide intensive in-home services to increase age appropriate skills and resiliency, reduce the risk of an out-of-home placement, increase knowledge about mental illness and the role of medications, develop coping skills, and increase social support.

**Referral Required**

➤ ***Cornerstone Southern Maryland (5 – 17 years old)***

(410) 535-4787





# IN-HOME INTERVENTION PROGRAM (IHIP)



## WHAT IS IHIP

IHIP is a 15-month program serving children and adolescents ages 5-17 who have a mental health diagnosis and are at risk for an out-of-home placement (Residential,, RTC, Foster Care, etc)

## ELIGIBILITYREQUIREMENTS

- Complete referral ([www.smcni.org](http://www.smcni.org))
- Child must be 5-17 years old and reside in Calvert, Charles or St. Mary's County
- Must have Medical Assistance
- Must have a current mental health diagnosis
- Must have a current therapist and regular participation in therapy (school based, private practice, crisis intervention, etc)
- Behavior or other difficulties have required hospitalization, police intervention, school suspension or IEP/BIP. DSS or DJS involvement, or out of home placement
- Current assessment/evaluation (less than 2 years )
- Recommendation letter from therapist stating why child would be a good candidate

## What Does Staff Do?

The IHIP Case Specialist works with the child, family and other supports to help strengthen the overall functioning of the child while in the home and community.

## What Can I Expect?

Once the referral has been accepted, services begin with an intake and assessments to help create a person centered plan to reach treatment goals based on the child's needs.

Services are provided in weekly visits (2-3x weekly) for 1-2 hours per visit depending on the needs of the family. Services in the first 45 days tend to be more intensive.

## CONTACT US

SARAH WINTER-KOLBE : 240-205-6449

MARY LA BORIE: 667-404-0695



**CALVERT COUNTY**  
305 Prince Frederick Blvd.

Prince Frederick, MD 20678  
(410) 535-4787 Office  
(410) 535-4965 Fax

**ST. MARY'S CO UNTY**  
41900 Fenwick Street, Suite 5

Leonardtown, MD 20659  
(301) 475-9315 Office  
(301) 475-9317 Fax

**CHARLES COUNTY**  
2670 Crain Highway, Suite 505

Waldorf, MD 20601  
(301) 932-9146 Office  
(301) 932-9361 Fax

**Demographic Information**

**Referral Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Parent/Guardians Name:** \_\_\_\_\_

**Address (if Different from Child):** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Marital status:**      **Married**              **Single**      **Divorced**      **Widowed**  
                         **Living with significant other**      **Living with relative**      **Foster Family**

**Other (Please describe)** \_\_\_\_\_

**Names and ages of all household members:** \_\_\_\_\_

**Spirituality:** \_\_\_\_\_

Medical Assistance Number: \_\_\_\_\_

M.A. Managed Care Company: \_\_\_\_\_

**Referral Source**

**\*\*Minor must be in active mental health treatment with a licensed professional to be served by PRP services.\*\***

Name of referring Person: \_\_\_\_\_ Credentials/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Organization: \_\_\_\_\_

Printed name with credentials of mental health professional: \_\_\_\_\_

Signature of mental health professional with credentials: \_\_\_\_\_

**If an LMSW or LGPC:**

Printed name with credentials of Supervisor: \_\_\_\_\_

Signature and credentials of Supervisor: \_\_\_\_\_

Therapist agrees the minor's life skills can be expected to improve through medically necessary Rehabilitation services.  Yes  No

Court Ordered (If yes, note Court and Contact Name):  Yes  No

\_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

This minor is judged to be in enough behavioral control to be safe in PRP:

Yes  No

What places the child at risk of being placed out of the home at this time? \_\_\_\_\_

\_\_\_\_\_

Has this referral been reviewed/discussed with the consumer's parent/guardian?

Yes  No

Signature of Parent/Guardian: \_\_\_\_\_

**Education**

**Child's School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Special Education Needs:** \_\_\_\_\_

**School Psychologist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Clinical Information**

**Outpatient Therapist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please circle the outpatient therapist's credentials below:**

LMSW      LCSW                  LCSW-C      LGPC      LCPC      PhD      PsyD

**Address:** \_\_\_\_\_

**Outpatient Psychiatrist and credentials:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**DSM V diagnosis code:** \_\_\_\_\_

**Current Medication (dosage and time):** \_\_\_\_\_

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

**Previous Hospitalizations/ RTC/ Out of Home Placements (Include Location and dates):**

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

**Presenting Problems (Please circle all that apply as well as frequency)**

**Anger Management**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Sibling Conflict**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Parent/child conflict**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Conflict resolution**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Peer conflict**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Suicidal ideation**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**School refusal**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Medication compliance**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Suicide attempts**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Poor daily routines**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Poor social Skills**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Homicidal ideation**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Poor hygiene**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Neighborhood safety**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Homicidal attempts**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Running away**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Breaking Curfew**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Physical aggression**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Sexualized behaviors**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Drug use**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Verbal aggression**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Sexual abuse Suspected**  
Mild Moderate Severe  
Explain\_\_\_\_\_

**Physical abuse suspected**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**DSS involvement**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Sexual abuse confirmed**  
Mild Moderate Severe  
Explain\_\_\_\_\_

**Physical abuse confirmed**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Impulsive**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Parent/ family loss**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Property destruction**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Stealing**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Self-Injurious**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Abuse of pets**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Injury to others**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Fighting**  
Mild Moderate Severe  
Frequency\_\_\_\_\_

**Firearms in the home**  
Mild Moderate Severe  
Explain

**Fire Setting**  
Mild Moderate Severe  
Frequency\_\_\_\_\_



***Please attach the following documentation to assist us in processing this referral:***

\_\_\_\_\_Psychiatric Evaluation      \_\_\_\_\_Release of Information  
\_\_\_\_\_Letter of recommendation for IHIP services

Please review to make sure you have completed **ALL** sections of this referral. A member of the IHIP-C or PRP team will be in contact with the referral source and family upon review. If you have further questions or concerns, please contact the Program Coordinator:

PRP & IHIP-C – **Calvert County:** Program Coordinator, 240-205-6449

PRP & IHIP-C – **St. Mary’s County & Charles:** Program Coordinator, 667-404-0695

**Fax the completed referral form with attached documentation to:**

| <b>CALVERT COUNTY</b>                                                                                                                                                        | <b>CHARLES COUNTY</b>                                                                                                                              | <b>ST. MARY’S COUNTY</b>                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Local Behavioral Health Authority<br>1020 N Prince Frederick Blvd., Suite 300<br>P.O. Box 980<br>Prince Frederick, MD 20678<br>(410) 295-8584 ext. 104<br>Fax (410) 968-8979 | Local Behavioral Health Authority<br>10480 Theodore Green Blvd.<br>P.O. Box 1050<br>White Plains, MD 20695<br>(301) 609-5753<br>Fax (301) 609-5749 | Local Behavioral Health Authority<br>21580 Peabody Street<br>P.O. Box 316<br>Leonardtown, MD 20650<br>(301) 475-4324<br>Fax (301) 363-0312 |



## **Care Coordination/Targeted Case Management**

**(CCO/TCM)** provides case management services to ensure resources are being utilized to enhance the ability to function independently in the community, establish peer networks, and support systems, and assist with gaining access to medical, mental health, social, educational, and other services needed.

**Referral Required**

➤ ***Center for Children (4 – 18 years old)***

<https://www.center-for-children.org/>

(410) 535-3047



# What does a resilient child look like?

Resilient Children are considered to be:

- More responsive and can elicit more positive responses from others,
- More flexible and adaptable even as babies,
- Have a healthy sense of humor,
- Have impulse control
- Have self discipline
- And tend to have high self-esteem

The Care Coordination Program can help establish resiliency in your child and family.



## CENTER FOR CHILDREN, INC.

### Charles County

6100 Radio Station Road

P.O. Box 2924

La Plata, MD 20646

301-609-9887

301-609-7284 - Fax

### St. Mary's County

41900 Fenwick St., Suite 1

Leonardtown, MD 20650

301-475-8860

301-475-3843-Fax

### Calvert County

489 Main Street, Suite 202

Prince Fredrick, MD 20678

410-535-3047

410-535-3890-Fax

### Anne Arundel County

1125 West St.

Annapolis, MD 21401

240-419-9144

### Prince Georges County

4550 Forbes Blvd. Suite 330

Lanham, MD 20706

240-320-2023

### Howard County

5130B Dorsey Hall Dr.

Ellicott City, MD 21042

240-320-2023

301-609-7284 - Fax

walls@center-for-children.org

CARE  
COORDINATION:  
MENTAL HEALTH CASE  
MANAGEMENT  
FOR CHILDREN  
AND YOUTH



# Building Resiliency in Youth

## What is Care Coordination?

Care Coordination is based upon an intensive evidence based practice called Wraparound which empowers families to achieve their vision through a collaborative, strength based, and family centered process.

Children and youth between the ages of 4 and 18 who are currently involved in the public mental health system are able to access care coordination services. Services are offered within the home in order to best accommodate the family. The length of time in the program and frequency of visits depends on the needs of the family and the level of service that they are authorized at.

## Levels of Care Coordination

### Level I | General Care Coordination

Allows for 12 fifteen minute units of service a month in order to coordinate care and link to resources.

### Level II | Moderate Care Coordination

Allows for 30 fifteen minute units of service a month in order to coordinate care and link to resources.

### Level III | Intensive Care Coordination

The identified participant must have a serious mental health disorder that has resulted in multiple hospitalizations or out of home placements.

Allows for 60 fifteen minute units of service a month.

## How does Care Coordination work?

Once a referral is made an intake will be scheduled by the Care Coordinator to gather information and identify the families needs.

The Care Coordinator will then work with the family to identify their family vision along with the people who the family feels offer them support. These people will be invited to be a member of their child and family team (CFT).

