

# REFERRAL FORM: TCM Plus

**DEMOGRAPHIC INFORMATION** **Date of Referral:** [Click here to enter a date.](#)

<b>Youth Name:</b> <a href="#">Click here to enter text.</a>	<b>Address:</b> <a href="#">Click here to enter text.</a>
<b>Youth Phone:</b> <a href="#">Click here to enter text.</a>	<b>City:</b> <a href="#">Click here to enter text.</a>
<b>Cell Phone:</b> <a href="#">Click here to enter text.</a>	<b>Zip Code:</b> <a href="#">Click here to enter text</a>
<b>Gender</b> <input type="checkbox"/> M/ <input type="checkbox"/> F	<b>State</b> <a href="#">Click here to enter text.</a>
<b>DOB:</b> <a href="#">Click here to enter text.</a>	<b>MA#</b> <a href="#">Click here to enter text.</a>

**Parent/Legal Guardian(s) (if legal guardian, a court order must be attached):** [Click here to enter text.](#)

**Address (if different from child):** [Click here to enter text.](#)      **Cell:** [Click here to enter text.](#)

**Parent/Guardian Phone:** [Click here to enter text.](#)      **Email:** [Click here to enter text.](#)

**Ethnicity/Race**

White     American Indian or Alaskan Native     Black or African American     Asian

Native Hawaiian or Pacific Islander     Hispanic, Latino or Spanish origin     Not Available

Primary Language: [Click here to enter text.](#)

Are interpreter services required?  Yes  No

Deaf or hearing impaired

Blind

Special Accommodations: [Click here to enter text.](#)

**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

**Reason for Referral:** (Please provide a brief explanation of the reasons why the child/youth is being referred based TCM Plus eligibility criteria on Page 5)

[Click here to enter text.](#)

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

I understand that I am applying for Care Coordination and additional supports in Choose an item.. 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:** [Click here to enter text.](#)

**Agency:** [Click here to enter text.](#) **Phone:** [Click here to enter text.](#)

**FAX:** [Click here to enter text.](#) **E-Mail** [Click here to enter text.](#)

Please send the referral securely to [mhawkins@maryland.gov](mailto:mhawkins@maryland.gov) or fax to 410-402-8316. Attention: Michael Hawkins

## Care Coordination Organization Contacts

<b>Jurisdiction</b>	<b>CCO Name</b>	<b>CCO Phone #</b>	<b>CCO Fax#</b>
Allegany	Pressley Ridge of Western MD	301-724-8413	301-724-8417
Anne Arundel	Center for Children	301-609-9887	301-609-7284
Baltimore City	Hope Health Systems	410-265-8737	410-265-1258
	Wraparound Maryland	443-449-7713	443-451-8268
Baltimore County	Mosaic Community Services, Inc.	410-282-5900	410-282-1788
Calvert	Center for Children	410-535-3047	410-535-3890
Caroline	Maryland Choices	410-369-3480	866-582-2034
Carroll	Potomac Case Management	443-244-4113	443-293-7086
Cecil	Upper Bay Counseling & Support Services	410-996-3450	410-398-3458
Charles	Center for Children	301-609-9887	301-609-7284
Dorchester	Maryland Choices	410-369-3480	866-582-2034
Frederick	Potomac Case Management	443-244-4113	240-578-4885
Garrett	Burlington United Methodist Family Services	301-334-1285	301-334-0668
Harford	TBD		
Howard	Mosaic Community Services, Inc.	410-282-5900 – x1204	410-675-4996
Kent	Maryland Choices	410-369-3480	866-582-2034
Montgomery	Maryland Choices	240-683-7300	866-582-2034
Prince George's	Alek's House	301-429-6100	301-429-1333
	Volunteer of America	301-306-0904	301-306-5705
Queen Anne's	Maryland Choices	410-369-3480	866-582-2034
St. Mary's	Center for Children	301-475-8860	301-475-3843
Somerset	Wraparound MD	410-219-5070	410-219-5072
Talbot	Maryland Choices	410-369-3480	866-582-2034
Washington	Potomac Case Management	301-791-3087	301-393-0730
Wicomico	Wraparound Maryland	410-219-5070	410-219-5072
Worcester	Worcester Co Health Dept	410-632-9230	410-632-9239

