Date Referral SUBMITTED:

Name of Person being referred

DOB: Gender: ☐ Male ☐ Female ☐ Other

Reason for Referral (see explanations of programs attached)

- ☐ Substance Abuse Services
- ☐ Sweet Baby (SB512)
- ☐ Insurance Needs
- ☐ Prevention Services / Parenting Programs
- ☐ Reproductive Health Services
- ☐ Narcan Training
- ☐ START
- ☐ School-based Wellness (Counseling)
- ☐ Prevention Services
- ☐ Psychiatric Rehabilitation (PRP)
- ☐ Outpatient Mental Health (Therapy)
- ☐ State Care Coordination (SCC)
- ☐ Peer Support
- ☐ Targeted Case Management (TCM)

☐ Not sure, please help me decide

***THIS IS A STARTING POINT FOR YOUR INTEREST IN OUR PROGRAMS. We will contact you to further discuss and provide additional referral materials as appropriate for individual programs. If you already have a standard referral for one of our programs on hand, this form is optional and you DO NOT need to take this step first.

Additonal information regarding needs of individual:

Referred by: Contact #: Ext.

Referring Agency: Contact Email:

Send completed referral to:
Worcester.Referrals@maryland.gov

Health Department Use Only

Date Referral Received: _____ Other Deparments notified on _____/_____/20_____

To enroll in Mental Health or Substance Abuse services:
Walk-in – Monday-Friday 8am-9:30am

Scheduled Intake by calling (410) 632-1100

https://www.worcesterhealth.org/
Instagram: /worcesterhealth
Twitter: @WorcesterHealth

Snow Hill Health Department
PH: (410) 632-1100
FX: (410) 632-5682

Berlin Health Department
PH: (410) 629-0164
FX: (410) 629-0185

WACS Center
PH: (410) 213-0202
FX: (410) 213-1408

Pocomoke Health Department
PH: (410) 957-2005
FX: (410) 957-2417

Overdose Prevention

Training provided to family, friends, & community members on the administration of Naloxone (Narcan), which can reverse the effects of an opioid overdose. Participants will be educated on what an opiate is, and how to recognize/respond to an overdose.

Reproductive Health

Services for both men and women, such as screening for sexually transmitted infections and birth control. Preventative & GYN Exams.

Communicable disease

programs offer HIV/AIDS testing, case management, as well as annual flu vaccine clinics.

Law Enforcement Assisted Diversion (LEAD):

Piloted in Ocean Pines
Law Enforcement will contact the LEAD Case Manager who will link individuals with Behavioral Health and alternate resources as appropriate.

Prevention Services

The Prevention Services unit provides health education and prevention programs that promote healthy lifestyle practices through a variety of prevention strategies and interventions designed to reduce the risks among individuals, families, and communities in Worcester County. This is an interdisciplinary team of health professionals including: prevention specialist, nurses, health educators, outreach workers, social workers, an exercise physiologist, and a nutritionist. Services include smoking cessation, alcohol, tobacco and drug education, a variety of parenting classes and teen pregnancy prevention programs.

Insurance

The Maryland Children's Health Program/Medicaid Program (MCHP) assists individuals in completing an online application to apply for Medicaid Coverage (free healthcare) via The Maryland Health Connection.
Lower Shore Health Insurance Assistance Program (LSHIAP) provides outreach, education and enrollment assistance for the uninsured and underinsured residents of Somerset, Wicomico and Worcester counties. Certified Navigators provide aid to consumers by providing assistance with the enrollment process through Maryland Health Connection, and by also working with the consumer pre and post enrollment to ensure linkage to appropriate health related resources.

START Program

This free program is designed to engage individuals in the community who are at high-risk of experiencing a behavior health crisis and who are not connected to behavioral health treatment. This program provides safety planning, referrals, family support, education and transition to traditional counseling services.

Substance Abuse Services

Substance abuse services provide treatment to clients throughout Worcester County. Services include screening, assessment, urinalysis, traditional outpatient, intensive outpatient, family counseling, individual counseling, group counseling, school based services, and referral to higher levels of care if needed (Outpatient, IOP, linkage to inpatient or Medication Assisted Treatment (Methadone, Suboxone).

Outpatient Mental Health

The program provides a wide variety of recovery-oriented services and is committed to improving the mental health of the community. Services include: Individual, Group, Family Therapy, and Medication Management services available in Berlin, Snow Hill, Pocomoke, WACS locations.

State Care Coordination:

Links individuals pre-and post-release from Residential treatment with services necessary to maintain recovery. **MDRN –** Financial Resources to individual enrolled in State Care Coordination

WORCESTER COUNTY HEALTH DEPARTMENT
Public Health
Prevent. Promote. Protect.