Together the CFT will:

- Work to understand the families story
- Build a team of supports
- Develop a family plan
- Meet as needed to assess progress
- Coordinate services in a collaborative manner until the families needs are met



# Building Resiliency in Youth

# Referral Form: TCM Plus

*\*\* Please complete the form in its entirety. Enter "N/A" for sections that are not applicable. \*\**

Youth's Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth's Cell Phone: \_\_\_\_\_ Youth's Alternate Phone: \_\_\_\_\_

Identified Gender:  Male  Female Insurance Type:  Medical Assistance  Private  Uninsured

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ MA#/Insurance Provider: \_\_\_\_\_

Name(s) of Parent(s) or Legal Guardian(s) (if legal guardian, a court order must be attached): \_\_\_\_\_

Address (if different from youth): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent(s)/Guardian(s) Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Ethnicity, Race, and Language

Not Available  American Indian or Alaskan Native  Asian  Black or African American  
 Hispanic, Latinx, or Spanish origin  Native Hawaiian or Pacific Islander  White

Primary Language: \_\_\_\_\_ Are interpretation services required?  Yes  No

Deaf or hearing impaired:  Yes  No Blind or visually impaired:  Yes  No

Special Accommodations: \_\_\_\_\_

Living Situation: Does this youth currently live or have a plan to live in a group home or any other congregate group setting other than a family or foster home?  Yes  No

## School / Education

Is this youth enrolled in school?  Yes  No If yes, school name: \_\_\_\_\_

Grade: \_\_\_\_\_ Eligible for Special Education Services:  Yes  No IEP/504 Plan:  Yes  No

## Behavioral Health Diagnosis

Does this youth have a behavioral health diagnosis?  Yes  No DSM 5 / ICD 10 Code: \_\_\_\_\_

Diagnosed by: \_\_\_\_\_ Name of Diagnosis: \_\_\_\_\_

## Reason for Referral

*Please provide a brief explanation of the reasons why the child/youth is referred based on TCM Plus eligibility criteria:*

## Release of Information (please review and have a parent or legal guardian sign the release):

I understand that I am applying for Care Coordination and additional supports in (county name): \_\_\_\_\_. 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 Behavioral Health Administration so they can conduct an eligibility determination for TCM Plus services and to the Maryland Coalition of Families to facilitate the engagement of a family or peer support partner. 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 Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send the referral securely to [Candice.Adams@maryland.gov](mailto:Candice.Adams@maryland.gov) or fax to (410) 402-8316

## BHA Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Status:  Approved  Denied

Reason for Denial: \_\_\_\_\_

Additional Comments:

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

## Demographic Information

Youth Name:

Youth Phone:

Cell Phone:

Gender:

DOB:

Referral Date:

Address:

City:

Zip Code:

State:

MA#:

Parent/Legal Guardian(s) (if legal guardian, a court order must be attached):

Parent/Guardian Phone:

Address (if different from child):

Parent/Guardian Cell:

Email:

## Ethnicity, Race, Language, and Ability Status

American Indian or Alaskan Native

Asian

Black or African American

Hispanic, Latine, or Spanish origin

White

Not Disclosed

Other:

**Primary Language:**

**Are interpreter services required?**

Yes

No

Deaf or Hearing Impaired

Blind or Visually Impaired

**Special Accommodations:**

**Living Situation:** Does this youth currently live or have a plan to live in a group home or any other congregate group setting other than a family or foster home? Yes No

## School/Education

**Current School:**

**Current Grade:**

Not in School

**Special Education Services:** No Services 504 Plan

IEP

**Guidance Counselor:**

**Phone:**

**Behavioral Health Diagnosed By:**

Diagnosis

ICD Code

**Psychosocial/Environmental Elements Impacting Diagnosis:**

Psychosocial/Environmental Element

ICD Code

None

**Medical Diagnoses Impacting Behavioral Health Diagnosis:**

Diagnosis

None ICD Code

**Current Medications** (please list names and dosages):

None

**Primary Physician:**

**Phone Number:**

**Person Making Referral:**

**Agency:**

**Phone:**

**Fax:**

**Email:**

**Reason for Referral:**

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

I understand that I am applying for Care Coordination in \_\_\_\_\_ county. This service has been explained to me and I understand that if approved I will participate in the 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 \_\_\_\_\_ 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:**

## Please indicate the level of care you intend to refer the youth to

### 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 or 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;
- E. Participant is currently enrolled in Level II or III Care Coordination services and has stabilized to the point that Level I is most appropriate

### 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                      (3) 1915(i) services under COMAR 10.09.89
- E. Due to multiple behavioral health stressors within the past 12 months, the participant has a history of:
  - (1) Psychiatric Hospitalizations, or
  - (2) Repeated visits or admissions to:                      (a) Emergency room psychiatric units                      (b) Crisis beds                      (c) Inpatient psychiatric units
- F. Participant needs care coordination services to obtain and maintain community-based treatment and services;
- G. Participant is currently enrolled in Level III Care Coordination services and has stabilized to the point that Level II is most appropriate
- H. Participant is enrolled in Level I Care Coordination services and has experienced one of the following adverse childhood experiences during the preceding six months:
  - (1) Emotional, physical, or sexual abuse                      (2) Emotional or physical neglect                      (3) Significant family disruption or stressors

### Level III – Intensive (must meet the below criteria and submit CON documents outline in I-IX below)

- The participant has a behavioral health disorder amenable to active clinical treatment, resulting from a face-to-face **psychosocial assessment by a licensed mental health professional**
- Children ages 0 - 5 must receive a **score of 3** on the Early Childhood Services Intensity Instrument (ECSII). Children ages 0 - 5 who have a **score of 3 or 4** on the ESCII must meet one of the following criteria:
- Be referred directly from an inpatient hospital unit
  - If living in the community, have 1 or more psychiatric inpatient hospitalizations or **ER visits in the past 12 months**
- Youth ages 6 - 21 must receive a **score of 3 or higher** on the Child and Adolescent Service Intensity Instrument (CASII). Youth ages 6 - 21 whose CASII **scores fall between 3-5** must meet one of the following criteria:
- Be transitioning from a residential treatment center; or
  - Be living in the community and:
    - Have any combination of 2 or more inpatient psychiatric hospitalizations or emergency room visits in the past 12 months; or
    - Have been in an RTC within the past 90 days

**Level III referrals require submission of a psychosocial evaluation dated within 30 days of submission of the application. This evaluation must have an assignment of a Diagnostic and Statistical Manual (DSM) diagnosis or Diagnostic Criteria 0-5 (DC 0-5) and address the following:**

- I. Identifying information.
- II. Reason for referral.
- III. Reports reviewed to complete this referral.
- IV. **Risk of Harm**- Indicate child's or youth'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 youth 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 the child's or 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's or adolescent's 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's/youth's 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).

## Care Coordination Organization Contacts

| <i><b>Jurisdiction</b></i> | <i><b>CCO Name</b></i>                      | <i><b>CCO Phone #</b></i> | <i><b>CCO Fax #</b></i>                           |
|----------------------------|---------------------------------------------|---------------------------|---------------------------------------------------|
| Allegany                   | Potomac Case Management                     | 301-791-3087              | 301-393-0730                                      |
| Anne Arundel               | Center for Children                         | 301-609-9887              | 301-609-7284                                      |
| Baltimore City             | Empowering Minds Resource Center            | 410-625-5088              | 410-625-4890                                      |
|                            | Hope Health Systems                         | 410-265-8737              | 410-265-1258<br>ccoreferral@hopehealthsystems.org |
|                            | Optimum Maryland                            | 410-233-6200              | 510-233-6201                                      |
|                            | Volunteers of America                       | 240-579-6698              | 301-560-8505                                      |
|                            | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |
| Baltimore County           | Hope Health Systems                         | 410-265-8737              | 410-265-1258<br>ccoreferral@hopehealthsystems.org |
| Calvert                    | Center for Children                         | 301-609-9887              | 301-609-7284                                      |
| Caroline                   | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |
| Carroll                    | Potomac Case Management                     | 301-791-3087              | 301-393-0730                                      |
| Cecil                      | Advantage Psychiatric Services              | 410-686-3629<br>Ext. 409  | 410-780-7178                                      |
| Charles                    | Center for Children                         | 301-609-9887              | 301-609-7284                                      |
| Dorchester                 | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |
| Frederick                  | Potomac Case Management                     | 301-791-3087              | 301-393-0730                                      |
| Garrett                    | Burlington United Methodist Family Services | 301-334-1285              | 301-334-0668                                      |
| Harford                    | Empowering Minds Resource Center            | 410-625-5088              | 410-625-4890                                      |
| Howard                     | Center for Children                         | 301-609-9887              | 301-609-7284                                      |
| Kent                       | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |
| Montgomery                 | Volunteers of America                       | 240-579-6698              | 301-560-8505                                      |
| Prince George's            | Center for Children                         | 301-609-9887              | 301-609-7284                                      |
| Queen Anne's               | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |
| St. Mary's                 | Center for Children                         | 301-609-9887              | 301-609-7284                                      |
| Somerset                   | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |
| Talbot                     | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |
| Washington                 | Potomac Case Management                     | 301-791-3087              | 301-393-0730                                      |
| Wicomico                   | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |
| Worcester                  | Wraparound Maryland                         | 410-219-5070              | 410-219-5072                                      |





The **Partial Hospitalization Program (PHP)** is a day program for individuals 13 years and older that creates individualized treatment plans and provides group therapy, educational services, medication management, behavioral management, psycho-education groups, psychiatry appointments, and more.

**Referral Required**

➤ ***Calvert Health Medical Center (13 years and older)***

<https://www.calverthealthmedicine.org/Behavioral-Health>

(410) 535-8144



# New Unit Increases Capacity for Behavioral Health Patients

## *Expanded Partial Hospitalization Program Serves Adults, Teens*

On May 26, CalvertHealth Medical Center opened its newly renovated Behavioral Health Unit for the Partial Hospitalization Program (PHP). The timely move not only provides a designated space for the PHP program, but allows for expanded volume to meet the increasing need for these services.

According to a recent study by Vizient, a national health care performance improvement company, the need for behavioral health services is expected to increase within the next six to nine months due to anxiety with COVID-19.

"With the Partial Hospitalization Program in a separate, specially designed space, we will be able to accommodate more patients, with separate staff for adults and adolescents. In the previous space before current restrictions with COVID-19, we could only accommodate a maximum of 15 PHP patients," said Vice President, Clinical Services/Chief Nursing Officer **Diane Couchman, MBA, BSN, RN**.

"This is a very exciting time for us, and for the community," said Behavioral Health Unit Director **Jennifer Messix, BSN, RN-BC**. "Calvert County has seen an increase in patients with mental health needs and we are proud of our efforts to meet those needs through improved facilities and programs that help people in crisis."

Behavioral health encompasses a wide range of conditions that affect a person's thinking, mood and behavior. CalvertHealth's Behavioral Health Unit provides essential care for persons with depression, anxiety disorder, bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD) and other behavioral health conditions.

When a person comes to the emergency department (ED) or is brought in by family or friends for a behavioral or mental health emergency, he or she is immediately seen by a physician who puts in a request for an emergency psych social worker. Once the patient is medically stable, or no longer under the influence of drugs or alcohol, the social worker can do a full evaluation. The team of ED physician, social worker and CHMC's on-call psychiatric provider determines if the patient should be admitted, should be enrolled in the Partial Hospitalization Program, or should be discharged with a follow-up plan for treatment.

"All members of the treatment team work together to identify the appropriate level of care for the patient," said Couchman.

In 2019, CHMC Emergency Psychiatric Services assessed 1,381 patients in the ED. Of those, 377 were admitted to inpatient services, 134 were admitted to outpatient PHP services, 174 were transferred to other facilities and 696 were discharged with resources provided, according to Messix.