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

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

<b>ALLEGANY COUNTY Allegany Co. Mental Health System's Office</b> P.O. Box 1745 Cumberland, Maryland 21501-1745 Phone: 301-759-5070 Fax: <b>301-777-5621</b>	<b>ANNE ARUNDEL COUNTY Anne Arundel County Mental Health Agency</b> PO Box 6675, MS 3230, 1 Truman Parkway, 101 Annapolis, Maryland 21401 Phone: 410-222-7858 Fax: <b>410-222-7881</b>
<b>BALTIMORE CITY Behavioral Health System Baltimore</b> One North Charles Street, Suite 1300 Baltimore, Maryland 21201-3718 Phone: 410-637-1900 Fax: <b>410-637-1911</b>	<b>BALTIMORE COUNTY Bureau of Behavioral Health of Baltimore County Health Department</b> 6401 York Road, Third Floor Baltimore, Maryland 21212 Phone: 410-887-3828 Fax: <b>410-887-3786</b>
<b>CALVERT COUNTY Calvert County Core Service Agency</b> P.O. Box 980 Prince Frederick, Maryland 20678 Phone: 410-535-5400 #330 Fax: <b>410-414-8092</b>	<b>CARROLL COUNTY Carroll County Health Department Bureau of Prevention, Wellness, and Recovery</b> 290 South Center Street Westminster, Maryland 21158-0460 Phone: 410-876-4449 Fax: <b>410-876-4832</b>
<b>CECIL COUNTY Cecil County Core Service Agency</b> 401 Bow Street Elkton, Maryland 21921 Phone: 410-996-5112 Fax: <b>410-996-5134</b>	<b>CHARLES COUNTY Department of Health Core Service Agency</b> P.O. Box 1050, 4545 Crain Hwy. White Plains, Maryland 20695 Phone: 301-609-5757 Fax: <b>301-609-5749</b>
<b>FREDERICK COUNTY Mental Health Management Agency of Frederick County</b> 22 South Market Street, Suite 8 Frederick, Maryland 21701 Phone: 301-682-6017 Fax: <b>301-682-6019</b>	<b>GARRETT COUNTY Garrett County Core Service Agency</b> 1025 Memorial Drive Oakland, Maryland 21550-1943 Phone: 301-334-7440 Fax: <b>301-334-7441</b>
<b>HARFORD COUNTY Office on Mental Health of Harford County</b> 125 N Main Street Bel Air, Maryland 21014 Phone: 410-803-8726 Fax: <b>410-803-8732</b>	<b>HOWARD COUNTY Howard County Mental Health Authority</b> 8930 Stanford Boulevard, Ascend One Building, Columbia, Maryland 21045 Phone: 410-313-7350 Fax: 410-313-7374
<b>MID-SHORE COUNTIES</b> (Includes <b>Caroline, Dorchester, Kent, Queen Anne and Talbot Counties</b> ) <b>Mid-Shore Behavioral Health</b> 28578 Mary's Court, Suite 1 Easton, Maryland 21601 Phone: 410-770-4801 Fax: <b>410-770-4809</b>	<b>MONTGOMERY COUNTY Department of Health &amp; Human Services, Montgomery County Government</b> 401 Hungerford Drive, 1st Floor Rockville, Maryland 20850 Phone: 240-777-1400 Fax: <b>240-777-1145</b>
<b>PRINCE GEORGE'S COUNTY Prince George's County Health Department Behavioral Health Services Prince George's County Core Service Agency</b> 9314 Piscataway Road Clinton, Maryland 20735 Phone: 301-856-9500 Fax: <b>301-324-2850</b>	<b>ST. MARY'S COUNTY St. Mary's County Dept. of Aging and Human Services</b> 23115 Leonard Hall Drive, P.O. Box 653 Leonardtown, Maryland 20650 Phone: 301-475-4200 ext. 1682 Fax: <b>301-475-4000</b>
<b>WASHINGTON COUNTY Washington County Mental Health Authority</b> 339 E. Antietam Street, Suite #5 Hagerstown, Maryland 21740 Phone: 301-739-2490 Fax: <b>301-739-2250</b>	<b>WICOMICO/SOMERSET COUNTIES Wicomico Behavioral Health Authority/Somerset Core Service Agency</b> 108 East Main Street Salisbury, Maryland 21801 Phone: 410-543-6981 Fax: <b>410-219-2876</b>
<b>WORCESTER COUNTY Worcester County Core Service Agency</b> P.O. Box 249 Snow Hill, Maryland 21863 Phone: 410-632-3366 Fax: <b>410-632-0065</b>	

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**Eligibility Criteria for Referrals for TCM Plus and Care Coordination Plus**

Referrals must meet one of the three following criteria at the time of referral:

- A. Child/youth is being discharged from a Residential Treatment Center (RTC) placement with a discharge plan that recommends community-based services.

Or;

- B. Child/youth is enrolled in a Home and Hospital Program.

Or;

- C. Child/youth is experiencing a combination of the risk factors listed below and would benefit from cross-discipline and multiple agency resources. To be eligible, the child/youth must present with at least two (2) risk factors from those listed below. The risk factors listed under #3 (3a, 3b, 3c, 3d, 3e) are considered separate risk factors that can be counted separately.
  - 1. Child/youth has run away from home.
  - 2. Child/youth uses substances illegally.
  - 3. Child/youth has significant behavioral problems at school which could include the following:
    - a. School suspension(s)/expulsion(s);
    - b. Chronic absenteeism, as defined below:
      - i. Chronic absenteeism is defined as a student who is absent more than 20% of school days in the last 12 months.
    - c. Academic failure (as defined below); or
      - i. Academic failure is defined as either receiving lower than a grade of D as a final grade for any class in any marking period or receiving an indication that the student is in danger of receiving a grade lower than a D as a final grade for any class.
    - d. Displays school avoidance behaviors (a pattern of avoiding or refusing to attend school), including, but not limited to complaints of illness that have no medical basis, school phobia or fear, separation/performance/social and other anxieties, absences or tardiness on significant days (tests, assemblies, speeches), excessive worrying, excessive requests to call/go home/visit the nurse's office, crying to go home, etc.
    - e. Significant involvement with school support teams.
  - 4. Child/youth has been arrested or has had previous or continuing involvement with the Department of Juvenile Services (DJS).
    - a. Involvement with DJS includes the following:
      - i. Child/youth who has been through adjudication and may be in pending-placement status in a detention facility or in the community;
      - ii. Child/youth who is in out-of-home placement in a group home, therapeutic group home, treatment foster care, or Transition Age Youth program;
      - iii. Child/youth committed to DJS; or
      - iv. Child/youth who has had a pre-adjudication hearing with DJS.
  - 5. Child/youth has failed to successfully complete the terms or conditions of a Teen Court program.
  - 6. Child/youth has been a victim of maltreatment which may include the following:
    - a. Abuse;
    - b. Neglect; or
    - c. A witness to domestic violence.