Peer Support:

(844) ONE-PEER

Promotes Recovery related activities. Assists with engaging in treatment. For clients who are in treatment or not in treatment and at all levels of use and stages of change. Grant funded, no fee or insurance required.
Peers work closely with treatment providers and recovery groups.

Sweet Baby 512

A program designed to support pregnant and postpartum women with a drug exposed baby.

Treatment, resources and supports are available for the mother, birth father and substance exposed child.

Targeted Case Management

Case Management staff advocate for the community of Worcester County in order to provide a continuum of quality services and supports. Case Management Staff empower consumers who are homeless or at rick of homelessness to access resources and services autonomously while having their needs, preferences, and desires met.

School-Based Wellness:

Licensed mental health professionals provide counseling to children in the school setting or home setting. The services are provided through the Worcester County Health Department in cooperation with the Board of Education. Services include individual, group and family therapy. Diagnostic evaluations as well as medication evaluation and management are available. Services are provided to children from kindergarten to 12th grade. We specialize in the treatment of major childhood disorders and behaviors such as depression and sadness, Anxiety disorders, behavior problems and more.

Psychiatric Rehabilitation Program:

Available to children & adults currently enrolled in therapy and who have MEDICAID. Community based services to improve life skills.

Maryland
DEPARTMENT OF HEALTH

AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

Use a separate form for each individual, program, organization or facility with which information may be shared.
Please type or print as clearly and completely as possible.

Reset Form

1 **Patient name** _____ **Date of Birth** _____

2 **I hereby authorize and request the following party to ☐ release ☐ receive information**

_____
Name of individual, program, organization or facility

_____
address

3 **☐ to ☐ from the following party** _____
Name of individual, program, organization or facility

_____
address

4 **The following information (INITIAL all items covered by this authorization):**

_____ **Acknowledgment of receipt of services**

_____ **Complete program record (includes all items below):**

_____ Intake assessment _____ Treatment plan _____ Progress notes _____ Diagnosis

_____ History/Physical _____ Lab Results _____ Service/discharge summary

_____ Medications _____ Immunizations _____ Identifying Information

_____ Billing Records _____ Photographs, Video, Digital or other images

_____ Mental health _____ Records from other providers contained in the program record

_____ **Other (specify)** _____

_____

_____ **Alcohol or other drug treatment records (requires specific authorization). Specify below.**

_____ Complete record _____ Assessment results/history _____ Treatment/service plan progress/compliance

_____ Other (specify) _____

5 **The disclosure is for the following purpose(s) (Check all that apply):**

☐ Patient request ☐ Treatment/continued care ☐ Review current care

☐ Payment ☐ Insurance application ☐ Legal

☐ Other (please explain) _____

_____

6 **This authorization expires one year from the date the form is signed unless I indicate an earlier date or event *(must occur sooner than 1 year from the date of my signature)* here:**

Until Date: _____ **OR** Until specific event: _____

7 **I understand the following:**

a. By signing this form, I am authorizing that the health information specified in Section 4 be shared between the party named in section 2 and the party named in section 3.

b. I may revoke this authorization at any time by writing to the individual(s), program(s), organization(s) or facility/facilities authorized to release information. If more than one individual, program, organization or facility has been authorized to release information, a written revocation request must be submitted to each party.

c. If an individual, program, organization or facility has already released health information based on this authorization, revoking it will only prevent future disclosure by the party to whom a written revocation has been submitted.

d. My treatment, payment for my treatment, enrollment or eligibility for services/benefits cannot be conditioned on the signing of this authorization, unless authorization is required to determine eligibility for services/benefits.

e. The information disclosed may be subject to redisclosure by the recipient and no longer protected by HIPAA.

8 **Patient Signature** _____ **Date** _____

Parent or Personal Representative Signature *(if applicable)* _____ **Date** _____

If signed by Parent or Personal Representative, please indicate Relationship to Patient

☐ Parent of Minor Child ☐ Guardian ☐ Authorized Representative

☐ Other_____

NOTICE

Any individual, program, organization or facility receiving information pursuant to this release is prohibited from redisclosing the information without the express, written consent of the patient. The information disclosed may be used only for the purpose(s) stated above.

If the information disclosed pursuant to this authorization contains information pertaining to alcohol or drug abuse treatment, diagnosis of alcohol or drug abuse or any referral for treatment of alcohol or drug abuse, 42 CFR Part 2 prohibits the unauthorized disclosure of these records.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the requested records.