## Partial Hospitalization Program

PHP is an outpatient program serving patients with mental health concerns following discharge from an inpatient stay or following an evaluation in the emergency department. When it is determined that the patient would best be served in an intense, structured outpatient program, they are enrolled in PHP.

The PHP team is comprised of a psychiatrist, a PHP coordinator that is a registered nurse, adolescent counselor, an adult counselor and a social worker.

As a group experience, PHP patients gather for 6.5 hours during the day for therapy, structured activities, and individual meetings with staff. Adults 18 and older, and adolescents older than 13 and younger than 18, meet in separate, age-appropriate areas. Each wing has a group meeting area, dining and social areas, consultation rooms and staff facilities. School-age patients work with a staff member who coordinates schoolwork and homework with the school system.

## When Should I Seek Help?

Diagnosing mental illness isn't always straightforward. According to the National Alliance on Mental Illness (NAMI), each condition has its own set of unique symptoms, though symptoms often overlap.

*Common mental illness signs include:*

- Feeling very sad or withdrawn for more than two weeks
- Trying to harm or end one's life or making plans to do so
- Severe, out-of-control, risk-taking behavior that causes harm to self or others
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or difficulty breathing
- Significant weight loss or gain
- Seeing, hearing or believing things that aren't real
- Excessive use of alcohol
- Illicit drug use
- Drastic changes in mood, behavior, personality or sleeping habits
- Extreme difficulty concentrating or staying still
- Intense worries or fears that get in the way of daily activities

## Where Should I Seek Help?

If you or your friend or loved one is in immediate need of help, call 911 or go to the nearest hospital emergency department. For non-urgent assistance, contact your health insurance provider for a listing of local counseling and therapy providers. Calvert County Mental Health Clinic, through the health department, provides programs and services to individuals of all ages who have mental, emotional or substance use issues.

## Coping with Stress and Loneliness During COVID-19

Mental health experts recommend keeping things in perspective and getting the facts as the top ways to manage and alleviate stress during this infectious disease outbreak.

### Set limits on how much time you spend reading or watching news about the outbreak:

- Make sure to take time away from the news to focus on the things in your life that are going well and that you can control.

### Find resources you can depend on for accurate health information, such as:

- Your family doctor
- State and local health departments
- U.S. Government agencies such as Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) and the World Health Organization ([www.who.int/en](http://www.who.int/en)) that provide up-to-date, science-driven, accurate information as well as advice on recognizing truth from myth.

### Follow strategies that work for you to ensure your well-being and mental health:

*Keep to a regular schedule as much as possible*—create a new normal routine

*Start each day with a plan of a few things that you can definitely do*—be realistic

*Stay active*—check out how-to videos on Tai Chi, yoga, or low impact workouts

*Go for walks outdoors*—reconnect with nature

*Connect with others*—call or write to someone who might also be lonely

*Find sources of comfort*—revisit favorite movies, books, songs, meals

*Create something*—write poetry or take up a new hobby

*Plan for the future*—remember that stress and loneliness are emotions that can be managed

*Reach out*—ask for help if you feel overwhelmed, anxious or depressed

*Sources: Substance Abuse and Mental Health Services Administration and Verywell Mind*





# CalvertHealth

## Partial Hospitalization Program (PHP)

The Partial Hospitalization Program (PHP) is available to adolescents and adults ages 13 years and older. The day program provides group therapy, family therapy, educational services, medication management, behavioral management, psycho-education groups, music therapy, creative self-expression and meetings with a psychiatrist, as per the patient's individualized treatment plan.

All patients will be provided with outpatient follow-up plans and appointments based on their needs.

Adolescents typically arrive at 7:40 a.m. Lunch is provided daily. If needed, Smart Ride will be available for adolescent transportation home; safety provisions are in place.

### **Daily Schedule: Adolescents**

- 8-9 a.m. | Goals Group
- 9-10 a.m. | Psychoeducation
- 10-11 a.m. | Music Therapy
- 11-11:30 a.m. | School
- 11:30 a.m.-12:15 p.m. | Lunch
- 1:15-2:15 p.m. | Psychotherapy
- 2:15-3 p.m. | Daily Wrap-up



The **Inpatient Mental Health Care Unit** operates 24 hours a day and services are provided to adolescents 13 years and older who require safety monitoring, medication management, psychoeducation, and/or other care. Services include individual therapy, group therapy, family or couples therapy, education on illness, treatment, coping skills and relapse prevention, while cooperating with the public school system.

**Referral Required**

➤ ***Calvert Health Medical Center (13 years and older)***

<https://www.calverthealthmedicine.org/Behavioral-Health>

(410) 535-8144





# CalvertHealth

## CalvertHealth Partners with Sheppard Pratt to Provide Behavioral Health Services

As of May 1, [CalvertHealth](#) has partnered with [Sheppard Pratt](#) to support its expansion of behavioral health services to best meet the growing demands of its community.

Through the partnership, Sheppard Pratt will provide clinical services and leadership at CalvertHealth to enhance behavioral health programs and services across CalvertHealth and the community it serves.

Additionally, Sheppard Pratt will provide and oversee staffing, including for psychiatrists and nurse practitioners, in partnership with Jennifer L. Messix, BSN, RN-BC, director of CalvertHealth Medical Center's Behavioral Health Unit.

“So many people are struggling with mental health issues, and we are honored to partner with CalvertHealth to expand access to world-class behavioral health care in the local community,” said [Harsh K. Trivedi](#), MD, MBA, president and CEO of Sheppard Pratt. “Together, we can manage more needs locally while ensuring access to specialized services and the comprehensive continuum of services that only Sheppard Pratt can provide, both now and in the future.”

“As a local, independent community hospital our responsibility is to serve the needs of our community. This past year has been incredibly stressful for many, and we are happy that we have been forward thinking in expanding our Behavioral Health Services long

before the start of COVID,” stated CalvertHealth President and CEO Dean Teague, FACHE. “Our partnership with Sheppard Pratt adds to the already incredible staff that we have at the medical center to serve our community.”

The behavioral health services offered at CalvertHealth include adolescent and adult inpatient mental health care, a psychiatric partial hospitalization program, intensive outpatient programs, and referral and care coordination to community-based treatment and support services.

“We have an incredible team led by Jennifer Messix who care deeply about the work they do. It’s an incredible day when they can make a real difference in the lives of those they have entrusted their care to us and we know Sheppard Pratt has the same philosophy,” said Chief Nursing Officer and Vice President of Clinical Services Diane Couchman, MBA, BSN, RN, who also oversees the Behavioral Health services.

Sheppard Pratt served more than 70,000 individuals in more than 160 programs across the health system last year in inpatient and outpatient treatment, housing, education, job training, and rehabilitation services among others. For more information about Sheppard Pratt, please visit [www.sheppardpratt.org](http://www.sheppardpratt.org).



# CalvertHealth

## **What is behavioral health?**

Behavioral health is the umbrella term that addresses mental health issues including depression and anxiety, as well as substance abuse behaviors. The Behavioral Health Team at CalvertHealth is prepared to manage a wide variety of conditions.

## **When and how to seek help.**

If you are having thoughts of harming yourself or others, immediately seek help by calling 911 or visiting the nearest emergency room. When someone with a behavioral health emergency is taken to the ER in crisis, he or she is evaluated by a physician and by a member of emergency psychiatric services, which is composed of licensed social workers/counselors. This evaluation will determine the level of care provided - whether the patient is admitted for inpatient care, partial hospitalization or discharged with a follow up plan in place. Those who are at risk of harming themselves or others will not meet PHP admission criteria initially and will require inpatient stabilization.

## **Inpatient Care.**

Our inpatient unit operates 24 hours a day and services are provided to adolescents and adults ages 13 years and older who require safety monitoring, medication management, psychoeducation and/or other care. The programs are staffed by a board-certified psychiatrist, registered nurses, social workers, mental health counselors, occupational therapists and work in cooperation with the public school system (for adolescents). Services include individual therapy, group therapy, family or couples therapy, supportive therapy and education on illness, treatment, coping skills and relapse prevention.

If you are in immediate need of crisis intervention, psychiatric stabilization and/or are a threat to yourself or others, please call 911 or report to the nearest Emergency Room.





**Residential Treatment Centers (RTC)** are live-in facilities where individuals who are unable to be safe at home or in the community and need long-term care receive intensive mental health services, such as individual and group therapy, psychiatric assessments and treatment, medication management, social skills training, and more.

**Referral Required**

- ***Sheppard Pratt School and Residential Treatment Center (12-18 years old)***  
(410) 938-5152
- ***Chesapeake Treatment Center (14-20 years old, Males Only)***  
(410) 663-8500 ext. 246
- ***John L. Gildner RICA (12-18 years old)***  
(301) 251-6857
- ***RICA-Baltimore (12-18 years old)***  
(410) 368-7887
- ***St. Vincent’s Villa (5-13 years old)***  
(667) 600-3036
- ***Nexus-Woodbourne Family Healing Center (12-18 years old, Males Only)***  
(410) 433-1000 ext. 7011



# Residential Treatment Programs

Residential treatment programs provide intensive help for youth with serious emotional and Behavioral problems. While receiving residential treatment, children temporarily live outside of their homes and in a facility where they can be supervised and monitored by trained staff.

Residential treatment can help children and adolescents whose health is at risk while living in their community. For example, the programs are helpful for those who have not responded to outpatient treatments, who have education needs that cannot be met in less restrictive settings at their local schools, or who are in need of further intensive treatment following inpatient psychiatric care.

Effective residential treatment programs provide:

- A comprehensive evaluation to assess emotional, behavioral, medical, educational, and social needs, and support these needs safely.
- An individualized treatment plan that puts into place interventions that help the child or adolescent attain these goals.
- Individual and group therapy
- Psychiatric care coordinated by a child and adolescent psychiatrist or psychiatric provider
- Involvement of the child's family or support system. Model residential programs encourage and provide opportunities for family therapy and contact through on-site visits, home passes, telephone calls and other modes of communication.
- Nonviolent and predictable ways to help youth with emotional and behavioral issues. The use of physical punishment, manipulation, or intimidation should not occur in any residential treatment program.

Figuring out which residential treatment program is the best fit for your child and for your family can be challenging. The following are tips for evaluating residential treatment programs:

- Find and research the programs that are licensed to provide care. States differ in how they license programs, and some programs are accredited by national agencies.

- Check online and with the program to hear about families' and youths' experiences with the program and if possible, speak to a family whose child completed the program. If the program has been reported to state authorities, find out why, and ask about the outcomes of any investigations.
- Seek out programs that are close to home to provide appropriate care for your child if possible. If the program is far from home, be sure that there is a plan for intensive family and community involvement. Be wary of programs that withhold family contact.
- Be sure that the residential program has a method of maintaining safe behaviors, promoting positive behaviors, and preventing aggression. Make sure that punishments and verbal intimidations are prohibited.
- Look for programs experienced in helping youth with similar issues. Also make sure that their treatments are based on therapies that have proven helpful for those with similar issues to those of your child.
- Ask questions of the staff at the program. If staff is unable to answer your questions, they should refer you to someone at the program who can. In addition, be sure to ask how you can monitor your child's progress. You should be able to find out how your child is doing at any time.
- Ask the therapist or psychiatrist who works with your child in your community for his or her view on potential programs, and to help you obtain more information.<sup>11</sup>

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<sup>1</sup> American Academy of Child and Adolescent Psychiatry

## Maryland RTC Directory

### **Residential Treatment Centers for Children and Youth in Maryland**

This directory lists the Residential Treatment Center (RTC) providers in the state of Maryland as of December 2021.

#### **Sheppard Pratt School and Residential Treatment Center**

- 65 residential beds
- Male and female adolescents, ages 12-18
- IQ Criteria: 70 and above, exceptions can be made

6501 North Charles Street  
Baltimore, MD, 21285

**Admission Information:**

Phone:(410) 938-5152

Fax: (410) 938-3499

[malperin@sheppardpratt.org](mailto:malperin@sheppardpratt.org)

#### **Chesapeake Treatment Center - New Directions Program**

- 29 residential beds
- Male adolescents, ages 14-20
- Special Populations: Adjudicated youth with approval of DJS gatekeeper, sexual and non-sexual behaviors accepted

9700 Old Harford Road  
Baltimore, MD, 21234

**Admission Information:**

Phone: (410) 663-8500 x 246

Fax: (410) 663-0805

[sschestag@ctcmd.net](mailto:sschestag@ctcmd.net)

#### **John L. Gildner Regional Institute for Children and Adolescents (JLG-RICA)**

- 32 residential beds
- Male and female adolescents, ages 12-18
- IQ Criteria: 70 and above

15000 Brochart Road  
Rockville, MD, 20850

**Admission Information:**

Phone: (301) 251-6857

Fax: (301) 309-9004

[prabha.menon@maryland.gov](mailto:prabha.menon@maryland.gov)

#### **RICA - Baltimore**

- 30 male residential beds; 15 female residential beds, ages 12-18
- Step Down and Diversion Services: Extended School Year Program

605 S. Chaplegate Lane  
Baltimore, MD, 21229

**Admission Information:**

Phone: (410) 368-7887

Fax: (410) 368-7885

[heather.rini@maryland.gov](mailto:heather.rini@maryland.gov)

#### **St. Vincent's Villa**

- 95 residential beds
- Male and female children, ages 5-13
- Special Populations: Traumatized youth
- IQ Criteria: 65 and above

2600 Pot Spring Rd.  
Timonium, MD, 21093

**Admission Information:**

Phone: (667) 600-3036

Fax: (667) 600-4059

[lazzaro@cc-md.org](mailto:lazzaro@cc-md.org)

#### **Nexus-Woodbourne Family Healing Center**

- 48 residential beds
- Male adolescents, ages 12-18
- Special Populations: Youth with sexually inappropriate behaviors and severely traumatized youth
- IQ Criteria: 70 and above, below 70 on a case by case basis

1301 Woodbourne Avenue  
Baltimore, MD, 21239

**Admission Information:**

Phone: (410) 433-1000 x 70116

Fax: (410) 435-2938

[wb-admissions@nexuswoodbourne.org](mailto:wb-admissions@nexuswoodbourne.org)



**Crisis Interventions and Supports** are generally short-term management techniques used to reduce permanent damage to someone affected by a crisis. It can also be used to develop treatment plans. This resource can help restore one's mental state and prevent psychological trauma following a crisis.

➤ ***Calvert Crisis Response/ Mobile Crisis Team***

<https://ccbhcrisisresponse.org/about>

1-877-467-5628

➤ ***Crisis Text Line***

Text HOME to 741741

➤ ***National Suicide Prevention Lifeline***

(800) 273-TALK (8255)

988

<https://988lifeline.org/chat/>

➤ ***The Trevor Project***

TRVR.org/Help

1-866-488-7386

Text "START" to 678-678

➤ ***Teen Hotline***

<https://www.teenline.org>

(800) 852-8336

Text TEEN to 839863





**1-877-467-5628**

**RECOVERY ON  
YOUR TIME**

Calvert Crisis Response is a comprehensive crisis team available 24/7 to provide immediate, onsite access to behavioral health (*substance use and/or mental health*) treatment. With an office location and mobile treatment option, Calvert Crisis Response is here to serve our community members.



**- RAPID ACCESS TO SUBSTANCE USE  
AND/OR MENTAL HEALTH TREATMENT -**

**- MEDICATION ASSISTED TREATMENT -**

**- PEER SUPPORT AVAILABLE -**

**- FREE NARCAN KIT -**

[www.CCBHCrisisResponse.org](http://www.CCBHCrisisResponse.org)

## OUR UNIQUE APPROACH

### Medication-Assisted Treatment

Our team is able to perform a comprehensive evaluation and make recommendations for the best method of medication-assisted treatment (MAT), whether it be Buprenorphine, Naltrexone, or Methadone.

### Patient Centered Treatment

Our team is here to guide you through your treatment options and provide you with the best recommendations and plans. Utilizing local resources, including residential treatment facilities and support groups, our goal is to streamline access to care and remove the barriers to longterm recovery.

### Treatment Works

We believe that an individualized, multidisciplinary approach provides the best possible opportunity to initiate and sustain recovery. Treatment works, though it looks different for each person. By providing recovery on your time, when you are ready, we hope to reduce obstacles of the past and open the door to the future.



**The Calvert Crisis Response team**, which includes a medical provider, a therapist, and a peer recovery specialist, helps to streamline access to behavioral health services, as well as provide same-day treatment for opioid misuse. Following engagement, case management services are initiated to help individuals engage in treatment and decrease the likelihood of future crises.



**24/7 HOTLINE**

**1-877-467-5628**

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

These materials were funded through a grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Maryland Department of Health (MDH).

CRISIS TEXT LINE |

# SCHOOLS AND STUDENTS SHOULD BE SAFE.

WHATEVER YOU ARE FEELING,  
WE ARE HERE FOR YOU.

# Text HOME to 741741

**for free, 24/7 crisis support.**

Every texter is connected with a Crisis Counselor, a real-life human being trained to bring texters from a hot moment to a cool calm through active listening and collaborative problem solving.







**988**

**SUICIDE  
& CRISIS  
LIFELINE**

If you or someone you know  
needs support now,  
call or text 988  
or  
chat [988lifeline.org](https://www.988lifeline.org)





The Trevor Project provides 24/7 crisis support services to LGBTQ young people. Text, chat, or call anytime to reach a trained counselor.

[TheTrevorProject.org](https://www.thetrevorproject.org)



## Chat

Online instant messaging with a TrevorChat counselor.

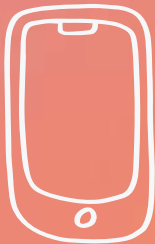
[TRVR.org/Help](https://www.trvr.org/help)



## Call

If you're thinking about suicide, you deserve immediate help. Call us anytime.

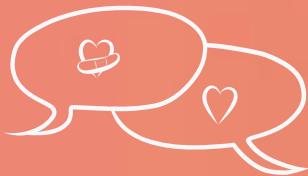
1-866-488-7386



## Text

Talk to a Trevor counselor via text message.

Text "START" to 678-678



## TrevorSpace

A social networking site for LGBTQ youth under 25, and their friends & allies.

[TrevorSpace.org](https://www.trevorspace.org)



## LGBTQ Resources

Guides and resources on suicide prevention, sexual orientation, gender identity, and other topics.

[TRVR.org/Resources](https://www.trvr.org/resources)



# What Is Teen Line®?

**Teen Line** is a teen-to-teen help line. That's right, **Teen Line** is a line for teens, run by teens. High school volunteers are trained to help teen callers with any kind of problem.

Call **310-855-4673** any evening between 6:00pm and 10:00pm PST. Or, Text **"TEEN"** to **839863** between 6:00pm and 9:00pm PST to connect with our teens. You can also email one of our teens at

[teenlineonline.org](http://teenlineonline.org). After hours, your call will be directed to Didi Hirsch's Suicide Prevention Center.

**Teen Line** also has message boards which are found on our website and are available 24/7. The Message Boards are a place where teens from around the world can read, post, and reply to other teens from around the world who are seeking information and support about common teen issues.

## What Do I Do If I Or A Friend Have A Problem?

A lot of teenagers don't know what to do when confronted with a problem. Very often it's because they have never had to deal with this thing before - it's a new experience. That's okay because you're not supposed to know what to do when something happens in your life that you have never had to deal with before.

Maybe you don't feel like you can talk to your friends or family because they won't understand or they may tell people at your school. Or, maybe you feel like you don't have anyone to talk to. That's where **Teen Line** comes in.

## So How Will Teen Line Help Me?

Our trained teens will first **LISTEN** to you and **BELIEVE** what you tell them. They will ask you questions to get a full understanding of your situation or problem. Then they will discuss the options available to you and help you figure out the best solution for your situation. In this way, they are just helping you to solve your own problem and they will provide you with new ways to help you deal with other things that might happen in your life too.



## What If I Don't Have A Problem?

Okay, so you might not have a problem right this minute, but if you're human...you're going to have a problem at some time in your life. So read on.

## Tips For Dealing With Problems

- **Talk to someone.** This is the best way to deal with a problem. Talk to your friends, parents, counselors or **Teen Line**® – anyone you trust.
- **Take positive steps to relieve stress.** Get painful feelings out of your system by playing sports, keeping a journal, writing poetry, listening to music – essentially anything that makes you feel better about yourself and your situation.
- **Seek professional help.** You may have to talk to a professional like a therapist or counselor for some serious issues. This doesn't mean you are weak or can't handle it. True strength is asking for help when you need it.
- **The main thing to remember is that you have a right to be happy and feel good about yourself.** There are always options even if it doesn't seem like it, and sometimes you have to find and use resources that are outside of your circle of friends or family. **Teen Line** is one of those resources, and can refer you to others if you need them.

**Teen Line** also has the Youth Yellow Pages, which provides a listing of helpful resources. You can purchase a hard copy, view an online version of the booklet, or download it as a free app at: [teenlineonline.org/yyp](http://teenlineonline.org/yyp)



## Help In Other Languages

**Teen Line**® is primarily an English-speaking help line. However, if you feel more comfortable speaking in your native language we can help you find support in that language. You could also call **Teen Line** with a friend who speaks English by conference call. Whatever you decide to do, **Teen Line** is there to help you with your problems, no matter how big or small.

### Teen Talk App



**Teen Talk** is a free iPhone app where teens can get support for whatever they may be dealing with from a trained teen. It is a safe, non-judgmental space where you can anonymously post your issue at any time and get support from a trained teen from 6:00PM to 10:00PM Pacific time. Visit [www.tinyurl.com/TeenTalkApp](http://www.tinyurl.com/TeenTalkApp) to download the app. This app is made possible by a joint partnership of Teen Line and Jewish Big Brothers Big Sisters of Los Angeles.

## Community Service & Volunteering

If you live in the Los Angeles area and you think you would like to volunteer at **Teen Line**, check out our volunteer page at [www.teenlineonline.org/volunteer](http://www.teenlineonline.org/volunteer).

For more information or to purchase or download brochures, visit [www.teenlineonline.org](http://www.teenlineonline.org).

**teen line**<sup>®</sup>  
teens helping teens

With Appreciation,

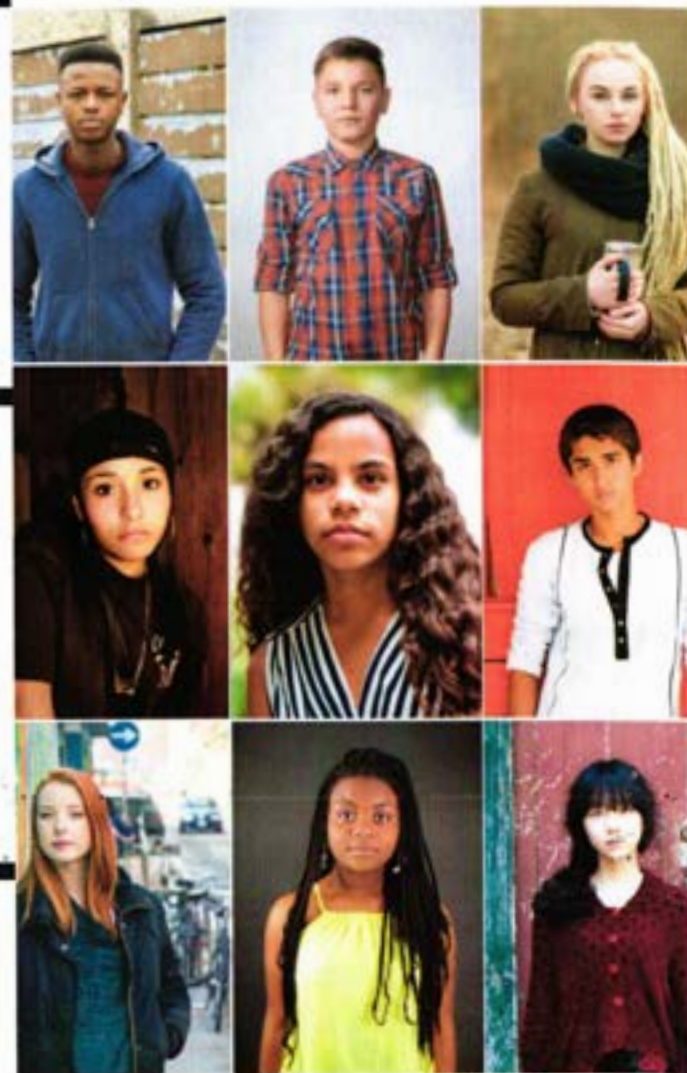


CEDARS-SINAI



Accredited by the American Association of Suicidology

It's ok if you're not ok.  
We get it.



**teen line**<sup>®</sup>

teens helping teens

[www.teenlineonline.org](http://www.teenlineonline.org)





These **Additional Services** are services that do not fit in other categories, but can still be used to support children and their families.

### **LGBTQ+**

- *True Colors*
- *Calvert Rainbow Alliance*

### **Education-Related Services**

- *Home and Hospital Teaching*
- *Independent IEP Meeting Facilitation*
- *Education Support Services*

### **Services for Individuals with Disabilities**

- *Project HEAL at Kennedy Krieger Institute*
- *Disability Rights of Maryland*

### **Counseling Services**

- *Calvert Center for Change*
- *Chesapeake Life Center*

**@ = 'O s**

- *Youth Crisis Response (YCR)*

# True Colors



## LGBTQ Support Group

A supportive and understanding approach to today's most common questions and concerns from regarding sexual orientation, gender identity, and gender expression. Lesbian. Gay. Bisexual. Trans. Queer. Simple, right?

Not for Everyone!

Take a block and help build a  
strong LGBT+ foundation in  
Calvert County

Join us for a safe place to  
be yourself  
~And~  
a wonderful opportunity  
for connection, and unity!

Meeting every 3<sup>rd</sup> Wednesday @ 6:00pm.

Prince Frederick Library

For More Info Contact

Staci @ 443.975.6333 (text or leave VM)  
staci.r.smith@gmail.com

-OR-

Michelle @ 443.624.6269 (text or leave VM)  
mandrews1623@gmail.com

By LGBTQ+ folks, for LGBTQ+ folks!



### **Welcome to our family...**

And when we say family we mean exactly that... FAMILY..

The Calvert Rainbow Alliance is much more than just a nonprofit LGBTQ+ organization, more than just a safe harbor for the lost, more than a listening set of ears or shoulders to cry on and arms waiting with a hug... First and foremost we are a family. A family of people from all walks of life whom have come together in love, support, commonality and strength to ensure that here in Calvert County ALL of our LGBTQ+ brothers, sisters and allies have a safe, supportive and welcoming space in which they can allay their woes, fears and frustrations and just be who they truly are 100% of the time. Welcome to The Calvert Rainbow Alliance... Welcome to our family.

### **Find out more ways to help!**

There are so many ways to support our mission. Contact us to find out more about volunteer opportunities, fundraising events, and ways to get our message to your friends and family.

**Calvert Rainbow Alliance, Inc. 365 Duke Street, Suite 106 Prince Frederick, MD 20678**

1-800-SO-LGBTQ or (1-800-765-4287)

[info@calvertrainbowalliance.org](mailto:info@calvertrainbowalliance.org)

Monday - Friday: 9am - 5pm / Saturday - Sunday: Closed

# Home and Hospital Teaching

Home and hospital teaching (HHT) provides educational continuity to students who are unable to attend their usual school of enrollment due to an emotional disability, physical illness or chronic illness. To qualify, the student must provide a statement from the relevant doctor stating why the condition prevents the student from attending school and for how long. Most school systems have an HHT application form that must be completed by the student's parents or guardians, and the student's physician, psychiatrist or psychologist.

## Which conditions qualify students to receive special education and related services via HHT?



- Emotional disability—a condition that presents for a long period of time and adversely affects a student's education, such as:
  - Anxiety disorder
  - Bipolar disorder
  - Conduct disorder
  - Eating disorder
  - Obsessive compulsive disorder
  - Psychotic disorder
- Physical illness—applies to students with a physical condition that prevents them from attending school for an anticipated three weeks or more, such as:
  - An acute medical condition
  - Surgery
- Concurrent enrollment or chronic illness—applies to students with a chronic illness, including but not limited to:
  - Asthma
  - Cancer
  - Sickle cell anemia
  - Kidney failure
  - Juvenile diabetes
  - Cystic fibrosis
  - Cardiac disorders
  - Emotional conditions such as depression or bipolar disorder

## Can schools refuse to provide HHT to qualifying children because virtual schooling is available?



The Individuals with Disabilities Education Act (IDEA) does not permit the U.S. Department of Education or school systems to waive the requirement of providing a free appropriate public education (FAPE), of which HHT is a part. Due to COVID-19, if online schooling is available, this may be more appropriate than HHT. However, if a student's illness prevents them from participating in a full day of remote/distance schooling, HHT services may still be needed.

## Are students with health and immunity risks permitted to refuse in-person instruction?



HHT services are triggered by a note from a relevant doctor explaining why the student's health condition makes them unable to participate in regular schooling. Should schools return to in-person classes (without an option for remote/distance education) while COVID-19 is still a risk, a student with a health and/or immunity risk is permitted to submit a doctor's note stating their inability to attend school in person. This note should include the following:

- The student's medical condition
- How the student's medical condition affects schooling
- Length of time the student is expected to be out of school

It is important that the doctor's note indicate why the student's health is at an elevated risk during the COVID-19 pandemic. As with all HHT services, the student's individualized education program (IEP) team will take the doctor's note into consideration and make an eligibility determination.

To apply for HHT services, contact your child's IEP team or your school system's HHT office to request an HHT application.

Maryland State Department of Education (MSDE) HHT technical assistance (TA) bulletin (18-01): [marylandpublicschools.org/programs/Pages/Special-Education/TAB.aspx](https://marylandpublicschools.org/programs/Pages/Special-Education/TAB.aspx)

**For more information, contact Project HEAL at 443-923-4414.**





## Purpose

The goal of the facilitated IEP meeting is to help IEP team members communicate effectively and develop an educational program to meet the child's need.

Facilitated meetings may be helpful for any IEP team, and may be particularly helpful when:

- There is a lot of new information to be processed;
- Team members would like to create better understanding;
- Team members want help staying focused on an agenda; or
- There is a particular disagreement that the team wants to make progress on.

## Benefits

Benefits of a facilitated IEP meeting include:

- Assistance in the development of a mutually agreed-upon IEP and other team decisions.
- The chance for team members to develop and keep good working relationships.
- Building the foundation for on-going communication and collaboration between the family and the school through out the year.
- The service is offered **at no cost** as a service of the local community mediation center.
- Having someone who is not an advocate for the parent or school system assist in the communication.

## Details

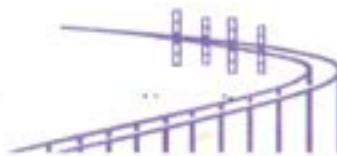
For more information please view the online FAQ at:

[www.MarylandPublicSchools.org/msde/divisions/earlyinterv/complaint\\_investigation](http://www.MarylandPublicSchools.org/msde/divisions/earlyinterv/complaint_investigation)

Then click on:

"Facilitated IEP Team Meetings in Maryland, An introduction and Frequently Asked Questions for Parents and Public Agency/School Personnel"

## Sponsored by



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[www.MDMediation.org](http://www.MDMediation.org)



[www.MSDE.state.MD.us](http://www.MSDE.state.MD.us)

Rev. 3/2017

# Independent IEP Meeting Facilitation



A free service of  
Maryland's local  
Community  
Mediation  
Centers



## What does an Independent IEP Facilitator do?

An Independent IEP Facilitator:

- Talks to the parents and the IEP Chair in advance to support the development of an agenda.
- Helps make sure that everyone has a chance to speak and be heard at an IEP meeting.
- Keeps the discussion focused.
- Helps the team to resolve disagreements.
- Uses communication skills to help IEP team members work together to develop an appropriate IEP and make other decisions about the IEP student's program.

## Who are the Independent Facilitators?

The Independent Facilitators:

- Are highly trained volunteers from local community mediation centers.
- Are not members of the team and do not have a relationship with the school or the parent.
- Focus on the process, while the team members make all the decisions.
- Remains neutral and will not place blame, take sides, or make recommend actions.

## Availability of Services

Independent IEP Facilitation is currently being offered in certain school districts. For more information, contact the program listed below for your county. Please note that at least 10 days of lead time are requested in order to provide facilitators. We will do our best to accommodate requests made with less lead time.

### Anne Arundel County

Anne Arundel Conflict Resolution Center  
410-266-9033

### Baltimore City

Baltimore Community Mediation Center  
410-467-9165

### Baltimore County

Conflict Resolution Center of Baltimore County  
410-780-1206

### Calvert County

Community Mediation Center of Calvert County  
443-295-7456

### Carroll County

Carroll County Community Mediation  
410-848-1764

### Cecil County

Community Mediation Upper Shore  
443-207-5159

### Dorchester County

Mid Shore Community Mediation Center  
410-820-5553

### Harford County

Harford County Community Mediation Program  
410-638-4807

### Howard County

Baltimore Community Mediation Center  
410-467-9165

### Frederick County

Community Mediation Maryland  
301-270-9700

### Montgomery County

Conflict Resolution Center of Montgomery County  
301-652-0717

### Prince George's County

Key Bridge Center for Conflict Resolution  
240-770-0401

### Queen Anne's County

Community Mediation Upper Shore  
410-810-9188

### St. Mary's County

Community Mediation Center of St. Mary's County  
301-475-9118



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(<https://loudvoicestogether.org/shop/>)

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**Loud Voices Together™**

Educational Advocacy Group

(<https://loudvoicestogether.org>)

☎ (301) 919-7282  
(tel:+13019197282)

# Education Support Services

Loud Voices Together offers the following high-quality education support services:

## Advocacy Services – IEP, IFSP, Section 504, and Service Plans

- ✓ Analyze Progress Monitoring Data, Educational Records, and Assessments To Understand the Student's Academic Performance
- ✓ Make Recommendations for Additional Tests, Services, and Placement
- ✓ Attend IFSP, IEP, and Section 504 Plan Meetings
- ✓ Conduct Classroom Observations
- ✓ Develop Section 504 Plan Accommodations
- ✓ Develop IEP Goals Based on Needs That Align With Common Core Standards or Content Connectors
- ✓ Draft Federal and State Compliance Complaints
- ✓ Expert Witness



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## Learning Opportunities

Loud Voices Together believes that learning is a continuous process that helps to build individual and organizational capacity. The following learning opportunities are available:

### Parent Coaching

- ✓ 1:1 or Small Group Parent Coaching To Build Parent's Advocacy Capacity, Special Education Knowledge, and Supportive Strategies
- ✓ Customized Coaching To Meet the Individual Learning Need
- ✓ Parent Goal-Setting

### Student Tutoring

- ✓ 1:1 or Small Group Tutoring in Math, Reading, Writing, and Executive Functioning Skills, in Person or via Zoom From Certified Specialists
- ✓ Explicit, Multi-Sensory, Orton-Gillingham Literacy Instruction
- ✓ Student Coaching and Goal-Setting
- ✓ Student Post-Secondary Planning

### Individual and Organizations

Individual and organization learning opportunities are customized based on a needs-based assessment and organizational learning objectives. Schedule a consultation for details and requirements.

**Contact Us (</contact/>)**



# Project HEAL

at Kennedy Krieger Institute



Advocacy and legal services for children  
with intellectual and developmental  
disabilities and their families



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Maryland Center for Developmental Disabilities  
at Kennedy Krieger Institute

*Building Partnerships. Changing Lives.*

**Do you need help obtaining special education and related services for your child?**

**Do you need representation to appeal an SSI denial?**



## **Our Program**

Project HEAL (Health, Education, Advocacy, and Law) is a community-based program of the Maryland Center for Developmental Disabilities at Kennedy Krieger Institute and is Maryland's only comprehensive medical-legal partnership. Project HEAL's attorneys collaborate with Kennedy Krieger's faculty members, staff members and trainees to provide advocacy and legal services (e.g., representation and limited representation) for children with intellectual and developmental disabilities who receive clinical services at Kennedy Krieger, and their families, regardless of their immigration status.

## How can Project HEAL help me?

You may have challenges in your day-to-day life that affect your child's health and well-being. Project HEAL's attorneys provide the following advocacy and legal services:

- **Representation:** In special education matters, Supplemental Security Income appeals and simple family law matters
- **Limited representation:** Brief advice, document review, referrals, information and resources
- **Case consultations:** Advice to Kennedy Krieger faculty members, staff members and trainees
- **Pro bono referrals:** To Baker Donelson, Ballard Spahr LLP, DLA Piper, Offit Kurman and nonprofit legal service organizations
- **Professional training:** For Kennedy Krieger faculty members, staff members and trainees
- **Community training:** For children, families, service providers, law firms, school systems and organizations



“Project HEAL secured additional evaluations through the school system and effectively advocated for a more appropriate educational program and placement for my son.”

– Parent

## Am I eligible? What does it cost?

Project HEAL provides legal services for patients at Kennedy Krieger Institute with intellectual and developmental disabilities and their families who meet the income eligibility requirements and have a civil legal issue requiring an attorney. Fees are determined based on a sliding scale. Written proof of income and advance payment are required.

For current income eligibility guidelines and fees, contact Project HEAL at **443-923-4414**.

## Project HEAL has mentorships with:

- Towson University
- University of Baltimore School of Law
- University of Maryland Francis King Carey School of Law

## Funders:

- Bertha's Mussels
- Lee's Landing Dock Bar
- Lee's Pint & Shell
- Primary Residential Mortgage, Inc.
- RE/MAX Preferred

Kennedy Krieger Institute recognizes and respects the rights of employees, trainees, and patients and students, and their families. At Kennedy Krieger, we ground our care, services, training and research in treating others with respect and civility. We respect the cultural identity of every person. Kennedy Krieger does not discriminate against people based on, but not limited to, perceived or actual race, color, ethnicity, national origin, age, language spoken, accent, marital status, veteran or military status, immigration status, disability, religion, pregnancy status, sex, sexual orientation, or gender identity or expression. We strive for equitable care for all individuals for whom we provide services, training, education and research participation. We encourage employees, trainees, and patients and students, and their families, to become active partners in the services provided by asking questions, seeking resources and advocating for their needs. © 2021 Kennedy Krieger Institute 8/2021



A PROJECT OF:



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Maryland Center for Developmental Disabilities  
at Kennedy Krieger Institute  
*Building Partnerships. Changing Lives.*

IN PARTNERSHIP WITH:

BAKER DONELSON



**Ballard Spahr**  
LLP

**Offit | Kurman**  
Attorneys At Law

The Maryland Center for Developmental Disabilities (MCDD) is one of a national network of University Centers for Excellence in Developmental Disabilities federally funded by the Administration on Intellectual and Developmental Disabilities.

People with intellectual and developmental disabilities are increasingly assuming their rightful place in society. Staff members who work on MCDD projects adhere to high ethical standards of professional practice, and they respect and support the legal and human rights of people with developmental disabilities and their families.

## Contact Information

### **Project HEAL at Kennedy Krieger Institute**

For more information or to complete a phone intake, please call **443-923-4414**. TTY users, please contact us at **443-923-2645**, or dial **711** to make a Maryland Relay call.

Fax: **443-923-4417**

**ProjectHEAL.KennedyKrieger.org**

### **Location**

716 North Broadway  
Baltimore, MD 21205

Visit **KennedyKrieger.org/SupportProjectHEAL** to make a donation to support Project HEAL.

\* The photograph on the cover is for illustrative purposes only, and any person shown is a model.

# Disability Rights Maryland

Disability Rights Maryland (DRM) is the state's designated Protection & Advocacy agency, with 40 years of experience providing free, specialized legal services to individuals with disabilities across the state. Please join us in this gratifying and important work!

Support our mission of creating a more integrated, just society and improving the lives of Marylanders with disabilities by advancing their legal rights, and ensuring equal opportunity to participate in community life.

*In lieu of representation, attorneys can contribute by making a donation to Disability Rights Maryland and help strengthen our ability to serve the disability community.*

Visit: [www.DisabilityRightsMD.org/donate](http://www.DisabilityRightsMD.org/donate)

## Disability Rights Maryland

1500 Union Avenue, Suite 2090, Baltimore, MD 21211

For more information about Pro Bono opportunities, please contact

Pamela Foresman, Pro Bono Coordinator at  
(410) 727-6352 x. 2506 or  
email: [PamelaF@DisabilityRightsMD.org](mailto:PamelaF@DisabilityRightsMD.org)



## Pro Bono Opportunities

Volunteer with Disability Rights Maryland to make a difference in the lives of Marylanders with disabilities.





## DRM's Pro Bono Program

Each year thousands of individuals with disabilities contact Disability Rights Maryland (DRM) seeking legal assistance. Through our Pro Bono Program and partnership with the private bar, volunteer attorneys bring much needed legal advocacy services to children, low-income individuals, and veterans with disabilities across the state.

DRM screens all cases for merit and assigns these cases to partnering attorneys based on personal advocacy interests and geographical convenience.

### Volunteer areas include:

- Special education
- Access to services under Medicaid

For more information about pro bono opportunities, please visit [www.disabilityrightsmd.org/pro-bono-program](http://www.disabilityrightsmd.org/pro-bono-program) or contact:  
Pamela Foresman, Pro Bono Coordinator at (410) 727-6352 x. 2506 or email: [PamelaF@DisabilityRightsMD.org](mailto:PamelaF@DisabilityRightsMD.org)

## Assisting Adults & Children to Access Healthcare Services



Under the Maryland Medical Assistance Program (Medicaid), governed by state and federal law, adults and children with disabilities have the right to receive medically necessary services as recommended by their healthcare professional and covered by Medical Assistance.

Medicaid recipients, however, are often denied services to which they are legally entitled. Many times, a denial involves desperately needed healthcare services that may prevent an individual from being institutionalized and may even be a matter of life and death. These denials can be appealed, but many individuals fail to do so because they simply don't have the financial resources to hire an attorney. Without an attorney, an appeal is unlikely to succeed.

Most Medicaid recipients who contact DRM have strong legal cases with the sole issue being whether the service is "medically necessary" under the state's definition. In these cases, this issue is directly addressed because the treating health care professional has recommended and documented the need for specific health care services.

DRM only has the resources to handle a small fraction of these cases. Volunteer attorneys are crucial to addressing this need. Most cases involve preparation for a hearing before the Office of Administrative Hearings. A high percentage of these cases settle before the hearing.



## Special Education

Maryland has more than 100,000 students with disabilities, and federal law guarantees every one of them the right to a "free and appropriate public education."

Unfortunately, school systems do not always fulfill their obligations and many parents are unaware of their children's rights or are overwhelmed by the special education process. Many students are denied access to the supports and services needed to succeed in the classroom, are subjected to illegal restraint or seclusion, or are disproportionately suspended and expelled.

DRM cannot meet the demand from hundreds of students with disabilities needing legal assistance. However, volunteer attorneys participating in DRM's Pro Bono Program directly address this need and make a long-lasting impact on the lives of children by representing those whose educational rights have been violated.

## Get Involved!

Attorneys need no prior experience to be an effective advocate. **DRM provides**

- Comprehensive training and materials (in person or online)
- Professional liability insurance
- Ongoing technical support and mentoring to enable attorneys to represent their clients confidently and effectively.





The Calvert Center for Change is a comprehensive sexual assault and domestic violence program. We provide crisis planning, counseling, advocacy, access to shelter, and facilitate educational and community awareness programs.

The Calvert Center for Change believes it is the right of every individual to live free of the fear of abuse and/or violence.

We offer services at all four Calvert County Behavioral Health locations: Chesapeake Beach, Prince Frederick, Barstow, and Lusby.

To request more information or schedule an appointment: 410-535-5400, x384 Domestic Violence/Sexual Assault Hotline available 24/7 through Calvert Crisis Response: 1-877-467-5628

### ***Crisis Planning***

This service helps individuals seek ways out of volatile situations through safety planning, crisis referrals, psychoeducation, and shelter services. We can also assist with information regarding the legal system.

### ***Individual Therapy***

Our licensed therapists are trained to treat children and adults who have experienced trauma related to physical, verbal, sexual or emotional abuse, sexual assault and domestic violence.

### ***Safe Harbor Shelter***

Safe Harbor is a residential shelter for abused individuals and their children. The primary purpose of this facility is to provide a supportive shelter experience for the family to establish its own healthy living environment. In collaboration, Calvert County Behavioral Health offers access to mental health and substance use treatment, as well as provides parenting education.

A significant aspect of the shelter experience for children includes a respite from witnessing violence. The time spent in shelter can illustrate how a peaceful, non-threatening environment encourages a healthier resolution for conflict.

Please contact Calvert Center for Change for more information on Safe Harbor Shelter at 410-535-5400, x384.

### ***Volunteer Advocate Program***

Volunteer advocates provide critical information to a victim so he or she can better understand their options. They may also assist with safety planning and referrals to community resources, assistance applying for and obtaining protective orders, assistance to victims whose protective orders have been violated, information about the criminal justice system, information regarding alternate safe housing for the victim and their pet. They may also provide accompaniment to the hospital when seeking a sexual assault forensic exam (SAFE).

Please contact Calvert Center for Change about Volunteer Advocate opportunities.

### ***Advocacy and Accompaniment***

Advocates can provide accompaniment 24 hours a day for the following services:

- To seek Protective Orders during court proceedings
- To CalvertHealth Medical Center for victims of domestic violence or sexual assault

### ***Abuser Intervention Program (AIP)***

#### **Mission Statement:**

The goal of the Abuser Intervention Program is to increase the safety of survivors of abuse, hold offending individuals accountable, and promote positive change toward non-violent behavior.

**Abuser Intervention Program** is a twenty-eight week program for individuals legally involved in domestic violence situations and referred by the court. Groups are two hours in length. This program can be billed through the participant's insurance. A cash payment option is also available.

#### **The AIP curriculum presented in two stages:**

- Stage I is a highly structured educational group lasting at least eight weeks, and educates the individual on violence, power, and control in relationships.
- Stage II begins the process of confronting abusive behaviors and learning more positive, non-violent responses and behaviors.

#### **Topics covered include:**

Emotion regulation, triggers of aggressive behavior, communication skills, alternative responses, acknowledging responsibility, relationship issues, motivation and obstacles to change.

# Adult Grief Support and Education

2nd Quarter 2023

## Monthly Offerings

### SoulCollage®

Participants create a series of collages to commemorate lost loved ones and to visually journal the grief process.

MONTHLY

VIRTUAL & IN-PERSON

### Largo Office

April 3, May 1, June 5  
5 - 8 pm  
\$10

### Drop-In Grief Support Group

Drop-in grief support groups are open to anyone grieving. Groups offer participants an opportunity to share their feelings and obtain support from others who are experiencing loss.

MONTHLY

IN-PERSON

### North Beach Senior Center

9010 Chesapeake Ave.  
North Beach  
April 5, May 3, June 7  
1 - 2 pm  
FREE

### Southern Pines Senior Center

20 Appeal Ln.  
Lusby  
April 11, May 9, June 13  
2 - 3 pm  
FREE

### Calvert Pines Senior Center

450 W. Dares Beach Rd.  
Prince Frederick  
April 18, May 16, June 20  
1 - 2 pm  
FREE

### Loss of Life Partner/Spouse Morning

A support group for individuals grieving the loss of a spouse or life partner.

MONTHLY

VIRTUAL

### Zoom

April 12, May 10, June 14  
10:30 am - 12:00 pm  
\$10

### Loss of Life Partner/Spouse Evening

A support group for individuals grieving the loss of a spouse or life partner.

MONTHLY

IN-PERSON

### Pasadena Campus

April 12, May 10, June 14  
6:30 - 8:00 pm  
\$10

## Quarterly Offerings

### Child Loss Support

A support group for parents grieving the death of a child, regardless of age or circumstance.

QUARTERLY

VIRTUAL

### Zoom

April 5  
6:00 - 7:30 pm  
\$10

### Grief and Movement

Movement has long been used to help those who are grieving cope with the impact of the loss. Aspects of yoga including gentle stretching, breathwork and mindful walking techniques will be used.

QUARTERLY

IN-PERSON

### Largo Office

June 10  
10 am - 12 pm  
\$10

## Adult Support Group Information

Pre-registration is required for first time attendance at all but drop-in groups.

Registration will be confirmed when payment is received.

Childcare is not provided, and children are not permitted in the adult groups.

Groups, workshops, and events in each county may be cancelled due to bad weather. Please check your email for updates.

Group restrictions will be updated using the most recent CDC guidelines and company policies prior to each group.

# Adult Grief Support and Education

2nd Quarter 2023

## Workshops

### Golden Healing Retreat:

#### *A place to rebuild for grief & loss*

For many, grief leaves us feeling shattered and broken. Through grief work and healing after a significant loss, we begin to rebuild and redefine ourselves. During this nurturing yoga and expressive arts retreat, we will engage in yin yoga followed by the cathartic process of smashing ceramics and using the broken pieces to create something new in the form of a mosaic project.

WORKSHOP

IN-PERSON

### Yoga Barn & Pasadena Campus

44 W. Earleigh Heights Rd.  
Severna Park, MD 21146  
April 1  
10 am - 3 pm  
\$50

### Calling All Authors

You are invited to share your story of how you navigated through the first special life tradition that you once celebrated with your lost loved one. Your story may bring hope to others with similar experiences, and giving words to your experience may help you find an outlet for your grief. No writing experience is necessary!

WORKSHOP

VIRTUAL

### Zoom

April 20  
10:00 - 11:30 am  
FREE

### Walking Through Grief - Spring

Join other grieverers as we take a springtime "slow walk" through parks in Prince George's County and Anne Arundel County. The walks will focus on developing awareness of our natural surroundings and how this can help in coping with loss. Time for discussion and reflection will be available. This walk is for all fitness levels on an easy trail.

WORKSHOP

IN-PERSON

### Lake Artemesia

8200 55th Ave.  
College Park, MD 20740  
April 17  
11:00 am - 12:30 pm  
FREE

### Quiet Waters Park

600 Quiet Waters Park Rd.  
Annapolis, MD 21403  
April 21  
10:30 am - 12:00 pm  
FREE

### Maryland Therapeutic Riding Workshop - Family Edition

Families are welcomed to explore their grief in collaboration with Maryland Therapeutic Riding and their equine friends. Minimum age for children is 8. All activities will take place on the ground (no mounted riding) and no experience with horses necessary.

WORKSHOP

IN-PERSON

### Maryland Therapeutic Riding

1141 Sunrise Beach Rd.  
Crownsville, MD 21032  
April 29  
3 - 5 pm  
\$25 per person (\$50 max per family)

### Smash & Mend

In this expressive arts workshop, we will engage in the cathartic process of smashing ceramics and using the broken pieces to create something new in the form of a mosaic project.

WORKSHOP

IN-PERSON

### Burnett Calvert Hospice House

4559 Sixes Rd.  
Prince Frederick, MD 20678  
May 6  
10:30 am - 12:30 pm  
\$25

### 3rd Quarter Event Preview Grief & Literature

Join us for a conversation about where grief meets life in literature. Participants will read and discuss a book together.

WORKSHOP

IN-PERSON

### Pasadena Campus

*Summer date and time to be determined*  
FREE (Book will need to be purchased by the participant)

Payment is due one week prior to each workshop and multiple week program to confirm registration.

To register, contact 888.501.7077 or [GriefInfo@chesapeakelifecenter.org](mailto:GriefInfo@chesapeakelifecenter.org)



# Child & Teen Grief Support and Education

2nd Quarter 2023

## Phoenix Rising Workshops

*Ages 6 - 18 years*

This group provides grieving children and teens an opportunity to come together to socialize and feel supported in their grief. Groups will be divided by age and grade level based on enrollment. Understanding that grief has no timeline, this quarterly program is open to everyone, no matter when your loss took place.

Come join us at the Calvert Marine Museum for a unique experience touring the museum and learning about the story of the Chesapeake Bay. There are opportunities to look at live animals and fossils, and enjoy interactive exhibits. By attending, you will be given an opportunity to socialize with peers who have also experienced grief, connecting through this shared experience. Following the programming provided at the museum, you will be provided lunch and there will be a “grief small talk” where we gather and check-in on how we are coping with our grief, and you will be given the opportunity to share memories of your loved one who has passed away.

QUARTERLY

IN-PERSON

### **Calvert Marine Museum**

**14200 Solomons Island Rd., Solomons, MD 20688**

June 10

11 am - 1 pm

\$10

## Camp Nabi Overnight Camp

*Ages 6 - 18 years*

This camp experience will bring together children from across our service area to participate in activities focused on memorializing loved ones who have passed away, learning coping skills in small groups, and utilizing integrative arts for expression. Traditional camp activities like swimming and ropes course will be included. *Transportation will be available from Anne Arundel, Prince George's, Calvert, and Charles counties.*

CAMP

IN-PERSON

### **Arlington Echo Outdoor Education Center**

**975 Indian Landing Rd., Millersville, MD 21108**

August 4 - 6

\$100

*Scholarships available*

Please call if interested. A consult with a counselor is required before final approval can be given for attendance.

*Payment is due one week prior to each workshop and multiple week program to confirm registration.*

## **Child & Teen Support Group Information**

Pre-registration is required for these offerings.

Scholarships are available if cost is a hardship.

Group restrictions will be updated using the most recent CDC guidelines and company policies prior to each group.

**To register, contact 888.501.7077 or [GriefInfo@chesapeakelifecenter.org](mailto:GriefInfo@chesapeakelifecenter.org)**





**888.501.7077**

**chesapeakelifecenter.org**

**GriefInfo@chesapeakelifecenter.org**

Chesapeake Life Center offers grief support to anyone grieving the loss of a loved one in our community regardless of their relationship to hospice or the type of loss. We recognize that the experience of loss is different and unique for each person.

### **Services We Provide:**

Short-term grief counseling (Ages 5 & up)

Grief support groups

Educational workshops

### **Office Locations**

#### **Anne Arundel County**

John & Cathy Belcher  
Campus  
90 Ritchie Hwy  
Pasadena, MD 21122

#### **Calvert County**

238 Merrimac Ct  
Prince Frederick, MD  
20678

#### **Charles County**

2505 Davis Rd  
Waldorf, MD  
20603

#### **Prince George's County**

9500 Medical Center Dr  
Suite 250  
Largo, MD 20774

### **Fees for Service**

#### **For Hospice of the Chesapeake Family Members**

Support groups and short-term counseling (up to 10 sessions) offered at no charge for up to 13 months after the death of the hospice patient.

Counseling can continue with a sliding scale after 13 months.

Specialty program fees are as noted in the program schedule.

#### **For Community Members**

Initial counseling visit is between \$30 - \$100 depending on household income; subsequent session fees will also be determined by household income using a sliding scale.

Four-week support groups: \$40

Six-week support groups: \$60

Monthly groups: \$10 per session attended

Specialty program fees are noted in the program schedule.

*\*Please contact us for assistance if cost is a hardship\**



## Youth Crisis Response

*Mental Health Stabilization*

### What is a Mental Health Crisis?

A mental health crisis may present as intense feelings of personal distress (e.g., anxiety, depression, anger, panic, hopelessness), obvious changes in functioning (e.g., neglect of personal hygiene, unusual behavior) or catastrophic life events (e.g., disruptions in personal relationships, support systems or living arrangements; loss of autonomy or parental rights; victimization or natural disasters). Risk to self/others may or may not be present. Prevention is seeking support when noticing a mental health crisis beginning.

### Youth Crisis Response Crisis Plan

After the initial assessment and contact is made and completed, families will be supported through a continuum of care that will include services for up to 8 weeks. A Youth Crisis Response Specialist will provide support with and among other existing supports assigned from Dept. of Social Services, based on need(s) found during assessment performed by Youth Crisis Response Clinician. Crisis Response Specialist meets with identified family within 24 hours of home response, to create an 8-week treatment plan.

### Our Mission

Southern Maryland Community Network (SMCN) forms a partnership between people with mental health needs and their community to foster understanding, empowerment, integration and enhanced quality of life.

Southern Maryland Community Network (SMCN) has been supported by LBHA in partnership with DSS in order to improve the stability of families with children in mental health crises and involved in the child welfare system in *St. Mary's County, Charles County and Calvert County* with the intent of preventing an out of home placement.



### SMCN: How to Contact Us

305 Prince Fredrick Blvd., Prince Fred., MD  
Phone: 410-535-4787  
Web: [www.smcni.org](http://www.smcni.org)

### DSS Referrals & Program Coordination:

DSS Tri-County Contact Information:  
Calvert: (443) 550-6900  
Charles: (301) 392-6400  
St. Mary's: (240) 895-7000

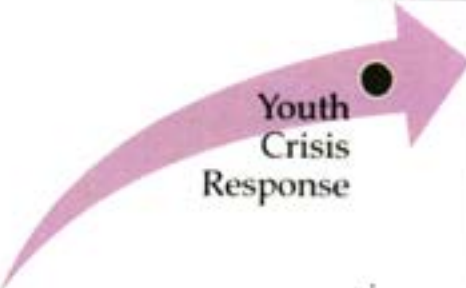
MaDee'ja Burch, MSW  
Crisis Services Director  
Southern Maryland Community Network  
443-924-4348  
[mburch@smcni.org](mailto:mburch@smcni.org)

THE Southern Maryland Community  
**NETWORK**  
*Champions of Behavioral Health*



Youth Crisis Response:  
A Tri-County Mental  
Health Stabilization  
Services (Community  
Mental Health  
Services)

*[Mental Health Stabilization program offered to child welfare involved families experiencing a mental health crisis in Calvert, Charles, and St. Mary's County, MD...]*



## Youth Crisis Response

### What is Youth Crisis Response?

The *Youth Crisis Response* team includes an independent licensed clinician (**Youth Crisis Clinician**), who will perform the initial assessment to determine family's needs, provide interventions, and education, and support crisis stabilization.

Referrals and support for the treatment plan will be made by the licensed clinician during crisis assessment, and will be supported through a "**Your Crisis Specialist**", to ensure each (child or adolescent) and/or family/parent/caregiver are provided individualized services.

Resources for mental health crisis stabilization, and techniques or services will be provided as a part of your treatment.

National Suicide  
Prevention Hotline  
Information  
1-800-273-TALK  
(8255)



[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

## Mental Health Stabilization Community Behavioral Health Services:

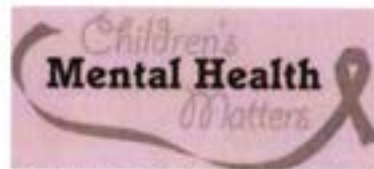
### Youth Crisis Response Program Goals

*The goal of Mental Health Stabilization, and of the Youth Crisis Response Team is to provide support to the child/adolescent experiencing a mental health crisis, and provide the existing support system(s).*

*An individual, strengths-based approach will be used to provide culturally sensitive treatment options.*

*YCR aims to provide access to treatment options, by offering a supportive and individualized referral process, providing education for caregiver(s), and teach coping skills to enhance functioning to assist families in obtaining pre-crisis level functioning.*

"An appropriate crisis response seeks to assist



the individual in regaining control by considering the individual an active partner in – rather than a passive recipient of – services." SAMHSA

<https://www.samhsa.gov/childrens-mental-health>

Youth Crisis Response Will Provide Services to those experiencing a mental health crisis by a strengths based, culturally sensitive approach, to include:

- ✓ Active listening to hear personal experiences of each person involved, and one's perception of crisis event
- ✓ Asking individual preferences in their treatment planning
- ✓ Teaching Coping Skills to use without being forced into formal treatment
- ✓ Determining which treatments were helpful in the past, and not helpful

### Youth Crisis Response Includes:

**Immediate Crisis Response Screening**  
**Follow up services/contact within 24 hours**  
**8 weeks of Crisis Response Support**  
**30 Day Follow Up Services and Post-Screenings**

**Assessments 1Hr+ dependent on need(s)**  
**Crisis Response Support 30min+ per visit**

Each family and individual served will differ from others. Individualized treatment is based on individual's preferences, agreeableness, and need(s). All services provided promote stabilization. Families referred are required to have a direct referral that is made through Dept. of Social Services.

**For More Information: Please contact your local DSS, current caseworker, and/or seek additional information from a YCR staff member assigned. Thank you, YCR Staff with SMCN**

Referral Date: \_\_\_ / \_\_\_ / \_\_\_ Name of Referring: \_\_\_\_\_  
Contact Information: Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
DSS Service Case Open Date: \_\_\_\_\_

## Youth Crisis Response (YCR)- Referral

MaDce'ja Burch, MSW  
Crisis Services Director  
Office# 443-924-4348 Fax# 410-535-4963 Text# 410-535-4787  
Email, [mburch@smcni.org](mailto:mburch@smcni.org) & cc' [YCR@smcni.org](mailto:YCR@smcni.org)

For general information, please contact SMCN at 410-535-4787 x.302

Child/Adolescent/Family Information/Demographics. (please complete the following)

First Name, \_\_\_\_\_ Middle Initial, \_\_\_\_\_ Last Name, \_\_\_\_\_

Date of Birth, \_\_\_ / \_\_\_ / \_\_\_ Home Address, \_\_\_\_\_

Phone Numbers. (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email, \_\_\_\_\_

**Gender.**  Male  Female  Trans  Other \_\_\_\_\_

**Race.**  Caucasian  African American  Hispanic  Asian  Other, \_\_\_\_\_

School Attended, \_\_\_\_\_ Grade Level, \_\_\_\_\_

**Custody of Child** is with or between whom, *if agreement is in place or in process between two parties of child identified above as client, please provide summary of existing agreement.*

Updated 10/2021  
Date Referral Received by YCR @ SMCN: \_\_\_\_\_

**Reason for Mental Health Stabilization Referral** (Child/Adolescent and Family Behaviors).

*(\*\*see section on next page for additional space to enter further information\*\*)*

**Mental Health Diagnosis.** \_\_\_\_\_

**Currently prescribed medications.** Yes  or No  **Hx of Self-Harm or Suicide.** Yes  or No

If yes to medication, please indicate the prescribed medications below.

**Primary Care or Specialist Last Seen.** \_\_\_\_\_

**Current Outpatient Therapist or Psychiatrist.** \_\_\_\_\_

**Parent/Caregiver Contact Info.** \_\_\_\_\_

**Location Selection. See Below and Discuss with Family**

Please select and indicate below. (i.e. agreed upon location to provide YCR services)

Home or  Alternative Community Location

**Other Pertinent Information.** (*\*History(hx) of hospitalizations, suicidal behaviors/self-harm, current or past treatment history, and any other information pertinent to family*)

*Prior to accepting consent for referral, please determine if a removal has already been requested. YCR may not be an appropriate service at this time if the family is already awaiting removal. Thank you for your support, and referral for services.*

**Consent for Referral.** I authorize  Calvert,  St. Mary's  Charles Dept. of Social Services to release referral information to Southern Maryland Community Network as deemed necessary by the department of social services to receive Mental Health Stabilization Services, through *Southern Maryland Community Network's Youth Crisis Response Program (YCR)*. Please sign below for agreement to have referral made on your behalf for the child/adolescent indicated above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

DSS Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Once the referral is received, a YCR specialist will be contacting the family referred within a 24/48 hour window based on family preference and/or needs. For further support or general information on the referral process, please contact the front desk staff at 410-535-4787.

*YCR is operating 24/7, therefore it is imperative that **referrals are to be emailed to the** YCR team at [YCR@smcni.org](mailto:YCR@smcni.org).*

Updated 10/2021  
 Date Referral Received by YCR @ SMCN: \_\_\_\_\_